A DANGEROUS ART:
GREEK PHYSICIANS AND MEDICAL RISK IN IMPERIAL ROME

DISSERTATION

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ABSTRACT

Recent scholarship of identity issues in Imperial Rome has focused on the complicated intersections of “Greek” and “Roman” identity, a perfect microcosm in which to examine the issue in the high-stakes world of medical practice where physicians from competing Greek-speaking traditions interacted with wealthy Roman patients. I argue that not only did Roman patients and politicians have a variety of methods at their disposal for neutralizing the perceived threat of foreign physicians, but that the foreign physicians also were given ways to mitigate the substantial dangers involved in treating the Roman elite. I approach the issue from three standpoints: the political rhetoric surrounding foreign medicines, the legislation in place to protect doctors and patients, and the ethical issues debated by physicians and laypeople alike. I show that Roman lawmakers, policy makers, and physicians had a variety of ways by which the physical, political, and financial dangers of foreign doctors and Roman patients posed to one another could be mitigated. The dissertation argues that despite barriers of xenophobia and ethnic identity, physicians practicing in Greek traditions were fairly well integrated into the cultural milieu of imperial Rome, and were accepted (if not always trusted) members of society. Their inclusion into the fabric of Romanitas prefigures the later
integration of Roman and Greek identity that was to culminate in the Greek-speaking Romans of the Byzantine Empire.
Dedication

To my parents, Drs. Jo and Mark Jones
whose lifelong dedication to their patients and their art
inspired and informed my own calling.
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So many people gave generously of their time, patience and knowledge to make this project possible that, in a sense, this is partly their dissertation as well. First and foremost, my advisor Duane W. Roller, whose patience, availability, and knowledge were instrumental in getting this done on time, coherently, and properly spelled. Few students have advisors who manage to comment on new drafts with a day's turnaround, and fewer still are blessed with a mentor as gracious, demanding, and brilliant. Julia Nelson-Hawkins's expertise in ancient medicine is a rare boon to a student completing a dissertation in such a niche topic, and without her exacting standards and insistence on flow and secondary sources, this would be a much weaker text. Frank Coulson is also owed a great share of my thanks, since his suggestion that I study medieval herbals lead me to the topic in the first place. To all three of my committee members, I can offer only words of gratitude for the investment of time and energy you have made in my work; I feel honored and blessed to have had the opportunity to work with a committee of such fine people.

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Finally, thanks of a different sort are owed to my husband, Robert Lewis, who patiently cooked and cleaned while I sat hunched over a pile of books and a laptop, and who worked hard to support his classicist wife, never minding the difficulties and uncertainties that the academic job market have imposed on our lives. Without his patience and care, I would have starved to death somewhere in the middle of writing the second chapter, and without his ability to find library books hiding in plain sight, I would have lost what little sanity I had and gone bankrupt from library fines. Also my parents, who gave me their enthusiastic support when I informed them I was going to make a living off of dead languages, and who read through pages and pages of academic prose to be sure my medical terminology was correct. And to my grandparents, Richard and Gene Jones and Eleanor and Neal Allen, whose generosity enabled me to attend whatever college I chose.
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To all of you, my deepest gratitude and affection.
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TABLE OF CONTENTS

Abstract............................................................................................................... ii
Dedication........................................................................................................ iv
Acknowledgments........................................................................................... v
Vita..................................................................................................................... viii

Chapters:

Introduction..................................................................................................... 1

1. Plinius's Poisoned Provinces...................................................................... 15

2. The Imperial Roman Doctor under the Law........................................... 46

3. Self-Presentation, Patient Choice, and the Making
   of the Greek Physician in the Roman marketplace............................... 81

4. Perfecting Practice:
   Dissection, Vivisection, and Experimentation....................................... 120

5. Making Romans:
   The Physician's Role in Roman Reproduction..................................... 159

6. Unmaking Romans:
   The Role of the Physician in Political Suicide and Euthanasia............. 207

Conclusion..................................................................................................... 235

Bibliography.................................................................................................. 238
INTRODUCTION

There has been in recent years a flourishing of interest in the lived experience of Greeks in the Roman empire, particularly in the context of the Second Sophistic. Scholars such as Simon Swain, Tim Whitmarsh, and Maud Gleason have done a great deal to continue what Glen Bowersock began in his 1969 *Greek Sophists in the Roman Empire*: the rehabilitation of a neglected and rich period of Greek literature and cultural history. Although much of the work of these scholars focuses on the rhetorical literature of the second and third centuries A.D., it addresses a central question with implications beyond words and speeches. What did it mean to be “Greek” in the Roman Empire? How did Romans accept the presence of a foreign intellectual tradition in their midst? And finally, what were the processes that led to the eventual blending of Greek, Roman, and Judeo-Christian in the Byzantine empire?

It is questions such as these that this work relocates to the patient-doctor relationship among the wealthy and powerful houses of the Roman empire. Unlike sophists and philosophers, Greek physicians performed risky services liable to reinforce Roman xenophobia about “Graeculi” in their midst and were in a position to do a great deal of political harm by applying their knowledge to the nefarious art of assassination. And yet, Romans seem to have produced few physicians of note from their own ranks, relying instead upon these foreign physicians whom they both feared and needed. In
order to accommodate Greeks at their bedside tampering with their bodies – and one must remember that the body of the free Roman was explicitly protected from harm and violation by law – Romans had various political, legal, and cultural strategies for mitigating the amount of harm physicians could do to them.

Greek physicians, for their part, were by no means ignorant of the necessity of reassuring patients of their trustworthiness and compliance with Roman needs and demands. They too had strategies to 'market' themselves in a Roman world by espousing (if not practicing) ethical standards and, in the case of the Methodists, inventing a theory aimed in part at addressing Roman misgivings with Hippokratic humoral theories.¹ This can be seen especially in areas where ethical debates were centered: dissection, abortion, contraception, suicide, and the like.

It is important to keep in mind that the darkest moments between Romans and Greeks were moments of cultural negotiation and are a part of the slow movement from two cultures to one. The range of this work, which concentrates on the first two centuries of the empire, necessarily omits the endpoint of the process with the triumph of Galenism and the Byzantine practice of his codified humoral medicine. It is in moments dark and disturbing, but out of this conflict came something strong and lasting. In our own times, perhaps it is a moment of hope that from two cultures so seemingly distrusting of one another could come a kind of unity and resolution.

¹ Manuela Tecusan discusses the issues central to our understanding of the context and practice of methodist medicine in her introduction to The Fragments of the Methodists, (Leiden ; Boston : Brill, 2004).
What is Greek?

One of the persistent problems in speaking about “Greek” physicians is the very term itself. A “Greek” physician could be ethnically Semitic, Egyptian, Libyan, or even a Gaul; it mattered less where the physician was from than what language he spoke and which medical traditions he followed. The legacy of Alexander's empire in the East and the Hellenistic courts that followed almost certainly had a great deal to do with this, since many of the groundbreaking physicians of the 4th - 3rd centuries B.C. were financed by Ptolemies, Attalids, and Mithradates of Pontos. These courts were linguistically Greek and so the traditions they produced were likewise Greek, with the result that the knowledge of Greek was essential to a physician who wished to seem a part of that elite medical tradition. The Romans themselves (particularly Plinius and Cato the Elder) painted all Greek-speaking physicians with the same Greek brush, and oddly enough, it seems that Greek physicians likewise bore a kind of linguistic common identity. For the purposes of this work, I have glossed over the more complicated situations of identity and culture among the physicians I discuss, instead resorting to the ponderous “Greek-speaking physician” or, when demanded by flow, “Greek physician.” When such a term is used, it is done to indicate the physician's professional language and to reflect the epithet most likely to be applied by the Roman patients who employed the physician. Questions of identity beyond language are best left to other scholarly investigations.
Names and Dates

When rendering Greek names into English there is always a bit of a quandary to the scholar: should one use the spellings standard in English scholarship for “Soranus” and “Dioscorides,” or should one attempt to reproduce as faithfully as possible ancient people's names as they themselves would have spelled them? The former option is in many ways preferable, since the ancients themselves are unlikely to protest and modern scholars will find it far easier to recognize a person's name with the Latinized spelling. The latter, though, is more faithful to the era it represents and avoids entirely modern nomenclature such as “Pliny” or “Livy.” One could use Latin spellings when speaking about Latin sources and Greek transliteration when speaking of Greek sources, but this produces inconsistency in the English text and is, ultimately, more confusing to the reader. In this text, I have chosen to render Greek names with transliterations and preserve Roman names in a form the Romans themselves would recognize as their own, awkward as it can be at times. Therefore, “Dioscorides” is “Dioskourides,” “Galen” is “Galenos,” “Juvenal” is “Iuvenalis,” and “Pliny” is “Plinius.”

I have chosen to opt for the traditional B.C. / A.D. abbreviations over “BCE” and “CE.”

A word about “Hippokrates”

No discussion of ancient medicine can be had without reference to the Hippokratic corpus, a group of writings attributed in antiquity to Hippokrates of Kos and now believed to be the work of various authors using the name of “Hippokrates” to lend
their works the authority of the profession's semi-mythical founder. As with Homeros and the “Homeric” corpus, this leads to a great deal of difficulty when one must, of necessity, refer in passing to one of the texts in the Hippokratic corpus. Some choose to signal the term “Hippokratic” as one of convenience by using scare quotes, and this is quite appropriate when the central texts of a modern work of scholarship include one of the treatises in the Hippokratic corpus. However, when writing about the Roman period, there is the added difficulty that physicians and laymen of that era accepted Hippokratic authorship for the corpus and treated everything in it as the words of the revered founder of their profession. With the term “Hippokratic” there is hardly need for the scare quotes, since the adjective implies the stylistic connection between works in the corpus that is generally agreed upon by scholars of ancient medicine, and with “Hippokrates” (when discussed in his Roman context) the scare quotes often obscure the fact that although modern scholars think authorship is uncertain, the ancients did not. To them, the words of *Epidemics* and *On the Sacred Disease* were those of the profession's founder without question, and it is important to keep this in mind when an ancient author invokes Hippokrates.

There is one text that I do cite often, and that is the Hippokratic oath. The authorship of the *Oath* has been debated more than any other document in the corpus, and the question of the context of its composition is a particularly pertinent one in the modern world where the *Oath* is still hallowed among practicing physicians. However to a discussion of Roman medical ethics, the *Oath*'s authorship is no nearly so important as its *perceived* authorship. I have been sensitive in discussing the *Oath* to make clear the
modern disagreement over authorship, but since my source authors of the Roman period accept the *Oath* as canon, I have not belabored the point.

**The Sources: Physicians and Pharmacists**

The primary sources for the Greek physician's view of their Roman practices include pharmacy handbooks, speeches-as-treatises, and medical manuals. I have focused on authors who practiced in the larger Roman empire, if not in Rome itself.

Dioskourides himself is a shadowy figure who is thought to have lived in the mid-to-late 1st century A.D. He wrote Περὶ ὠλης ἰατρικῆς, a handbook of medicinal substances and their uses. While most of the work is utilitarian in nature, it contains evidence of the sorts of treatments available to Roman patients and (in the prologue) information about the collection and (perhaps) testing of pharmaceutical substances.

Soranos of Ephesos practiced in Alexandria and Rome about the time of the emperors Trajan and Hadrian. He was a Methodist and his *Gynecology* is the most complete surviving text from that school of medicine, as well as the most extensive work on the specifics of ancient obstetrics and gynecology. His work is unique in that it is by far the most complete surviving work of a Methodist and represents a tradition of medicine born of Greek doctors adapting to the Roman market that stood in opposition to the Hippokratic humoral medicine imported from Kos.
Scribonius Largus is unique among the sources thought to be written by practicing physicians because he was a Sicilian and wrote in Latin as a member of the court of the Emperor Claudius.\(^2\) It is thought that he also wrote in Greek, and the status of Sicily as a Greek settlement makes it possible that he was able to practice with Greek-speaking physicians while Romans from the mainland did not, or perhaps he was one of those who, as Plinius puts it in the introductory chapters of *N. H.* 29, immediately defected to the Greeks upon learning medicine. One cannot firmly name him as a culturally Roman physician, but it is more difficult to class him as Greek either: he is, for all intents and purposes, a liminal figure who illustrates the flaws in the “All doctors are Greek” claims made by ancient Romans. The preface to his work on compound drugs (*Compositiones*) is remarkable for its discussion of medical ethics and its firm stance against abortion and euthanasia.

Galenos of Pergamon is the best known of the ancient physicians after Hippokrates, and deservedly so. His writings survive in vast quantities because his ideas were canon well into the Renaissance and were used to train doctors from Spain to Turkey for over a millennium. His treatises (particularly those aimed at lay audiences) provide an intriguingly intimate view of the day-to-day interactions between physician and patient, and this is what makes them so seductive to historians of medicine looking for a definitive version of ‘the way things were.’ Unfortunately, the survival of Galenos over other contemporary authors and the rhetorical self-promotion endemic to his works (a feature of the Second Sophistic literary culture in which he participated) make him

unreliable as a witness to the teachings and practices of other doctors and competing medical sects. Also, there is such a vast amount of Galenos's work surviving that it is difficult for a scholar to read through the entire corpus. However, his works are too important and too pertinent to bypass, and they also call for a greater degree of healthy skepticism than has been exercised upon them in the past.

Traditionally these treatises are referred to by Latin titles, which is a convention surviving from the Middle Ages, when they were read in translation. This presents one with some difficulty when referring to these treatises, since it is inaccurate to use the Latin titles, but misleading to use English (which often translate the same Latin title with different English words, thus giving the appearance of two treatises existing where there is only one). I have chosen to use English titles for convenience sake, and have been careful to include text references to Kuhn (still the standard edition of Galenos's works) or separate editions where they exist in order to avoid ambiguity.

The Sources: Interested Laymen

The line between professional author and educated layman is blurred in antiquity, particularly with Celsus's *De Medicina*. It is thought to be the only surviving book of a four volume encyclopedia by Aulus Celsus, a Roman who probably lived during the reign of Tiberius and about whom little else is known. His text suggests that he himself may have applied some of the treatments he mentions, perhaps in the traditional capacity that the *paterfamilias* held as household healer. His work covers a full range of medical topics grouped by dietetics, pharmacy, and surgery, and remained in use into the middle
ages. It is written in Latin and arbitrates debates between empiricists and rationalists on such topics as vivisection, digestion, and therapeutics.

Cato the Elder's *De Agri Cultura* contains an early picture of the infiltration of foreign substances and remedies into traditional Roman medicine. Although it is a work of republican literature, it is key in many instances to a discussion of imperial medicine since it provides an earlier snapshot against which later sources can be compared. Cato himself is the primary source quoted by Plinius in the introductory sections of chapter 29 of the *Naturalis Historia* and as such is a kind of co-author of the central text that informs this project. He and his great-grandson are both mentioned in this dissertation, and for this reason I have favored clarity over wordiness in specifying 'Elder' or 'younger' when discussing either Cato.

Plinius the Elder was an equestrian statesman and scholar whose distinguished public life during the reign of Vespasian culminated in his famous death by suffocation during the eruption of Vesuvius. Only his *Naturalis Historia* survives, though he wrote other works on history, grammar, and rhetoric. It is a massive work listing thousands of entries of plants, animals, human bodies and customs, astronomy, geography, and art. More than a simple list, it has gained recent appreciation as a unified work whose program is to conquer conceptual territory and bring foreign knowledge under Roman control. His lengthy discussion of doctors and their poor ethics forms the central thread of this dissertation because it is the clearest statement by a Roman of what Romans feared from their least trusted physicians. Since the younger Plinius is absent from this
dissertation, I have left off the “Elder” epithet commonly reserved for Plinius the
Encyclopedist except where required to prevent ambiguity.

Schools of Medicine

Medicine in the ancient world was not the monolithic entity that medicine is
today; there was no agreed upon model for the function of the human body and no one
way of treating any given disease. Their structure is similar but no parallel to that of
ancient philosophy, where different doctors adhered to different factions ('schools'), each
of whom claimed some relationship with Hippokrates (save the Methodists) but had their
own tradition and their own 'big name' heroes.

The Rationalists identified most closely with 'Hippokrates' as portrayed in the
Hippokratic corpus and relied upon a theory of four qualities that had to be balanced in
order to achieve health. These qualities (hot, cold, wet, and dry) were controlled by a
balance of humors. Not all rationalists seem to agree on the precise names and numbers
of these humors, but blood and phlegm are constants. These physician were pro-anatomy
and treated their patients by a variety of therapies designed to balance the qualities by
influencing the quantity of the humors.

The Empiricists were, it seems, reacting against the Rationalists' insistence on
applying theory without modifying treatments to fit a patient's particular case. In its
purest form, Empiricism rejected any governing theory and preferred instead to build a
body of knowledge through clinical experience. However, in practice Empiricists seem
to have relied on a certain amount of theory, since without a mental model of how disease
works, every patient is essentially the physician's first case and in the early stages of practice, a physician would be practicing blind. It is probably the case that the difference between Rationalists and Empiricists was one of emphasis rather than the essentials of practice.

The Methodists were yet another reaction to Empiricists and Rationalists initiated by Asklepiades of Bithynia (who practiced in Rome in the first century BC) and his pupil Themison, who modified the original teachings. This school was created to suit the Roman marketplace and rejected humors in preference of a more simple understanding of the body as a system through which matter flows. Disease could be explained by the 'koinotes': flux, constriction, and a mix of the two. Treatment focused on blocking flux and relaxing constriction. Patients were treated with far milder measures than employed by the phlebotomy-happy Rationalists and Empiricists, relying instead on wine, water, massage, and gentle regimen. Methodists did indeed practice surgery, and one must be very careful in saying for certain what they did and did not believe; most Methodists authors have been lost, and the testimonia comes in great part from Galenos, who had to make Methodists look ridiculous in order to promote his own career.

**The Sources: Observers, Patients, Jurists**

There is more to a culture's reaction to doctors than a conversation between medical authors and Roman encyclopedists; attitudes about the ideal behavior and actual lapses of physicians are found in comedy and satire, rhetoric and elegy, in both Greek and Latin. Many of these sources are problematic because the information they present is
often given as humor, and anyone familiar with comedy can point out the danger of using such sources to make any conclusions about reality. Often the author was not interested in telling the audience about the reality of medical practice, quite probably because the audience, as a member of the same community, already knew how the doctor/patient relationship was meant to work. However, with cautious use these sources can turn up gems of information that illuminate things said in more serious sources. Humor cannot function unless there is some basis in truth; the task is teasing out truth from exaggeration.

The largest of these non-medical sources is the Digest, a compilation of laws made at the order of the Emperor Justinian during 529-534 AD, which gives incidental information about the lives and practices of doctors at both ends of the social spectrum during the empire. The Digest records decisions handed down by various judges over the course of several centuries and, for this reason, when citing the Digest I have included the name of the jurist responsible for the original passage along with the book, chapter, and line numbers. It can sometimes be a frustrating source for specific social information because its purpose is not to explain society but to regulate it; the information it gives is secondary to its purpose of stating principles of law. However, it contains many illustrations of legal principles including physicians and their patients, many of which may reflect actual cases. These case examples provide invaluable information on the slave and freedman doctors who, though they seem to have formed the bulk of the medical community in Rome, are poorly represented in other literary sources.
Satirists and epigrammatists such as Juvenalis, Horatius, Martialis, and Loukianos provide some of the clearest statements of why Romans distrusted Greek physicians and why Greeks disliked working for Romans, but they do so in contexts that make them particularly difficult to use at face value. Because they fill in missing pieces of the picture of medical risk in imperial Rome I have used them with care, always in the context of a non-comic author in order to correct for the inevitable skewing of humor.

Finally there are the historians who, though more reliable for accuracy than satirists, come with problems of their own. Few if any of them are at all interested in physicians and patients unless the physician is relevant to the main actors in their work. For this reason, Tacitus's physicians tend to be nefarious assassins like Eudemas who helped Livilla poison Drusus and Xenophon who gave Agrippina the poisoned mushroom that killed Claudius. Even more than the encyclopedists and physicians, these historians focus on doctors at the very top of the Roman social ladder, and as such provide a distorted view of the situation as it must have been. However, in the hopes that information skewed in many directions will somehow unite to form a less skewed picture and because the evidence of such authors is key to any work of modern history (even cultural history), I have used them to inform my discussion.

**Methodology and Purpose**

It is my aim in this dissertation to illuminate the negotiations between Greek physician and Roman patient, and not to fix any one opinion as pertinent to every Greek physician or Roman patient. As in any culture, there is a plurality of opinions on issues
of a murky ethical nature, and I hope I have not forced concord where none exists. I have
instead identified strategies used by both sides of the doctor/patient relationship to
mitigate conflict where conflict exists and accounted for some of the more alarming
things Romans believed of their physicians. Contrary to the belief of many moderns,
there was a system governing medical practice in ancient Rome. The system was in the
culture, of a piece with the unwritten regulations that formed the etiquette of the salutatio
and the maneuvering of patronage politics. It functioned well enough to prevent a
collapse of confidence in medical care, and many of its precepts are still found in the
written and prescribed forms of modern medicine. It is in studying the many facets of
this unwritten code that the details of Greek and Roman relations in the sickroom can be
found.
A natural starting point for any examination of Roman attitudes towards Greek physicians in the imperial period is the Elder Plinius's *Naturalis Historia*. Plinius mentions a great number of Greek physicians and gives some of the most frank statements of the fears Romans had about allowing Greek-speaking physicians to practice medicine on their bodies. Plinius has of late emerged from obscurity merely as a mine for isolated tidbits of Roman scientific knowledge to take his place as an author and thinker in his own right. There are four recent books primarily concerned with the *Naturalis Historia*; John F. Healy's *Pliny the Elder on Science and Technology*, Jacob Isager's *Pliny on Art and Society*, Mary Beagon's *Roman Nature*, and Trevor Murphy's *Pliny the Elder's Natural History: the Empire in the Encyclopedia*. Healy and Isager are less relevant to this chapter's argument, and so I will describe them in brief. Healy's text is a widely-focused survey of the range of scientific topics covered by Plinius, including a section on Plinius's life, methodology, sources. Isager's work discusses those books of the *Naturalis Historia* concerned with art and argues that Plinius saw art as the result of Man's position in the cosmos as inventor; man the *artifex* can either use or misuse his ability of creation to innovate or stagnate, to serve the evils of *luxuria* or to educate and inspire.
Beagon's argument is similar to Isager's. She focuses on Plinius's Stoic view of *divina Natura* as the ordering principle of the cosmos and man's position as *Natura*'s reasoning agent on earth. Man, in Beagon's argument, uses his intellect to take advantage of *Natura*'s beneficence, but errs when he attempts to wrest more from *Natura* than *Natura* gives willingly. Mining, spells, and poison all fall into this misuse of *ratio* and *ars*, and Greek-style medicine is a particularly problematic phenomenon in Beagon's view of Plinius. The *ars medicinae* as practiced in Greek medicine leads to unethical experimentation and convoluted and expensive drugs, all a means whereby these foreigners extort money and knowledge from their conquerors, the Romans. Beagon sees a great tension in Plinius's work between his Roman dislike for Greek medicine and his inability to write his work without referencing a large number of Greek authors. By using those authors, in her view, he undercuts his own rejection of the *ars medicinae* every time he quotes a Greek-speaking authority like Krateus or Aristotle or praises the achievements of Greek-speaking physicians like Herophilos or Asklepiades. This is indeed a serious tension in the medical sections of the *Naturalis Historia*, and this chapter will, in the course of its argument, offer a possible resolution, based in part on the ideas put forward by Trevor Murphy in his book.

Murphy argues that the *Naturalis Historia* is an ideological performance of a Roman triumph, a parade of captured intellectual property showing the glory of Rome. Plinius as the author is a sort of *imperator*, and each item he leads under the yoke of the encyclopedia is another exhibit now under the control and use of Roman hands. He
views the *Naturalis Historia* not as a reflection of Plinius's own beliefs, but as an essentially Roman work that displays Roman attitudes towards the world it controlled.

It is through this lens of triumphalism that I approach a smaller topic: poisonous items and antidotes in the *Naturalis Historia* as a locus for a transfer of power from foreigners to Romans. I argue that the triumphal model of the encyclopedia resolves the tension between the need to quote Greek sources and the Roman distaste for Greek learning: Greek learning, when pressed firmly under the Roman yoke, is transformed into a testament not only of Roman political dominance, but also as a sort of fiat from *Natura* herself for the *Pax Romana*.

**Poison: A Political Problem**

Poison and politics have had a long and colored relationship. In the world of high-stakes assassination, poison provides an anonymous, silent option for political change and personal gain, and it challenges the straightforward Roman concepts of *honor* and *virtus*. Roman men gain ascendancy in open combat, whether on the battlefield or in (theoretically) fair elections; poison circumvents both through its ability to remove a powerful man silently and anonymously. It does not matter if the assassin is stronger or more intelligent than the victim; it only matters that the assassin is underhanded enough to administer the toxin. The problem with poison is, of course, that one cannot simply place a ban on poisonous items; most of them are powerful and effective drugs when used correctly. For the political establishment of Rome, it was a problem that such toxic foreign drugs and skilled foreign physicians were perceived as necessary and efficacious.
advances in Roman medical care. As I will argue in this chapter, Plinius confronts this problematic issue in *Naturalis Historia* by using the rhetoric of *pax Romana* and empire to make threatening places and the poisons they produced into trophies won in combat and spoils to be domesticated and exploited under the safe control of Roman authority. Furthermore, he takes what could be a challenge to *Romanitas* and makes it instead proof that Rome is the answer to keeping the world safe from poison.

The idea that pharmacy is a milder cousin of poisoning is an old one and so often articulated that it has become as much a cliché as it is true. Even with modern safeguards in place, the anxiety surrounding taking “artificial” drugs over “natural” healing echoes old anxieties about the dangers of using for the purpose of healing a substance that has the potential to kill. Ancient consumers were far less protected from the consequences of dosing errors than modern patients, and the level of trust needed between the patient and practitioner was really extraordinary. *Materia medica* was subject only to the quality control of those growing, harvesting, selling, and preparing the drugs, and at each of these stages mishandling could cause disaster. As Dioskourides points out in his prologue to περὶ Ἡλῆς ἱεράς, one cannot simply go out and harvest a plant: it must be done at the right time with the right parts of the plant taken from the right sort of ground. At best a mistake weakened the drug, and at worst it could cause death. When buying a simple, the physician would need to trust the seller to have obtained properly harvested materia, and be able to catch any mistakes that could be caught – for instance berries

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3 “Simple” is a term used to describe a single medicinal herb or mineral. This is opposed to a “compound” which combines many simples into a single treatment.
among belladonna leaves, or the lesser effective, woody form of *Cinnamomum Cassia*. Finally, the patient would have to trust the harvester, vendor, and physician when taking the unidentifiable substance given to him on his sickbed. The matter is further complicated by the fact that the ancients had a broader understanding of how drugs act on a body; for example, it was thought that simply stepping over the wrong plant or smelling something pungent could cause abortion or death, and the perceived danger of taking medications must have been quite high.  

Not only can these substances used in pharmaceutical preparations cause death, but most of the dangerous drugs listed by Plinius come from foreign sources; many of these countries had at one time posed considerable danger to the Roman state. The concept that localities themselves can be harmful to people (and particularly non-natives) has its roots in the Hippokratic treatise *Airs, Waters, Places*. According to that treatise, the nature of the winds, water, and earth in a specific place not only influences the health of the people living there, but also molds their characters. For instance, it explains the

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4 According to Dioskourides 4.77 Aconite or Monk’s Hood has leaves very similar to cucumber and cyclamen leaves. *Cinnamomum cassia* is listed at 1.13 as having various forms depending on its origin, the smooth and woody variety being the least effective.


5 *N.H.* 7.43, 25.115, 27.110, 28.79, 30.124, and for the converse, an amulet that prevents miscarriage by simply being worn, *N.H.*28.139. *N.H.* 7.64 maintains that a menstruating woman can kill bees with a single look. 25.15 quotes Herophilus as claiming that “quasdam fortassis etiam calcatas prodesse. observatum certum est, inflammari vulnera ac morbos superventu eorum, qui pedibus iter confecerint.” (“Certain substances are also beneficial when trodden upon. Certainly it has been observed that wounds and diseases are exacerbated by the arrival of those who have been traveling on foot.”).

6 *N.H.* 6.4 and 8.100 list Aconite from Akonis, Pontos; 11.89 tells of the poisonous scorpions of Egypt and Scythia, and mentions that the Psylloi, a North African tribe discussed at greater length later in this chapter, imported scorpions into Italy as a kind of biological warfare. *N. H.* 15.84 mentions Gallic yew and 15.51 Gallic mistletoe; 21.83 introduces poisonous Pontic honey, and at 21.89 and 177 trychnon from Egypt is hallucinogenic and anti-venomous. These are only a few examples.
Persian obedience to kingly regime as a result of an overly favorable landscape, which makes them soft and pliant. By this logic, one's environment molds one's health, and one's health shapes one's personality and politics. Plinius himself applies this belief in the context of Roman warfare. At *N.H.* 25.20 he recounts an episode in which Germanicus's soldiers grow sick from drinking the water of a German lake over the period of two years, and how they find a cure by taking *britanicum*, a plant shown to them by the locals. The foreign water caused the Romans to become chronically ill, and their ability to wrest the secret of *britanicum* from the natives allowed them to carry on occupying the area without further ill effects. In this case, Roman rule was able to solve the problem of unhealthy places by taking over the knowledge possessed by non-Romans. That interaction is an overview in miniature of the Roman approach to health care; the wisdom and experience of foreigners brought into the Roman world was crucial to treating the ailments of Romans softened by the degeneracy of living a foreign lifestyle rather than the traditional lifestyle of the Roman farmer-citizen.7 The physicians practicing during the Imperial period were, by and large, non-Romans and often slaves and freedmen.8 This double threat of xenophobia and toxicophobia posed a substantial ideological and physical threat to Romans undergoing medical treatment, and therefore a political problem to a state whose members relied upon foreign modes of medical care.9

7 A process of luxurious softening best described by Celsus in his Proem to *De Medicina*.

8 Scarborough argues this point in *Roman Medicine*, pp. 111 f. by pointing out that the epigraphic evidence represents a freedman majority among physicians, and that even Imperial physicians were often freedmen.

9 The fact that wealthy Romans relied upon Greek physicians is attested in many places beyond the epigraphical record. Plinius records and seems to endorse Cato's pointed opinions on the topic of foreigners practicing medicine at *H.N.* 24.13 -14, and Celsus, a Roman and a presumably a paterfamilias, treats the entire art of medicine in his proem as a Greek tradition stemming from the time of Homer. Indeed, the very fact that most surviving medical texts from the Roman empire are written in Greek and
Roman patients needed to feel safe entrusting their bodies and lives to non-Roman treatments at the hands of non-Roman physicians. How could the Roman state justify its use of foreign drugs, Greek medical theory, and foreign physicians?

**Plinius's Solution to the Problem of Poison**

Plinius's encyclopedia provides a model for harmonizing foreign drugs that have toxic properties with the rhetoric of Roman cultural superiority and expansionism, making a potential menace into further proof that not only is Rome the country best able to control these substances, but also a natural mitigator of poison from abroad. As Roman control extended over the provinces that produced such dangerous substances, those substances came under the aegis of Roman control and were reappropriated as safe and even miraculous drugs for Romans to enjoy. The demise of alleged poisoner-rulers like Kleopatra VII and Mithradates of Pontos signal moments of shifting control where Roman minds incorporate the knowledge of dangerous substances. With knowledge comes the ability to use the substances for good and to recognize them when dangerous, effectively neutralizing the fear they engender in the hands of foreigners outside Roman control. In effect, Roman control is the antidote to foreign poison.¹⁰

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Plinius is in many ways a perfect case study for a Roman conception of foreign medicine and its cousin, foreign poison. His encyclopedia ranges over the entire empire and includes an overwhelming compilation of source material, all filtered through an elite Roman mindset. He is uncomfortable with the power attributed to foreign drugs and the dangers inherent in taking them:

hinc nata medicina. haec sola naturae placuerat esse remedia, parata vulgo, inventu facilia ac sine inpendio e quibus vivimus. postea fraudes hominum et ingeniorum capturae officinas invenere istas, in quibus sua cuique homini venalis promittitur vita. statim compositiones et mixturae inexplicabiles decantantur, arabia atque india remedia aestimantur, ulcerique parvo medicina a rubro mari inputatur, cum remedia vera cotidie pauperrimus quisque cenet. nam si ex horto petantur aut herba vel frutex quaeratur, nulla artium vilior fiat. ita est profecto, magnitudine populus perdidit ritus, vincendoque victi sumus. paremus externis, et una artium imperatoribus quoque imperaverunt. verum de his alias plura.

From here was born medicine. This alone was pleasing to nature as a remedy, made ready for all, easy to find and from which we live without impediment. Afterwards, the trickery of mankind and profit to be found in ingenuity invented those workshops which promised to each man his own life at a price. Immediately mysterious recipes and compounds were conjured up, Arabian and Indian remedies were in vogue, and for a tiny ulcer medicine from the Red Sea was prescribed, although the poorest of the poor would dine upon true remedies daily. For if either an herb or shrub could be sought out of the garden, none of the arts would be less respectable [than that of pharmacology]. Thus it is plain that by its greatness the Roman people lost its way of life, and by conquering, we have been conquered. We obey foreigners, and in one of the arts they command the commanders. But more about this later.  

Naturalis Historia 24.5

Simultaneously, though, he cannot help but list a plethora of foreign plants and remedies, repeating some of the more interesting ones at various points; Pontic honey and wormwood, for instance, make multiple appearances. He also has a conflicted

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11 The translations of Plinius are my own and the Latin text follows the Teubner edition of 1906.

relationship with those poisonous plants that come into his work; after all, there are circumstances in which fatal poisons are the proper and accepted treatment for a patient:

A Graecis et noxias herbas demonstratas miror equidem, nec venenorum tantum, quoniam ea condicio vitae est, ut mori plerumque etiam optumis portus sit…. sed quis fuit venia monstrandi qua mentes solverentur, partus eliderentur, multaque similia? ego nec abortiva dico ac ne amatoria quidem, memor Lucullum imperatorem clarissimum amatorio perisse, nec alia magica portenta, nisi ubi cavenda sunt aut coarguenda, in primis fide eorum damnata. satis operae fuerit abundeque praestatum vitae salutaris dixisse, <. . . .>

I am shocked, however, that even harmful plants have been cataloged by the Greeks, not only those of the venomous kind, for there is that condition of life when death is for the most part a safe port, even to the best of men…. But what pardon is there for showing ways in which minds can be undone, the unborn can be done away with, and many similar things? I do not include abortifacients in my account, and not even love potions, remembering that Lucullus the most famous general perished from such a potion, nor do I include other magical portents, unless to warn against them or debunk them, for faith in them has been utterly rejected. It was enough for this work to have mentioned in abundance that which is principally for the health of life,…

Naturalis Historia 25.25

Poisons are for Plinius a loaded concept, and the lands that are identified with a greater concentration of poisons, antidotes, serpents, and the like are the same places that had at some point threatened Rome militarily and politically. This is not true for every province under the Roman yoke; very few poisonous substances are listed for Gaul and Spain.

There are, however, distinct concentrations of references to poison and antidotes in North

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13 Beagon argues convincingly in “Man's Use of Nature in Medicine,”Roman nature : the thought of Pliny the Elder (Oxford: Oxford University Press, 1992) that the Plinian concept that the ars medicina had corrupted the pure medicina found in nature is at force here, where the Plinius's antagonism towards Greeks and Greek artes centers around his perception of their misuse of knowledge, and therefore deceitful misuse of ratio. I would argue that Plinius's rejection of the Greek authors who include abortifacients, poisons, and the like in their pharmacopoeiae implicitly identifies such items as Greek/ Non-Roman, even though (as Beagon points out on page 217) Plinius mentions 'native' items whose results can be abortifacient without necessarily advocating them.
Africa, Egypt, and Pontos, as well as Greece. All of these areas had represented strong challenges to Roman authority, and Greece itself was perceived as an insidious threat to Roman cultural integrity. Of course, a good part of this clustering can be traced to Plinius’s sources, which include authors with Pontic connections such as Krateuas the Pontic rhizotomist from the court of Mithradates, Pompeius Lenaeus and his translation of Mithradates’ own works, and Herakleides the Pontic physician. So strong was the influence of the physicians entering Rome after the fall of Mithradates that Plinius himself traced the beginning of the academic study of pharmacology to the Mithradatic wars (N.H. 25.5), though Cato the Elder included pharmaceutical remedies in his de Agri Cultura long before Mithradates met his end. Part of the high number of references to Pontic poisons and Pontic authors could be due to an accident of source material rather than any conscious effort to identify Pontos and poison. Likewise, many if not all of the authors of the herbals Plinius listed as his reference works were Greeks writing in the Greek medical tradition. This could easily explain the concentration of poisonous plants and antidotes linked to Greece: Greek authors write about Greek plants.

It is, however, entirely possible that the clustering of poisons in the source material confirmed existing ideas about the danger of these places. Plinius himself

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14 Nine in North Africa, ten in Egypt, and thirteen in Pontos. Eleven in mainland Greece, seven additional references linked to Krete, Kos, and Lemnos.

15 Interestingly, Cato himself includes Pontic wormwood as a remedy for thigh chafing, long before Mithradates’ legacy entered the Roman empire. (Intertrigini remedium. In viam cum ibis, apsinthi Pontici surculum sub anulo habeto. De Agri Cultura, 159).

16 “Herbal” is a term used to refer to a work on herbal remedies.

17 Trevor Murphy argues that geography in Plinius is part of the personality profiled in Roman ethnographies, suggesting that comments on the characteristics of a location’s plants, animals, and even geography are comments on the nature of the people who inhabit them. Trevor Murphy, Pliny the Elder’s Natural History. The Empire in the Encyclopaedia (Oxford: Oxford University Press, 2004) 115.
certainly seems to dwell upon certain aspects of the poisons in those places, and in the 
case of Pontos and Egypt he makes a point of identifying Mithradates and Kleopatra as 
poisoners. Likewise, he mentions the Psylloi, a notorious tribe of poisoners and healers 
from North Africa, seven times, which seems excessive for a minor North African tribe. 
Also, the importance of the poisons from these areas seems to be underscored by repeated 
references to the same substances; the infamous poisonous Pontic honey, for instance, is 
mentioned three times by name, and twice more by implication.\textsuperscript{18} It is likely that the 
Roman tradition here took existing tales of strange and threatening people and places 
from the Greek authors, and then fixated upon those aspects which bolstered the fearsome 
reputations of hard-won “trophy provinces” now safely secured under the Roman yoke.\textsuperscript{19} 
Fearsome enemies, once defeated, make for strong and enduring propaganda. Likewise, 
by making the subject peoples seem to be masters of the underhanded and therefore non-
Roman poison,\textsuperscript{20} Plinius as a representative of the Roman intellectual tradition glorifies 
the Roman culture and ethics of war as superior. After all, Rome did conquer

\textsuperscript{18} By ‘implication’ I mean something like this passage at \textit{N.H.} 29.97 “\textit{Diximus et mellis venenati genera. contra utuntur melle, in quo apes sint mortuae.”—We have also spoken about the kinds of poisonous honey. Against them are used honey, in which bees have died.’


\textsuperscript{20} I identify poisoning as ‘non-Roman’ in the sense that it is not in keeping with Roman notions of honorable warfare and political advancement, and often Roman poisoners learn their arts from foreigners – Martina the Syrian and Livia Augusta, for example. The following incident from Livy’s \textit{Ab Urbe Condita} as related in Eutropius’ summary of book 14 stands as an example of Roman attitudes to poisoners. Pyrrhus’ physician comes to the general Fabricius and offers to poison Pyrrhus, and Fabricius turns the would-be physician-poisoner in to Pyrrhus. Pyrrhus calls Fabricius a ‘Man who can be less easily diverted from the path of honor than the sun from its course.’ Of course, this could be a simple condemnation of any sort of assassin, but the fact that this particular assassin was a physician using poison increases the level of betrayal. Not only does this physician violate the loyalty due his liege, but he also violates the oath of his profession and uses his knowledge to end life – something that any patient fears on some level. It is perfectly all right to kill an enemy on the field of battle, but assassination through poison is most certainly not the Roman way.
Mithradates and Kleopatra, subtle masters of poison though they were thought to be. Adding to an enemy’s reputation during a conflict is counterproductive, but afterwards it does nothing but good for the victor’s cause.

**Italy, The Universal Antidote**

The poison-related entries in Greece are the most difficult to link to a theme of political propaganda, and the source material itself guarantees that there will be a preponderance information clustered around Greece. It is notable that there does not seem to be a corresponding grouping in Italy, as one might expect if the encyclopedist were attempting to prove that Italy was the equal to Greece. There are three instances of poison on the Italian mainland – the first is a poisoned spring on Mt. Soracte mentioned in a list of several other such springs, nearly all of them Greek.\(^{21}\) The addition of Soracte may perhaps be an attempt to include Italy in a Hellenic grouping in order to make the point that Italy has what Greece has, or it may be a reflection of his source. The Italian spring, according to Varro, boils at sunrise as well as being poisonous, which makes it far more active than the less energetic waters of Greece, which merely affect those who drink them. The second venom-related entry is the Marsi, who are immune to snakebite and are mentioned twice, both times as an Italian parallel to the Psylloi of North Africa(\(^{21}\) *N.H.* 7.14, 21.78), and the third is a shrew-mouse that is poisonous in Italy, but not elsewhere (*N.H.* 8.227). There are, of course, plants listed that are native to Italy and used as antidotes, but their Italian origin is not highlighted in the relevant passages. This

\(^{21}\) *N.H.* 31.10 – the springs are located in Armenia, Lydia, Achaia, Thrace, Leontion, Soracte, Macedonia, Thessaly, and Arcadia.
is probably a function of the author’s nationality rather than any deliberate attempt to
detoxify Italy; one hardly needs to mention to an Italian audience what common plants
grow in Italy.

Certain items, however, lose their poisonous power when brought into Italy, and
this trend may have a more political undertone. For instance scorpions, which are
mentioned just about as often as snakes in the rest of the Naturalis Historia, are said to be
harmless in Italy (N.H. 11.89). Likewise, Plinius cites Theophrastos as saying that the
bite of the lizard is poisonous in Greece, but not in Italy (N.H. 8.111). The anecdote at
25.17 of the soldier in Spain who is bitten by a mad dog\textsuperscript{22} only to be saved when his
mother, warned in a dream, sends the root of a wild rose from home also illustrates this
point. The mother presumably is in Italy, though the text is not specific. In combination,
these entries gives a sense that Italy and its people have at least some ways of avoiding
the threat of poison and poisoners, especially the Marsi.

Many of these items were doubtless included in the Greek tradition, but the
meaning of the information changes slightly when it moves from a Greek author like
Theophrastos to a Roman author and politician like Plinius. To the Greek, Italy is a
barbarian frontier, and so a shrew that is poisonous in Italy but not in Greece is a foreign
wonder, and knowing about it is proof of Greek superiority over knowledge. But when
Plinius includes that shrew in his Roman encyclopedia, he highlights an animal that
acquires special powers in his homeland that it lacks abroad. One could say that the
shrew, which is hardly an animal that strikes fear into the hearts of men, becomes more

\textsuperscript{22} It should be noted that without germ theory, rabies is just another poisonous bite and so falls into the
category of “being poisoned by a foreign item.”
potent in Italy – and by implication humans also become more potent in Italy. This is most likely an overstatement of Plinius' point – but taken in combination with the neutralization of inbound poison from scorpions and lizards it at least implies that Italy herself has centrality and power in a dangerous world. Not only that, but Italy has a command over poisons equal if not superior to that possessed by other nations and lands. *Natura* herself has anointed Italy to control the poisonous dangers of the world so that the world can benefit from the beneficial powers of these substances.

**Scorpions, Snakes, and Kleopatra: Poisons in Egypt**

After Greece, Egypt is the next likely place to see a large number of poison-related entries in an ancient encyclopedia. After all, it was known to be a land of *pharmaka* long before Romulus set foot on the Palatine, and as early as time when the Homeric epics were composed. For instance the *Odyssey* has Helen employing *nepenthe* brought from Egypt (*Odyssey* 4.220 f.), and the Greek presence in Alexandria much later almost guarantees that Egyptian items will make their way into the *Naturalis Historia* on a regular basis. It can hardly be surprising, then, that there is a cluster of references to Egyptian snakes and scorpions as well as remedies for their bites and stings. As with the shrew, though, in the hands of a Roman like Plinius, these references to foreign poisonous threats take on an added significance. The most notable of these is the story of a hapless Roman noble treated by an Egyptian physician at *N.H.* 29.93:

*Cossinum equitem Romanum amicitia Neronis principis nostrum, cum is lichene correptus esset, vocatus ex Aegypto medicus ob hanc valetudinem eius a Caesare, cum cantharidum potu praeparare voluisset, interemit. verum inlitas prodesse non dubium est cum suco taminiae uvae et sebo ovis vel caprae.*
It killed Cossinus, a Roman Eques and friend of our Emperor Nero, when he was seized by an attack of lichen and a doctor had been called from Egypt by Caesar because of his health. When (the doctor) ordered him to prepare cantharis in a drink, the drug finished him off. But there is no doubt that as a topical preparation with the juice of a Taminian grape and the suet of a sheep or nanny goat it is quite useful.

A doctor with enough of a reputation to be summoned by the emperor from Egypt can be assumed to be reasonably knowledgeable about the known dangers of cantharis, though it is entirely possible that he was either familiar with a similar fly with different properties, or that he was a better sycophant than he was a doctor.

Nevertheless, if we give the Egyptian the benefit of the doubt, he could have hoped that a severe cure would produce better results in a severe case, or he could have fallen afoul of a negligent pharmakopolos. Cantharis was one of the few named substances whose sale was somewhat regulated by Roman law, which allowed one to prosecute the vendor if it were found that the cantharis was intended to poison someone. Perhaps a more intriguing scenario would involve a breakdown in communication. The physician very well could have ordered the cantharis preparation to be administered topically, only to be misheard by Cossinus or misinterpreted by a disinterested (or resentful) Greek speaking slave. Left alone with a bottle from the physician, the patient could have simply forgotten the ‘external use only’ warning and drunk it down, as one often did with ancient medications: patients misinterpret physicians’ instructions regularly; some centuries earlier the author of Tradition in


The punishment was relegation, a limited form of banishment. Marcian in Digest 48.8.3.2-3.
Medicine in the Hippokratic corpus certainly felt that many medical failures could be traced to a patient’s failure to follow directions, and it is doubtful that such incidents grew less frequent with the passage of time. Perversely, Plinius gives no further details as to the fate of the physician or the legal fallout resulting from the botched treatment (if any); the scenario is more useful for thinking about how an interaction might have gone awry than for shedding light upon what actually happened. What the thought experiment does indicate, however, is just how many things can go wrong in ancient medical treatment, even among the wealthiest and most powerful patients and the most well regarded physicians.

What is certain in this passage is where Plinius himself puts the blame. The Egyptian physician orders (potu praeparare voluisset) an internal application of a drug that Plinius goes on to specify for external use only, and the patient dies. However, Plinius does not go out of his way to blame the physician. In fact, the subject of the verb interemit is cantharides, not the medicus. Giving the doctor’s nationality seems to do as much to exonerate the doctor as to implicate him. Egyptian doctors had a reputation for knowledge and excellence long before the Romans had even heard of the Nile, let alone called a physician to leave it.25 Perhaps the more telling facet to the incident is the Imperial summons. Nero as the Roman imperator now commands the Egyptian medicus, who has the power of life and death, however imperfectly. The casual exercise of that power here indicates the security of the Roman state in its own position, but also illustrates the limitations of that power. Even if one has the power to summon the

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Egyptian doctor, and even if the patient has the friendship of the emperor himself, the drug may still kill. Roman domination is no guarantee of safety in a situation where foreign doctors administer foreign medications.

Kleopatra VII is both the most notorious Egyptian of the classical world, and also associated with poisons, but oddly enough only one of the five references to her in the *Naturalis Historia* involves poison, and it is not the famous image from Plutarchos’s *Antonius* of her testing various poisons on prisoners in order to find the best means for her own death, nor the alleged suicide by asp bite. 26 Other authors of Plinius's time were not so restrained, to judge by the more lurid poisoning episodes in the *Antonius* that must have come from Augustan and Julio-Claudian sources to which Plinius had access. The various traditions of Kleopatra’s expertise in poison likely originated from an actual knowledge on her part (or at least on the part of those physicians residing at her court), but, as with Mithradates, the tradition seems to have latched onto it and brought it to such prominence that it is one of the first things one thinks of when imagining Egypt’s last queen. There may be some truth to the tales, since Ptolemy XII Auletes hosted Zopyros, a physician with Mithradatic connections and a Persian name that could indicate a Pontic origin, in his court. 27 Plinius does not concern himself with this aspect of Kleopatra’s life, but he does relate an incident at 21.12:

sclerata Cleopatrae sollertia. namque in apparatu belli Actiaci gratificationem ipsius reginae Antonio timente nec nisi praegustatos cibos sumente fertur pavore eius lusisse extremis coronae floribus veneno inlitis capiti inposita; mox procedente hilaritate invitavit Antonium, ut coronas biberent. quis ita timeret insidias? ergo concertam in scyphum incipienti haurire opposita manu: en ego

26 Plut. *Ant.* 71, 86  Plutarchos suggests that poison was somehow concealed in a comb.

27 Galenos 14.150 and Celsus 5.23.
sum, inquit illa, Marce Antoni, quam tu nova praegustantium diligentia caves; adeo mihi, si possim sine te vivere, occasio aut ratio deest! inductam custodiam bibere iussit ilico expirantem.

Take for example the wicked cleverness of Cleopatra. For in the preparations for the battle at Actium, when Antonius feared even the favor of the queen herself, and did not even take food unless it had been tasted beforehand, she is said to have amused herself with his fear by putting poison on the tips of the flowers in his wreath. Then, as the party went on, she tempted Antonius to drink the wreath. Who would fear such a plot? Therefore she interposed her hand when he went to drink the flowers shredded into his cup and said, “Well, am I the one, Marcus Antonius, against whom you take the new precaution of taste-testing? If I were able to live without you, would I lack either opportunity or ability?” She ordered a prisoner to drink it, and he died on the spot.

The other passages about Kleopatra deal with her reputation for luxurious living, a feature that this poisoned crown passage shares. Although the story of the crown is not found in other accounts of Kleopatra's antics, it does share common features with the more common Kleopatra-as-poisoner tales. The victim is a prisoner, and Kleopatra herself applies the poison, making her expert enough to know that the very act of wearing the wreath will not harm Antonius. Kleopatra herself is a direct threat to Antonius like some sort of regal Kirke, toying with the Roman’s helplessness against both her wiles and her poisons. More than the other stories of Kleopatra, this episode speaks to some of the deepest anxieties of the Roman male: foreigners, women, and poison. Antonius here is in danger of perishing not as a Roman soldier in battle, but as the kept man of a Hellenized Egyptian queen. The fact that he escapes by her whim and not by his own virtus further explains the harsh “sclerata Cleopatrae sollertia.” Though this may not be the classic incident in Kleopatra’s alleged career as a poisoner, it is in many ways by far the most disturbing to a male Roman audience. Plinius does not belabor the point
elsewhere, but in terms of the *Naturalis Historia*, Egypt remains an enticing land full of wonders and knowledge that are dangerous in the hands of Egyptians but potent cures under Roman control. He does not reject the wonders of Egypt outright, but one gets the sense that Egypt, for all its anti-venoms and pharmaceuticals, is still a dangerous weapon in the Roman arsenal that can potentially harm those who govern it.

**North Africa and the Psylloi**

North Africa is both more intriguing and more problematic as a cluster point for poisons and antidotes. Unlike Egypt and Pontos, it does not comprise a single political entity, but includes both Carthage and Numidia, both of which loom large in the annals of Roman military history, but neither of which had leaders known for their association with poison. Perhaps for this reason Jugurtha and Hannibal are absent from tales of North African poisons and instead there are seven separate references to the Psylloi, six of which have something to do with their ability to use and resist the effects of snake venom. Not only that, but Plinius suggests that the Psylloi had at some time attempted a form of bio-terrorism in Italy by importing poisonous scorpions.

saepe Psylli, qui reliquarum venena terrarum invehentes quaestus sui causa peregrinis malis impleverunt Italianam, hos quoque importare conati sunt, sed vivere intra Siculi caeli regionem non potuere. Visuntur tamen aliquando in Italia, sed innocui, multisque alis in locis, ut circa Pharum in Aegypto.

Often the Psylloi, who, by importing poisons from other lands, have attempted to fill Italy with foreign evils for their own ends, have tried to import these (flying scorpions) too, but they were not able to survive above the latitude of Sicily. However, they are seen from time to time in Italy, but they are harmless there; and they are seen in many other places, like in the region of Pharos in Egypt.

*N. H.* 11.89
This is the only reference to such a practice by the Psylloi. In fact, there seems to be some disagreement amongst the sources over whether or not the Psylloi even existed. Herodotos, for instance, claims that the Psylloi all perished in a sandstorm as they were migrating in search of a new water source. However, other sources refer to the Psylloi as being very much alive. Plutarchos in his *Life of Cato the Younger* has Cato the younger bringing Psylloi along on his campaign in order to cure snakebites by sucking on the wounds and dismiss the snakes themselves by means of incantation, for instance, and they are called in to resuscitate Kleopatra at 17.4 in Suetonius's *Life of Augustus*. Strabo mentions the Psylloi’s ability to withstand snakes, and seems to think that the Ophiogenes in the region of Parium are descendants of a Psyllos chieftain. He also mentions their ability to cure snakebite, but in his version it is done by stroking the patient, not by sucking on the wound. Lucan also mentions the snake-healing ability of the Psylloi in *Pharsalia* 9.907-8. Again, the Psylloi are aiding the Romans under Cato the younger with their anti-venomous properties. This leaves us with two questions: are these Herodotos’ Psylloi, and what was their relationship to Rome?

Plinius seems to have an unusual first-hand knowledge of this particular group of Psylloi, and from the seven scattered citations in the *Historia* one can form a picture of his own experience regarding the Psylloi. He has their original location north of the

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28 Herodotos 4.173.

29 Plut. *Cat.* 57.

30 Strabo 13.1.
Garamantes,31 and keeps them separate from the Ophiogenes of Parium.32 He differs from Herodotos significantly in his account of their demise. Herodotos claims that they left their former territory in a drought and perished in a sandstorm,33 whereas Plinius claims that their neighbors, the Nasamones, slaughtered them, driving the few survivors into exile.34 Like Ailian, he mentions the ritual exposure of Psylloi infants to snakes in order to prove the mother’s fidelity.35 Both authors cite Agatharchides as the source for this bit of information. It seems that there were a group of people called Psylloi who worked with the Romans as venom-removing specialists, and that these Psylloi identified themselves with Herodotos’ lost tribe of the Psylloi. It is entirely possible that they were one and the same; Herodotos does mention Nasamones in his passage on the Psylloi, and it is entirely possible that the dust cloud story was used by members of other tribes to explain their disappearance instead of the more prosaic account of conquest.

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31 super illos (Garamantes) fuere gens Psylli, N. H. 5.4.
33 Νασαμώσι δὲ προσόμοιροι εἰσὶ Ψύλλοι. οὕτως ἔξαπολώλασι τρόπῳ τοιῷδε: ὁ γάτος σοι πνέον ὄνειμος τὰ ἔλιτρα τῶν ὑδάτων ἔξημυνε, ἢ δὲ χώρη σοι ὅπασα ἐντὸς ἕσυχα τῆς Σύρτισι ἡν ἀνίκαρος. οἱ δὲ βουλισάμενοι κοινῇ λάγῳ ἐστρατεύοντο ἐπὶ τὸν νότον λέγω δὲ ταῦτα τὸ λέγουσι Λύβεας, καὶ ἔστη ἐγίνοντο ἐν τῇ ψάμμῳ, πνεύματος ὁ νότος κατέχοισε σφέας. ἔξαπολωμένοι δὲ τούτων ἔχουσι τὴν χώρην οἱ Νασαμώνες.

Neighboring the Nasamonoi are the Psylloi, and these were driven out in this way: the south wind blew and dried up their water stores, and their entire land which was entirely within the Syrtis was without water. And so, after making a plan in open council, they marched off to the south (I tell this as the Lybians relate it), and when they got into the sands, the south wind buried them with its blowing. And so they all died, and the Nasamones now hold their territory. Herodotos 4.173.

34 haec gens ipsa quidem prope internicione sublata est a Nasamonibus, qui nunc eas tenent sedes. genus tamen hominum ex iis, qui proflugerant aut cum pugnatum est afuerant, hodieque remanet in paucis.

This race itself was nearly wiped out by the Nasamones, who now hold their homeland. Anyhow, the kind of people who came from this tribe are those who either fled or were absent from the fighting, and today survive in small numbers. (N.H. 7.14).

Of course, it is equally likely that a group of people claimed to be a lost tribe with magical powers for their own purposes, but the Romans do not seem to question the story, or the Psylloi’s remarkable abilities to heal snakebites. This is because by the first century A.D. these particular Psylloi were Roman trophies and not independent agents, no matter how much clandestine scorpion importing may or may not have been going on. They aided Roman armies and obeyed Roman commands, and so it is in Rome's interest to attribute to them the full pedigree of Herodotos's famous Psylloi. The better the Psylloi look and the more dangerous and terrible their powers, the more formidable their Roman overlords seem in the eyes of other countries, and in the eyes of their own citizens.

Plinius mentions this venom-mitigating ability the Psylloi several times: at 7.14, 8.93, 21.478 and at 28.30. In only one of these instances does he not also mention the Italian tribe of the Marsi. 36 Perhaps he does so to emphasize that the remarkable Psylloi are equaled by an Italian tribe, but he seems to make far less a point of expounding upon the abilities of the Marsi. The number of mentions seems somehow disproportionate to the importance of the tribe. There are certainly minor tribes elsewhere with miraculous properties that are mentioned far less. This fixation with the Psylloi may be shared by the Roman elite at large; the fact that Cato the younger used them in his campaign and that they show up as Roman allies at a critical point in Pharsalia certainly points to a generalized Roman familiarity with these people.

36 N.H. 8.38 Interestingly, one of the snakebite victims in the Pharsalia passage regarding the Psylloi is Nasidius from the Marsian fields.
Up to this point, Plinius’s account is in keeping with other accounts of the Psylloi. There are two entries beyond these that seem particularly odd, though. The first is the reference to the Psylloi importing scorpions into Italy at *N.H.* 11.89, and the second is at *N.H.* 25.123:

Sunt et ranis venena, rubetis maxime, vidimusque Psyllos in certamen e patinis candefactis admitentes, ociore etiam quam aspidum pernicie.

There are also poison frogs, especially the rubeta, and we have seen the Psylloi taking [the frogs] from heated plates and applying them as a competition, resulting in a swifter poison even than that of an asp.

So it seems that Plinius has first hand knowledge of these Psylloi, and not his usual second and third hand accounts gleaned from books. He may have observed these people engaged in some form of competitive street theater in which they challenged each other to survive an increasing number of heated poisonous frogs. His claim that the Psylloi imported venomous animals into Italy may also be taken from experiences with these people he may have had as a government official, if they were as closely tied to Rome as the record suggested. He did have military experience in Germania, and could possibly have encountered the Psylloi there as part of the Roman army engaged as specialists in the curing and application of venom. Certainly other peoples have prepared poison from frogs using such methods. Unfortunately, he says little to illuminate why the Psylloi were importing venomous creatures or in what context he saw them preparing their frog-poison.

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37 Unfortunately the species here is unclear, though according to Lewis and Short, it is some sort of green tree frog, and is referred to in Iuvenalis 3.44.

38 Adrienne Mayor uses similar practices by the modern Choco tribe to illuminate this puzzling frog-related behavior, arguing that the frogs in question may have secreted the venom when stressed by the heat of the fire. In *Greek Fire, Poison Arrows & Scorpion Bombs: Biological and Chemical Warfare in the Ancient World.* (New York: Overlook, 2003) 70-71.
It is unlikely that Plinius mentions the Psylloi in a conscious attempt to make North Africa seem poisonous or to invoke memories of old North African campaigns. Here, a more subconscious process is at work, where Plinius sees this foreign tribe as particularly useful (and particularly threatening) because they are not Roman. The Marsi,\(^{39}\) after all, have the same snake-repelling properties as the Psylloi, but they are not the ones being taken along on campaigns or threatening Rome with their foreign creatures. The Psylloi make such an impression and gain such an unassailable reputation because they are foreign, and because their lands now belong to Rome. Like *auxilia* from other provinces, the Psylloi now serve the cause of Rome, but are not themselves Roman enough to be trusted. They are flaunted about as a foreign prize in the Roman arsenal, but they are by no means safe to use without consequence. By importing the Psylloi, Rome likewise imports Psylloi *materia venenata*, and introduces into its heart danger to both itself and to its enemies. However in Roman hands, the Psylloi ward off poison rather than bring it, and thus the Roman foreign policy of assimilation likewise gives Rome yet another way to neutralize poison. The danger still exists, but Rome is better off with the knowledge than without it. It is likely that Plinius’s focus on the Psylloi reflects their partially assimilated status in Rome, and also allows him to cast their homeland—which is also the homeland of scorpions and snakes—as another poisonous province like Egypt and Pontos.

\(^{39}\) Interestingly, Servius claims that the Marsi learned their anti-poison skills from Medea. *Commentary on the Aeneid* 7.750.
Duck Blood, Poison Honey, and Mithradates in Pontos

The final clustering of poisonous substances is also the easiest one to link to Roman wars of expansion. The Black Sea region has a long history of association with poisonous and medicinal substances, starting with Medea of Kolchis as early as the fifth century in Greece, and probably some time before that. Kolchis the kingdom had collapsed by the time Greeks began to colonize it in the 6th century B.C., and the region was absorbed by the kingdom of Pontos by King Mithradates VI Eupator. As the prototypical ‘frontier’ of Greek knowledge and exploration, Kolchis (and later Pontos) became one of the first places one would think of when imagining exotic non-Greek locations, however Greek that location had become since the fifth century B.C. 40

Mithradates Eupator seems to have used his country’s reputation for amazing medicinal substances and poisons to his own advantage. When assembling his court, he made a point of engaging medical authorities like Kratueas the rhizatomist and Herakleides, an empiricist physician and pupil of Apollonius Mus. As the legend goes, he unsuccessfully attempted to invite Asklepiades of Bithynia to his court. Asklepiades was a physician who practiced in Rome and is credited with rehabilitating the reputation of Greek medicine after the disastrous tenure of Archagathos of Sparta. 41 Asklepiades did, however, dedicate his works to Mithradates as a mark of his respect for that king. Mithradates's experiments with antidotes were well known enough that ‘Mithradatum’ 42


41 Von Staden “Liminal Perils.” Which discusses the tenure and impact of Archagathos in depth.

42 In Plinius, a version of the recipe can be found at 23.149, Also Celsus 5.23.3. Laurence Totelin points out that given the plethora of recipes for “Mithradatium,” it is quite likely that Romans remodeled the history of the King's death in order to invent a Roman antidote. If this is the case, then Mithradates and
became a sort of brand name for complicated antidote recipes long after his death. The story of his suicide, in which his daily doses of poison had be so successful in immunizing him that he had to resort to the sword, is well attested as a parable for what happens to a person who is too clever about cheating death.  

Mithradates and the scholars who came to Rome after his death made such an impression that Plinian traced the beginning of Roman pharmaceutical practice to the time of Mithradate's downfall:

Antea condiderat solus apud nos, quod equidem inveniam, Pompeius Lenaeus Magni libertus, quo primum tempore hanc scientiam ad nostros pervenisse animo adverto. namque Mithridates, maximus sua aetate regum, quem debellavit Pompeius, omnium ante se genitorum diligentissimus vitae fuisse argumentis, praeter quam fama, intellegitur.

uni ei excogitatum cotidie venenum bibere praesumptis remediis, ut consuetudine ipsa innoxium fieret; primo inventa genera antidoti, ex quibus unum etiam nomen eius retinet; illius inventum, sanguinem anatum Ponticarum miscere antidotis, quoniam veneno viverent; ad illum Asclepiadis medendi arte clari volumina composita extant, cum sollicitatus ex urbe Roma praecerta pro se mitteret; ...

is ergo in reliqua ingenii magnitudine medicinae peculiariter curiosus et ab omnibus subjiciis, qui fuere magna pars terrarum, singula exquirens scrinium commentationum harum et exemplaria effectusque in arcanis suis reliquit, Pompeius autem omni praeda regia potitus transferre ea sermone nostro nostro libertum suum Lenaeum grammaticae artis iussit vitaeque ita profuit non minus quam reipublicae victoria illa.

Before (Valgius) I have found that only Pompeius Lenaeus, the freedman of Pompeius Magnus, laid the foundation (of the study of pharmacology) with us (Romans), at which time this knowledge first came to our attention. For Mithradates, a very great king in his time, whom Pompeius conquered, is understood to have been the most diligent of all those who lived before him in the practicalities of life rather than fame.

Pontos is even more a part of the process of Romanizing Mithradates for political purpose. “Mithradates' Antidote – A Pharmacological Ghost,” *Early Science and Medicine* (Volume 9, Number 1, 2004) 1-19.

43 Appian  Mith. 111-112.  See also Mith. 13.
It was to him that it first occurred to drink poison daily as a prophylactic remedy, so that by that habit they would become harmless; a kind of antidote was invented by him, out of which one still retains his name; his innovation was to mix the blood of Pontic ducks into antidotes, since they (the ducks) live on poison; it was to him that the volumes on the art of medicine written by the renowned Asklepiades were dedicated, and still survive; when he (Asklepiades) was sent for from the city of Rome, he sent them in his place. 

He, therefore, was particularly interested in the great sweep of the medical arts, and he drew on information from all his subjects, which encompassed a great part of the lands, and he sought out each of the books of such commentaries, and he left behind case-studies and the effects (of drugs) among his secret records. Pompeius, however, got a hold of all the king’s effects and ordered his freedman Lenaues the grammarian to translate them into our tongue, and that victory was no less profitable for life than it was for the Res Publica.

Such a lengthy encomium to a foreign enemy – an enemy that had harassed and threatened the Roman res publica for many years before his death – is quite unusual. To do so at the expense of Cato the younger, who was mentioned in passing in the preceding chapter, is quite remarkable. The passage is constructed in such a way as to glorify Mithradates, but to the benefit of Rome since it is safe and useful to portray conquered enemies to be as formidable as possible. In this instance, Mithradates is not so much a military threat as he is an intellectual one. For instance, he attempts to bring Asklepiades of Bithynia from Rome. At the time, and for some time afterwards, Asklepiades was the foremost medical authority in Rome, and was hailed as a savior of the profession after Archagathos, an earlier physician, had put a great number of people on guard against Greek physicians with his harsh treatments and surgeries. Asklepiades,

44 Beagon views this encomium of Mithradates as problematic given Plinius's dismissal of Greek ingenuity elsewhere (Roman Nature, 228 f.), but in the context of prizes of war, such praise is perfectly in line with Plinius's policy towards former enemies elsewhere. Strong, clever, and wily enemies, once defeated, are far more useful for the purposes of propaganda than weak, easily-overcome enemies. The fact that Mithradates fares better than Kleopatra may be due to his masculinity. Mithradates was only threatening on a political and military level – Kleopatra was a threat to the very gender norms of Roman society itself.
so far as we can tell, used an innovative model involving ‘anarmoi ogkoi’ that involved a good deal of water drinking, bathing, and massage. Unfortunately, very little of his theory comes down to us, and most of it is taken from passages where Galenos is doing his best to refute the model. Nonetheless, the fact that Mithradates tried to get Asklepiades for himself, and partially succeeded insofar as he got a book dedication out of it, shows Mithradates’s desire to take what is Rome’s and (presumably) use it in his wars.45 When Pompeius conquered Mithradates militarily, then, the victory was incomplete until Mithradates's “Empire of Knowledge” was likewise put under the Roman yoke.46 According to Suetonius in De Grammatiis et Rhetoribus 15, Lenaeus had run away at a young age and gotten himself an education “in patriam” (Greece, most likely), then returned to Pompeius with the price of his freedom. Pompeius, in return, freed him and allowed him to keep the money. In return, Lenaeus remained loyal to Pompeius long after his death. He even went so far as to lampoon Sallust for making unflattering comments about his patron. Suetonius does not mention Lenaeus's translation of Mithradates, though he does say that Lenaeus accompanied Pompeius on his campaigns. Regardless, Lenaeus’ work seems to persist only in the Latin tradition of Plinius and Scribonius and not in the Greek. Dioskourides fails to mention him, though he does cite Kratoeas quite often. Perhaps there was no need to include Lenaeus when one has access to Kratoeas, or perhaps Dioskourides was less comfortable with Latin sources.

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45 John T Vallance. The Lost Theory of Asclepiades of Bithynia and Rawson “Asclepiades of Bithynia” cover what is known about Asklepiades and his ideas. He is named as the founder of Methodist medicine via his pupil Themison, although there are some departures between what is known about Asklepiades's theories and Themison's.

46 Following Flemming's “Empires of Knowledge” cf. n. 1.
Plinius is not the only author for whom Pontos is a land of poisons and dangerous drugs. Dioskourides lists ten specifically Pontic simples (more if you extend Pontos’ reach to Kappadokia), many of which produce sleep or death. He also mentions the value of duck’s blood in antidotes, and quotes Krateuas more times than other sources. There is even an intriguing entry for Kuamos Aigyptios, which is also called ‘Pontikon’, though it does not actually grow in Pontos. Clearly Pontos’s post-Mithradates reputation was not confined to Plinius, nor entirely to the Latin record. Of course, it is difficult to classify Dioskourides as an entirely Greek entity separate from Roman culture. It is possible that he served in some capacity with the Roman army (depending on how one interprets “stratiotikos bios” in the prologue to his pharmacopia), and it is not unlikely that he was familiar with Roman traditions. He certainly includes materia from Gaul and Spain, which suggests some sort of co-operation with the Roman system there and a traveler’s knowledge of basic Latin in order to get by.

All that aside, Pontos’ relationship with poison and powerful drugs is well established by Plinius’s day, and Plinius latches onto that connection strongly as he covers Pontic herbs and the history of Roman pharmacology. Here, even more than in Egypt and North Africa, the land itself is a hotbed of hidden danger liable to strike at any


49 Dioskourides 2.97.

time. Even things that are usually harmless or even helpful like ducks and honey can kill, or cure, depending on the intent of the pharmacist. Even more than Kleopatra, Mithradates Eupator becomes Mithradates the Poisoner, even less Roman and perhaps more dangerous. But, as Plinius says, the Roman victory over his country is as important as its victory over his knowledge. With Lenaeus’ translation, the horrors of Pontos become more arrows in Rome’s arsenal – still not quite Roman, but firmly in Roman hands.

Conclusions

As a final note, one might ask at this point, “What about Parthia?” As the most long-lived active threat against the Roman empire, would one not expect it to develop a reputation for hidden dangers like that of Pontos, Egypt, and North Africa? In a way it does not. Though it has as much literary baggage in the Greek tradition as Pontos (if not more), it does not seem to have any poisons attached to it in the *Naturalis Historia*, save one anecdote about Persian apples being transported to Egypt:

falsum est venenata cum cruciatu in Persis gigni et poenarum causa ab regibus tralata in Aegyptum terra mitigata. id enim de Persea diligentiores tradunt, quae in totum alia est, myxis rubentibus similis, nec extra orientem nasci voluit. eam quoque eruditores negaverunt ex Perside propter supplicia tralatam, sed a Perseo Memphi satam, et ob id Alexandrum illa coronati victores ibi instituisse in honorem atavi sui.

It is a lie that the peach which grows in Persia is poisonous, or that it produces tortuous pain, and that it was brought into Egypt by the (Persian) kings for the purpose of revenge, but that the earth mitigated the poison. More careful authors also say that this regards the ‘Persea’, which is entirely another tree, similar to a red Myxis, and that it does not grow outside the east. Also those who are more learned deny that it was brought from Persia for punishment, but that it was planted by Perseus in Memphis, for which reason Alexander gave orders that the
victors should be crowned with it in the games which he instituted there in honor of his ancestor.

_Naturalis Historia_ 15. 44-45

And so, the only instance of something poison coming from Persia/Parthia turns out to be a myth at best, and a gross misunderstanding on the part of incompetent scholars at worst. Unlike these other provinces, Parthia was never brought into Roman control, and was always a threat to the Roman frontier. For this reason, there was no advantage in touting its native dangers, and there were many disadvantages in making that particular enemy more menacing than it already was. In this case, the exception proves the point—Parthia is hardly empty of scorpions, snakes, and threatening tribesmen, but it seems to almost disappear from Plinius’s map. Only areas that have been incorporated safely into the _Pax Romana_, after all, are safe enough to be dangerous.
CHAPTER 2

THE IMPERIAL ROMAN DOCTOR UNDER THE LAW

Plinius's *Naturalis Historia* contains a particularly shocking charge, and one often quoted as evidence that Roman law was powerless against medical wrongdoing. At *N.H.* 29.1-28 there is a very lengthy list of charges leveled at Greeks in general and Greek physicians in particular, culminating in this oft-cited charge:

nulla praeterea lex, quae puniat inscitiam capitalem, nullum exemplum vindictae. discunt periculis nostris et experimenta per mortes agunt, medicoque tantum hominem occidisse inpunitas summa est. quin immo transit convitium et intemperantia culpatur, ultroque qui periere arguuntur.

Moreover there is no law which punishes lethal incompetence, no example of retribution. They learn at our peril, and the conduct experiments even as we die, for only to a physician is it allowed to kill a person with impunity. To the contrary – the fault transfers and the [patient’s] disobedience is blamed, to the point where those who have perished are put on trial.

*H.N.* 29.18

The issues of experimenting doctors and other questions of medical ethics raised by Plinius's accusations are grave enough and will be addressed in later chapters. In this section I will argue that, contrary to Plinius's claims, there were comprehensive laws in place that were well equipped not only to punish physicians who were inexperienced or negligent, but also to protect those physicians engaged in frivolous lawsuits and to manage the day-to-day running of a medical practice. The *patronus/ cliens* relationship effectively functioned as a legal safety net with differing levels of legal aid offered on the
basis of the physician's social status, and conversely the social status of the patient greatly influenced the sort of legal trouble in which a physician could find himself.

The nature of a doctor’s practice puts him in situations where people are wont to die. Even the most benign intervention can come at precisely the wrong moment, and the hapless physician is left in a position where his actions seem to have caused a death. In cases where a death has occurred, a doctor is the best person to rule whether an event (or another doctor) did or did not cause a death. In Roman society, as in most others, this meant that a physician came into regular contact with legal procedures, and almost had to practice his profession with an eye towards legal risk. The problem was not so much that doctors would sometimes kill; it was how to determine whether he had, or whether he was simply unable to prevent death. A prudent doctor in practicing medicine would need to be aware of the risks and liabilities, which could lead to financial ruin, banishment, and death. Even the appearance of wrongdoing was enough to scuttle a career in a system where reputation took the place of certification, and therefore a physician walked on perilous ground when he fell afoul of the law in any degree. This chapter will give an overview of a physician’s legal situation and obligation; not only his liability, but his privileges, recourses under prosecution, and the legal situations within which he would carry out his practice.

No discussion of the doctor’s position in the Roman legal system is complete, of course, without a discussion of his liability under the law and the ways in which he could be held accountable for his mistakes and misdeeds.51 The modern system of malpractice

51 Darell Amundsen covered this territory more briefly in his 1973 article, and where there is overlap, I have expounded on his ideas rather than find fault with them as there is little fault to find. In general I am indebted to his work in the area of medicine in Roman Law. There is also Karl-Heinz Below, whose Der Arzt im römischen Recht is the most complete discussion of the topic available. I have borrowed heavily
law is markedly different from the ancient system, primarily because ancient law seems to have no special category for ‘malpractice.’ That is to say, Roman law recognizes the ability of a physician to cause death in the practice of his art, but sees little difference between a medical murder and a conventional murder. A doctor, in other words, is harder to catch, but just as guilty as any other murderer. The same law (Lex Cornelia de Sicariis et Veneficis instituted by the dictator Sulla in 81 B.C.) covers all murderers and applies the same punishments regardless of profession (though social status does make a difference). Likewise in the system of civil law, a doctor who is negligent is effectively the same as a negligent tree-trimmer or a negligent bricklayer who causes injury or death; all have caused the same result (a dead slave), and all are responsible to repay at the same rate.

Three laws govern the ancient physician's liability: the lex Cornelia de sicariis et veneficiis, the Lex Aquilia, and generic contract law. The most simple of these to discuss is the physician's responsibilities under contract, which is important insomuch as it can be used as an alternate method by which a physician can be sued:

Proculus ait, si medicus servum imperite secuerit, vel ex locato vel ex lege Aquilia competere actionem.

Proculus said that if a doctor unskillfully operates on a slave, an action lies either on the contract for services (ex locato) or under the Lex Aquilia. D. 9.2.7.8

From his citations.

52 In this paper for the sake of literary flow the masculine pronoun ‘he’ is used to refer to the physician and druggist unless otherwise specified by the text, since that was the gender of the majority of practitioners during the Imperial period. This is by no means meant to imply that there were no female physicians practicing at the time, which is an issue for another paper. Likewise, obstetrices will be referred to as female for the same reason.

53 Frier tr.
This most likely refers to *locatio et conductio* as discussed in *Institutes* 3.24, which describes the basic contract for service more clearly articulated in *Digesta* 19.2. This would involve the assumed agreement in any transaction that when a service is rendered, the agreed upon price is to be paid, and vice versa. A physician by the very nature of his profession enters into a contract to offer some kind of treatment when paid, and to be paid what he asks for treatment rendered. For this basic coverage, no written contract would be necessary, but should the physician wish to give himself more protection, he could possibly include a written agreement to indicate that the patient understands the risks of a given treatment. In any event, the breach of contract would most likely compel the physician to refund his fee for services rendered, and that fee could possibly exceed the lessened value of the slave under the *lex Aquilia* if the slave were (for instance) already old and feeble and the treatment costly and prolonged. In most cases, though, the *Lex Aquilia*, which was set up to provide monetary compensation for loss (*damnum iniuria datum*), would be the more effective tool in the hands of an aggrieved patient. Indeed, the breach-of-contract action would be more likely to be used by a physician pressing for payment than a patient seeking damages.

A physician could, of course, abuse his right to seek monetary compensation for treatment by inflating prices, or by more underhanded and alarming means. The *Digest* records a particularly heinous form of extortion, presumably practiced by at least one actual practitioner:

Si medicus, cui curandos suos oculos qui eis laborabat commiserat, periculum amittendorum eorum per adversa medicamenta inferendo compulit, ut ei possessiones suas contra fidem bonam aeger venderet: incivile factum praeses provinciae coerceat remque restitui iubeat.
If someone with bad eyes entrusted their treatment to a doctor who, contrary to good faith, forced the sick man to sell his possessions to him by using harmful medicaments to increase the danger of blindness, the governor of the province is to block the illegal act and order restitution to be made.⁵⁴

50.13.3, Ulpian

That is to say, a patient came to a doctor seeking treatment, then the doctor exacerbated the condition in order to prolong and complicate treatment to the point where the patient was obliged to sell his possessions in order to pay. This particularly nefarious doctor breached his contract by harming the eyes rather than helping them, and his monetary motivation makes things that much worse. A more scrupulous doctor might still have difficulty with such a principle, if his patient were unable to pay for treatment while still ill. It is unclear how a doctor could prove that the lack of improvement was not due to any actions on his part, or what measures the doctor would take to extract payment if the patient never recovered. Presumably, the doctor’s contract could spell out such arrangements, but in such an instance as the case described, the hapless patient or his relatives could very well sue to void the contract and recover their losses, if not compensation for injuries sustained during the course of a free man’s treatment. In these interactions there is a fine and fuzzy line between a greedy doctor extorting money and an honest doctor with expenses to cover. In this, at least, Plinius' misgivings with physicians seem to have some basis.

⁵⁴ My own translation here, and elsewhere unless specified.
In the instance of damage to property, the Lex Aquilia provided a system by which losses could be recovered from the person at fault. It was passed by an otherwise unknown tribune Aquilius, perhaps around the 3rd century B.C.\textsuperscript{55} D.9.2.2 and D.9.2.27.4-5 give the wording of the law in this way:

Lege Aquilia capite primo cavetur: ‘ut qui servum servamve alienum alienamve quadrupedem vel pecudem inuria occiderit, quanti id in eo anno plurimi fuit, tantum aes dare domino damnas esto’: et infra deinde cavetur, ut adversus infitiantem in duplum actio esset.

\textellipsis

Huius legis secundum quidem capitulum in desuetudinem abiit. Tertio autem capite ait eadem lex Aquilia: “Ceterarum rerum praeter hominem et pecudem occisos si quis alteri damnum faxit, quid userit fregerit ruperit inuria, quanti ea res erit in diebus triginta proximis, tantum aes domino dare damnas esto.”

The first chapter of the lex Aquilia provides as follows: “If anyone kills unlawfully a slave or servant-girl belonging to someone else or a four-footed beast of the class of cattle, let him be condemned to pay the owner the highest value that the property had attained in the preceding year.” (Gaius)

\textellipsis

The second chapter of the lex Aquilia has fallen into disuse. In its third chapter the lex Aquilia says: ”In the case of all other things apart from slaves or cattle that have been killed, if anyone does damage to another by wrongfully burning, breaking, or spoiling his property, let him be condemned to pay to the owner whatever the damage shall prove to be worth in the next thirty days.” (Ulpian)

This covers damage to any slaves or minor children that a physician may treat, as well as medical expenses incurred due to the injury of a free person. There was, however, a large gap in the Lex Aquilia with regard to the bodies of free persons. This was due to the fact that the Lex Aquilia was designed to provide compensation for owned items. Just as “pain and suffering” have no monetary value under the lex Aquilia beyond the mutable concept of iniuria, the body of a free person cannot be assigned a monetary value, for to do so would be to make the free body an ownable commodity and collapse the firm line

\textsuperscript{55} Frier p.3, D.9.2.1 pr.
between slave and free, thus undermining the fundamental structure of Roman society. If it has a price, it can be bought; if the assigned price cannot buy the “item,” it is not a real price. Or, as the relevant section of the Digest puts it:

*Ex hac lege iam non dubitatur etiam liberarum personarum nomine agi posse, forte si patrem familias aut filium familias vulneraverit quadrupes: scilicet ut non deformitatis ratio habeatur, cum liberum corpus aestimationem non recipiat, sed impensarum in curationem factarum et operarum amissarum quasque amissurus quis esset inutilis factus.*

There is now no doubt that under this law an action can be brought even in the name of free persons, if, for example, an animal wounds a head of a household or a son-in-power, but that is not to say that disfigurement can be taken into account, because the body of a free person is not susceptible of valuation. Nevertheless, account can be taken of the expenses of medical treatment and the loss of employment and of the opportunity of taking a job which were caused by the party being disabled.

D.9.1.3, Gaius

Thus all that an injured free person could expect from the *Lex Aquilia* would be compensation for expenses and potential expenses; no “pain and suffering” damages would be awarded, but there is a possibility of lost wages that could be demanded. The law seems unclear about how many years worth of lost wages would be covered; after all, a younger free man would have a lifetime of work ahead of him if able bodied, and that lifetime worth of earnings would come to quite a large amount. The law is annoyingly vague on the limits of such an action, but it seems unlikely that a careless doctor would be required to take on ex-patients as financial dependents. A free person disabled under such circumstances truly was at the mercy of the courts, and even if he won (since proving negligence and incompetence can be rather difficult without a legal standard of

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56 This section immediately precedes the main section of the *Lex Aquilia* and, while it does not explicitly pertain to Aquilian liability, it does explain a principle upheld throughout the cases under *lex Aquilia*. 

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care) it is doubtful whether the doctor would have enough funds to supply lost wages for a lifetime, and even more doubtful that a judge would order such an arrangement.

Under the *Lex Aquilia* a physician could be considered liable for lack of skill, negligence,\(^57\) and also for intentional harm. There were two ways to be charged under the *Lex Aquilia*; a statutory action where the case clearly fits the wording of the *Lex Aquilia* or an *in factum* action for cases that fall under the extended principle of Aquilian law, if not the letter. There seems to be little difference in outcome between the two, though the jurists go to a great deal of trouble to distinguish between them. Indeed, it has been suggested that *Institutes* 4.9 implies that the double damages awarded when a defendant falsely denies liability applies only to the statutory Aquilian action (and not an action *in factum*).\(^58\)

Within the cases covered under the section on the *lex Aquilia*, physicians are both positive and negative agents. For instance, on the positive side there is a basic assumption that medical assistance should be rendered to an injured slave, and that the proper person to render such assistance is a physician. This is seen most clearly in the off-hand allowances granted in the various decisions concerning the medical expenses of injured slaves.\(^59\) The general assumption seems to be that most of the professionals called upon to treat the sick are competent to do so and a necessary expense in the aftermath of

\(^{57}\) D.2.9.8.

\(^{58}\) Frier p.24 n.4.

\(^{59}\) D. 13.7.8, D.2.27.17, and D.2.52.1 assume medical treatment for slaves, as do the instances in which a doctor fails to treat a slave adequately as he is expected to do. A slave was a valuable enough possession that it would have been in an owner’s best interest to maintain them rather than replace them – just as it would be more economically advantageous to repair a broken cart rather than buy a new one. Indeed, it would have been more crucial in the case of human possessions, who would need training if newly bought.
an accident; they can and should be considered a standard fixture in the fabric of society for any sick or injured person. Within the world as seen through the Digest, then, the physician is a good person with an important function in society. It is necessary to emphasize this, since often it is more interesting to focus on the sections regulating the activities of less scrupulous physicians. To do so warps our image of the ancient physician, giving the impression that every doctor was a bit incompetent when really, by ancient standards, the opposite was felt to be true: so true that society made strictures against the misbehaving minority in order to preserve the norm of the good and capable medicus.

There were some bad apples in the medical barrel, of course, and the lex Aquilia held them liable for everything that money could repair. Liability for negligence both before and after the treatment was covered, as were both pharmaceutical and surgical errors. Ulpiain Collatio 12.7.7 goes so far as to say that any type of negligence by a doctor counts for an in factum Aquilian action. Indeed, most medical errors fall under in factum actions due to the wording of the law regarding the meaning of occiderit:

Celsus autem multum interesse dicit, occiderit an mortis causam praestiterit, ut qui mortis causam praestitit, non Aquilia, sed in factum actione teneatur. Unde adfert eum qui venenum pro medicamento dedit et ait causam mortis praestitisse, quemadmodum eum qui furenti gladium porrexit: nam nec hunc lege Aquilia teneri, sed in factum.

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60 Proculus ait, si medicus servum imperite secuerit, vel ex locato vel ex lege Aquilia competere actionem. Gaius libro septimo ad edictum provinciale. Idem iuris est, si medicamento perperam usus fuerit. Sed et qui bene secuerit et dereliquit curationem, securus non erit, sed culpae reus intellegitur.

Proculus says that if a doctor operates negligently on a slave, an action will lie either on the contract for his services or under the lex Aquilia. Gaius in the seventh book of his provincial edict – And the law is just the same if one misuses a drug, or if, having operated efficiently, the aftercare is neglected; the wrongdoer will not go free, but is deemed to be guilty of negligence. D.9.2.7.8 – D.9.2.8.1.
Celsus says it matters a great deal whether one kills directly or brings about a cause of death, because he who furnishes an indirect cause of death is not liable to an Aquilian action, but to an *actio in factum*, wherefore he refers to a man who administered poison instead of medicine and says that he thereby brought about a cause of death in the same way as one who holds out a sword to a madman; and such a man is not liable under the *lex Aquilia* but to an *actio in factum*.

D.9.2.7.6

The net effect of this is that negligence or dosing errors fall under “furnishing the cause of death” rather than direct killing; most medical errors would fall under that category since medicine relies in large part on the patient's agency in taking medication and following a regimen. Surgical errors made during a procedure are, of course, statutory since they are inflicted directly, but even then there is sometimes difficulty proving that the surgery killed the patient when the final cause of death is an infected wound and not the cut itself.\(^{61}\) Unless the patient died on the table, the physician was liable only *in factum*. Even then, the line between killing and furnishing the cause of death is not so clear where physicians are concerned. For instance, there is this case involving the administration of drugs at 9.2.9 where an *obstetrix* prescribed a drug which killed the patient. The *obstetrix* is only liable for statutory action if she physically held the drug to the woman’s mouth and forced her to drink; in all other cases, the patient herself takes the draught, and there is a degree of separation between the agent and the result.\(^{62}\) By this

\(^{61}\) D. 9.2.7.8.

\(^{62}\) Item si obstetrix medicamentum dederit et inde mulier perierit, Labeo distinguist, ut, si quidem suis manibus supposuit, videatur occidisse: sin vero dedit, ut sibi mulier offerret, in factum actionem dandam, quae sententia vera est: magis enim causam mortis praestitit quam occidit. Si quis per vim vel suasum medicamentum alieui infundit vel ore vel clystere vel si cum unxit malo veneno, lege Aquilia cum teneri, quemadmodum obstetrix supponens tenetur.

Labeo makes this distinction if an *obstetrix* gives a drug from which the woman dies: If she administers it with her own hands it would appear that she killed: but if she gave it to the woman for her to take it herself an *actio in factum* must be granted. This opinion is correct; for she provided a cause of death rather than killed outright. If someone administers a drug to anyone by force of persuasion, either in a drink or by injection, or rubs him with a poisonous potion, he is liable under the *lex Aquilia* in the same way as the
logic the patient has a responsibility in some sense for choosing to trust the word of their doctor when taking a medication, but that responsibility does not completely absolve the doctor of *culpa*. However, the distinction speaks to a cultural attitude that the patient has agency in his or her own healthcare, and that the doctor has no authority to command anyone to do anything under the law. In practice, this leaves a slight loophole (assuming an *in factum* action was appreciably less harsh that statutory), but not much of one.

The *lex Aquilia* certainly offered a greater potential for compensation in the case of medical errors, and that begs the question of why anyone would sue for breach-of-contract instead. Certainly free persons were allowed to sue to recover medical expenses (D.9.1.3), which is all that a breach-of-contract suit would recover. Perhaps an enterprising plaintiff would be inclined to sue for both breach-of-contract and Aquilian damages. There seems to be little objection to multiple charges for the same offense, an attitude best articulated in this passage on the *lex Iulia de Adulteriis*:

Inter liberas tantum personas adulterium stuprumve passas lex Iula locum habet. Quod autem ad servas pertinet, et legis Aquiliae action facile tenebit et inuriarum quoque competit nec erit deneganda praetoria quoque actio de servo corrupto: nec propter plures actiones parcendum erit in huismodi crimine reo.

The *lex Iulia* applies only between free persons who have suffered adultery or *stuprum*. But as far as female slaves are concerned, an action under the *lex Aquilia* will readily apply and that for *inuria* is also applicable, nor must the praetorian action for the corruption of a slave be refused; nor shall someone accused of this kind of offense be spared because of the many actions [possible against him].

48.5.6 Papian

Since Aquilian action does not preclude other concurrent actions, it is quite possible that an aggrieved patient would sue on both Aquilian and contract law, and effectively recoup

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*obstetrix* administering poison is liable. 9.2.9.
double damages. Not only could a doctor be sued for damages and his own salary, but it is possible that if another physician had been called in to “repair” the slave after the first had been dismissed, the first doctor could end up paying the second as well:

Si necessarias impensas fecerim in servum aut in fundum, quem pignoris causa acceperim, non tantum retentionem, sed etiam contrarium pigneraticiam actionem habebo: finge enim medicis, cum aegrotaret servus, dedisse me pecuniam et eum decessisse, item insulam fulsisse vel refecisse et postea deustam esse, nec habere quod possem retinere.

If I incur necessary expenses on a slave or estate given to me as a *pignus*[^63], I will not only have the right of retention but also the counteraction on *pignus*. Suppose, for instance, that I no longer have the thing I might have retained, as where I spend money on doctors when the slave is ill and then he dies, or I prop up or repair the building and then it burns down.

13.7.8, Sabinus

The context of the passage refers to property held against the payment of a debt, if for example Marcus owed Titius 500 denarii and Titius was given Marcus’ slave until the debt was paid. However, the possession of a *pignus* is a kind of quasi-ownership, and one would imagine that the actual owner of a slave who needed extra ‘repairs’ after treated by an incompetent physician could press for such expenses as if the first physician were the person who had caused the injury, since the first doctor had liability.

One of the great ironies of the Roman legal system is that a doctor could suffer greater financial damages from causing the death of a slave than from causing the death of a free person, since one could not sue for the value of a free person’s body. Unfortunately, this did little good to the slaves themselves; conceivably, it would be more difficult to find a doctor willing to treat a slave. Since liability was considerably higher in the case of a highly valued slave patient than it would be for a powerful free person,

[^63]: *Pignus* is a type of collateral.
one can imagine that the more legally astute doctors shied away from treating slaves if they could help it, or at least not without a proviso in the contract protecting the doctor against legal action. After all, even the authors of the Digest recognize that in medical treatment, death is sometimes an outcome that not even the most scrupulous physician can prevent.\textsuperscript{64}

The most severe measure available for legal action against a doctor was the criminal \textit{lex Cornelia de sicariis et veneficiis}, which applied by extension to anyone who administered drugs or performed surgery. It provides for the capital punishment of anyone who in any way intentionally brings about the death of another human being. Presumably, this can cover a slave as well as a free man, though one can imagine that such an action would be rare in the extreme, especially when the \textit{lex Aquilia} was so well positioned to compensate for such loss without the added burden of proving intent to kill. The intent to kill and not the target of the killing is the unifying element in the language of the law, which specifically excludes accidental homicide and the like. It differs substantially in its definition of \textit{occidere} from the \textit{lex Aquilia} inasmuch as the requirement for direct means is no longer in force. It covers stabbing, poisoning, unjust death sentences, the hiring of assassins and the like; intent and not action is the target.\textsuperscript{65}

\begin{footnotesize}
\begin{itemize}
  \item \textsuperscript{64} Sicuti medico imputari eventus mortalitatis non debet, ita quod per imperitiam commisit, imputari ei debet… - Just as a doctor is not to be held at fault merely on the occurrence of death, but an unskillfully executed operation is imputable to him… D.1.18.6.7.
  \item \textsuperscript{65} Lege Cornelia de sicariis et veneficiis tenetur, qui hominem occiderit: cuive dolo malo incendium factum erit: quius hominis occidenti furtive faciendo causa cum telo ambulaverit: quive, cum magistratus esset publicove iudicio praeest, operam dedisset, quo quis falsum iudicium profiteretur, ut quis innocens conveniretur condemnaretur. Praeterea tenetur, qui hominis necandi causa venenum confecerit dederit: quive falsum testimonium dolo malo dixerit, quo quis causam pecuniam accipserit ut publica lege reus fieret. Et qui hominem occiderit, punitur non habitia differentia, cuius condicionis hominem interem. Divus Hadrianus rescripsit eum, qui hominem non occidit, sed vulneravit, ut occidat, pro homicida damnum: et ex re constituendum hoc: nam si gladium strinserit et in eo percussisset, indubitate occidendi animo id eum admississe: sed si clavi percussit aut cucumum in rixa, quamvis ferro curcussisset,
For the Imperial Roman doctor, the pertinent sections are scattered throughout the law; both surgical death (with a knife) and pharmaceutical death (with poison\textsuperscript{66}) are covered, but only if the death is caused intentionally (\textit{occidendi animo}). This means that negligence and inexperience are not covered by the \textit{lex Cornelia}, and can only be punished through the law of delict.

This definition of murder causes some significant difficulties of interpretation in the case of a medical killing, since intent to kill is very difficult to prove in such a case. Likewise, it is in society’s best interest to avoid prosecuting physicians for the deaths of their patients, since a legal atmosphere that regularly puts physicians on trial for their lives is very likely to ensure that no physician will wish to practice his art for fear of his life and livelihood. It is for this reason that \textit{relegatio} comes into play with medical

\textit{tamen non occidendi animo, leniendam poenam eius, qui in reixa casu magic quam voluntate homicidium admisit. Item divus Hadrianus rescripsit eum, qui stuprum sibi vel suis per vim inferentem occidit, divus Pius leviorem poenam irronadam esse scripsit, et humiliore loco positum in exilium perpetuum dari iussit, in aliqua dignitate positum ad tempus religari.}

Under the \textit{lex Cornelia} on murderers and poisoners, someone is liable who kills any man or by whose malicious intent a fire is set; or who goes about with a weapon for the purpose of homicide or a theft; or who, being a magistrate or presiding over a criminal trial, arranged for someone to give false evidence so that an innocent man may be entrapped and condemned. He also is liable who makes up and administers poison for the purpose of killing a man; or who with malicious intent gives false evidence so that someone may be condemned in criminal proceedings for a capital offense or who, being a magistrate or judge of a jury court in a capital case, takes a bribe so that the accused may be found guilty under criminal law. Whoever kills a man is punished without distinction as to the status of the man he killed. The deified Hadrian wrote in a rescript that he who kills a man, if he committed this act without the intention of causing death, could be acquitted; and he who did not kill a man but wounded him with the intention of killing ought to be found guilty of homicide. On this account, it should be laid down that if someone draws his sword or strikes with a weapon, he undoubtedly did so with the intention of causing death; but if he struck someone with a key or a saucepan in the course of a brawl, although he strikes the blow with iron, yet it was not with the intention of killing. From this it is inferred that he who has killed a man in a brawl by accident rather than design should suffer a lighter penalty. Again, the deified Hadrian wrote in a rescript that he who kills someone forcibly making a sexual assault on him or a member of his family should be discharged. The deified Pius wrote that a lighter penalty should be imposed on him who killed his wife caught in adultery, and ordered that a person of low rank should be exiled permanently, but that one of any standing should be relegated for a set period. D. 48.8.1 Marcian.

\textsuperscript{66} D. 48.8.3 gives a more specific discussion of the distinction between poison and pharmacy.
killings. *Relegatio* allows a flexible and limited banishment, which protects the public, puts a black mark against the physician in question, but does not go so far as to kill anyone. The line between *relegatio* and capital punishment can be placed between the intent or lack of intent to kill, although (as will be shown in another passage) the social status of the physician does play a role as well:

Sed ex senatus consulto relegari iussa est ea, quae non quidem malo animo, sed malo exemplo medicamentum ad conceptionem dedit, ex quo ea quae acceperat decesserit. Alio senatus consulto effectum est, ut pigmentarii, si cui temere cicutam salamandram aconitum pituocampas aut bubrostim mandragoram et id, quod lustramenti causa dederit cantharidas, poena teneantur huius legis.

It is, however, ordered by *senatus consultum* that a woman who, not admittedly maliciously but inadvisedly, has administered a fertility drug from which the recipient dies shall be relegated. It is laid down by another *senatus consultum* that dealers in cosmetics are liable to the penalty of this law if they recklessly hand over to anyone hemlock, salamander, monkshood, pinegrubs, or a venomous beetle, mandragora, or, except for the purpose of purification, Spanish fly.67

In the case of the prescriber of fertility medications, the punishment is a milder form of the death/banishment mandated for outright killing; relegation only involved exclusion from a certain territory, and was not necessarily permanent, nor would the condemned's property be open to confiscation.68 The *pigmentarii* recklessly selling poisonous items may have been held to the same milder punishment, though the passage is not specific. The substances listed under the statute had legitimate pharmaceutical purposes, and it would have been essential for a physician to have a way to purchase them if needed.

Perhaps *pigmentarii* is meant to exclude *pharmakopoloi* and *rhizotomoi* and the like,

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67 This is the same Spanish fly responsible for the death of an Equestrian when administered internally by an Egyptian physician in Plinius's *Naturalis Historia* 29.93.

68 D. 48.22. This is why Ovidius, who was relegated, had his wife remain in Rome to oversee his property. Cicero, on the other hand, was unable to preserve his property from Clodius' maneuvering. Legal protections or no, being on an enforced vacation left one open for financial loss.
whose trade presumably catered to responsible clients with reputable medical practices, or perhaps the term *temere* is meant to put a burden of care upon anyone who sells such substances to discriminate amongst the persons to whom the drugs were sold. Other jurists are somewhat more harsh:

\[\text{Qui abortionis aut amatorium poculum dant, etsi dolo non faciant, tamen quia mali exempli res est, humiliores in metallum, honestiores in insulam amissa parte bonorum relegantur. Quod si eo mulier aut homo perierit, summo supplicio adficiuntur.}\]

Those who administer an abortifacient or aphrodisiac draught, even if they do not do so with guilty intention, are still condemned, because the deed sets a bad example, if of lower rank to the mines, if of higher status to relegation to an island with the forfeiture of part of their property. But if for that reason a man or woman dies, they suffer the extreme penalty.

D.48.19.38.5, Paulus

The case here is slightly different, as the administration is direct (as opposed to ‘furnishing the means of death’). The sense of *dant* is slightly more direct than the *vendidit* of D. 48.8.3.2-3, which might account for the use of the death penalty. Still, the principle of intent to kill is lacking in this opinion, which indicates that the giving of such dangerous substances was perceived to be such a risk to the general populace as to require an example to be set (*quia mali exempli res est*). Plinius echoes this leeriness of abortifacients and aphrodisiacs when he goes to describe the sorts of poisons he excludes from his encyclopedia:

\[\text{sed quis fuit venia monstrandi qua mentes solverentur, partus eliderentur, multaque similia? ego nec abortiva dico ac ne amatoria quidem, memor Lucullum imperatorem clarissimum amatorio perisse, nec alia magica portenta, nisi ubi cavenda sunt aut coarguenda, in primis fide eorum damnata. satis operae fuerit abundeque praestatum vitae salutaris dixisse, <. . . .>}\]
But what pardon is there for showing ways in which minds can be undone, the unborn can be done away with, and many similar things? I do not include abortifacients in my account, and not even love potions, remembering that Lucullus\textsuperscript{69} the most famous general perished from such a potion, nor do I include other magical portents, unless to warn against them or debunk them, for faith in them has been utterly rejected. It was enough for this work to have mentioned in abundance that which is principally for the health of life,…

\textit{N.H. 25.25}

It is probably not a coincidence that abortive drugs and love philtres are classed together in both passages, since both have connotations of illicit relationships that thwart the values of Roman society espoused (if not followed) by the upper class and the law.\textsuperscript{70}

Abortion robs the state of citizens (at D. 48.8.8 Ulpian goes so far as to banish women who have aborted a child), and is often seen as a way to cover up adultery.\textsuperscript{71} Love potions likewise allow adulterers to seduce normally virtuous women out from under the noses of their lawful husbands and fathers, which also strikes at the heart of Roman legal structure in the form of the cuckolded \textit{paterfamilias}. Simple murder is just that – murder. Use of abortifacients and love potions does violence against the very structure of society itself, and for that reason, must be subject to more stringent legislation.

In the same vein, cases of parricide likewise allow a physician to be prosecuted for being the source of poison for the crime, and widens the net of liability from the tight constraints of the \textit{lex Cornelia}. Under the \textit{lex Pompeia de parricidiis}, intent is literally

\textsuperscript{69} According to Plutarchos’s \textit{Life of Lucullus}, the general was indeed mad at the time of his death, but there was some disagreement over whether this was due to senility or, as Plinius has it, a love potion. Plutarchos says that Cornelius Nepos blamed Lucullus’ freedman Kallisthenes, who supposedly was giving his patron love potions in order to gain his favor.

\textsuperscript{70} There is a large gap here between “articulated” and “Followed”, of course, as is the case with most societies.

\textsuperscript{71} Soranos discusses such motivations in his own discussion of Abortion at 1.60.
everything; even if poison is not administered, the relative who purchased it is liable for prosecution, as is the physician who sold it. Even knowledge of a planned parricide is enough to incur relegatio.\textsuperscript{72}

As with the laws regulating abortion, fertility drugs, and love potions, the normal rule of intent is waived in the case of a crime felt to be especially disruptive to the fabric of society – parricide. More than simple murder, this crime overturns the normal unity and safety within the family unit and defiles the most ancient and sacred of Roman institutions – familia. It flies in the face of pietas, and therefore must be punished so as to provide an especially harsh deterrent. For this reason, a doctor who simply sells the poison meant to be used in parricide is held to the death penalty, even if (presumably) he had no direct knowledge of the crime and did not administer the potion himself.

Unfortunately, there is no clear discussion of the extent of this particular physician’s guilt, and we have no clear way of knowing whether the poison was sold as a poison, or whether the physician knew the purpose of the poison. Nevertheless, there is at least the implication that in such a crime, the physician’s liability was increased.

\textsuperscript{72} Lege Pompeia de parricidiis cavetur, ut, si quis patrem matrem, avum aviam, fratrem sororem patruem matruelem, patruum avunculum amitam, consobrinum consobrinam, uxorem virum generum socrum, vitricum, privignum privignam, patronum patronam occiderit cuiusve dolo malo id factum erit, ut poena ea teneatur quae est legis Corneliae de sicariis. Sed et mater, quae filium filiamve occiderit, eius legis poena adicitur, et avus, qui nepotem occiderit: et praeterea qui emit venenum ut patri daret, quamvis non potuerit dare. Frater autem eius, qui cognoverat tantum nec patri indicaverat, relegatus est et medicus supplicio affectus.

In the Pompeian law on parricides anyone who kills his father, mother, grandfather, grandmother, brother, sister, first cousin on the father’s side, first cousin on the mother’s side, paternal or maternal uncle, paternal [or maternal] aunt, first cousin (male of female) by mother’s sister, stepson, stepdaughter, patron or patroness, or with malicious intent brings this about, shall be liable to the same penalty as that of the lex Cornelia on murderers. And a mother who kills her son or daughter suffers the penalty of the same statute, as does a grandfather who kills a grandson; and in addition, a person who buys poison to give to his father, even though he is unable to administer it. The brother [of a parricide], who had knowledge only [not proof] and did not warn his father, was relegated, and the doctor [who supplied the drug] was put to death. 48.9.1-2 Marcianus, Scaevola.
Of course, this leads to the question of what substances really constitute poison. After all, many legitimate medicines taken incorrectly are also poisons. The aforementioned section on pharmaceutical failure (48.8.3) goes to great pains to distinguish between legitimate pharmacy and poisoning in order to address that question:

Eiusdem legis Corneliae de sicariis et veneficis capite quinto, qui venenum necandi hominis cause fecerit vel vendiderit vel habuerit, plectitur. Eiusdem legis poena adificetur, qui in publicum mala medicamenta vendiderit vel hominis necandi cause habuerit. Adiectio autem ista ‘veneni mali’ ostendit esse quaedam et non mala venena. Ergo nomen medium est et tam id, quod ad sanandum, quam id, quod ad occidendum paratum est, continet, sed it quod amatorium appellatur: sed hoc solum notatur in ea lege, quod hominis necandi causa habet.

Under chapter five of the same lex Cornelia on murderers and poisoners, someone is punished who makes, sells, or possesses a drug for the purpose of homicide. The person who sells toxic potions to the public or possesses them for the purpose of homicide is liable to the penalty of the same statue. The addition of the phrase “toxic drugs” indicates that there are certain drugs which are not toxic. The term is therefore neutral, covering as much a drug prepared for the purpose of healing as one for the purpose of killing, as also that which is called an aphrodisiac. However, only that kind of drug is mentioned in the statute which is possessed for the purpose of homicide. (Marcian)

Again, the line between poison and pharmacy is drawn at the intent of the possessor or administrator. Practically speaking, this makes it very difficult to formulate an objective standard by which one can prosecute a person in possession of (say)aconite. In many instances, a physician will be asked to end a patient’s suffering (physical or political) by the administration of such a drug. Of course there are myriad ways to follow the letter

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73 Watson renders ‘veneni’ as ‘baneful’ – I have substituted ‘toxic’ to better reflect the poisonous sense of venenum.

74 D. 50.16.236 further stipulates that any mention of ‘venenum’ must specify whether it be ‘malum an bonum’ in recognition of the fact that not all toxic substances are intended to kill.

75 For instance Plautus Mercator Act 2, scene 4, line 1 has an off-hand reference to going to a doctor for an assisted suicide, and in Suetonius Nero 2, Domitius orders a doctor to give him poison, but is given a
of the law and still provide poison to a willing (or not so willing) victim. A slave doctor ordered by his master to prepare a poison would be legally bound to follow orders, and might find himself on trial for his life like the doctor providing the drug in the law on parricide.76 A quick-witted slave in such a position would have to see to it that he could prove his late patient’s intent to commit suicide, though, or grieving relatives might very well turn on him. Alternatively, a physician could give very clear dosing instructions that also provide overdosing instructions. It would not be the physician’s fault if the patient took too much of a substance, or took internally that which was meant to be taken externally.77

This also points to the difficulty of establishing intent for physicians in general. In the absences of witnesses or written evidence, a dead body showing evidence of poison would still be difficult to link to a particular physician. Even then, a dead patient may very well have died due to his illness rather than his treatment. Without any standardized courses of treatment or governing medical organizations, it would be well nigh impossible to prove intent to harm, let alone negligence or inexperience. Negligence to a Methodist and negligence to a Rationalist might be two very different things, let alone negligence to a surgeon and negligence to a pharmacist. A Methodist physician would likely be horrified at a Rationalist giving strong purges to a fever sleeping draught instead.

76 See 48.9.2 above.

77 Amundsen treats this subject more fully in "The Physician's Obligation to Prolong Life" in Medicine, Society, and Faith in the Ancient and Medieval Worlds (Baltimore: Johns Hopkins University Press, 1996), pp. 30-49, arguing that the concept of the physician as preserver of life at all costs is a post-Christian concept without roots in Greco-Roman medicine. While it is true that there is less of a sense in 'life for life's sake' in antiquity, there is perhaps a desire to save the unsavable found in the stories of physicians (such as Asklepiades) rescuing those believed to be dead. The concept was weaker, perhaps, but not absent.
patient, for instance, while the Rationalist would find a Methodist course of massage and
cold water ineffective. Even modern doctors cannot always agree on whether a patient
should be treated surgically or pharmaceutically, and they have the advantage of
belonging to a unitary “school” of medicine subject to standards set by governing
associations. There is some evidence that expert witnesses were used at Roman trials, but
our evidence for that is less than ideal. There are some references to testimony given by
medici, presumably because a medicus is more qualified than another person to speak on
the actions of a medicus. 78

Death (or intended death) is not the only outcome covered by the lex Cornelia.

There is also a provision against castration of any sort which targets those who
voluntarily castrate themselves and those who perform the operation deliberately. Oddly
enough, even the consensual castration of a slave by a free physician can result in death
for both parties. 79 In this case, there is an almost puzzling severity of punishment

78 Darell W. Amundsen and Gary B. Ferngren, "The Forensic Role of Physicians in Ptolemaic and Roman
(1977), 202-213.

79 Idem divus Hadrianus rescripsit: "Constitutum quidem est, ne spadones fierent, eos autem, qui hoc
crimine arguerentur, Corneliae legis poena teneri eorumque bona merito fisco meo vindicari debere, sed et
in servos, qui spadones fecerint, ultimo supplício animadvertendum esse: et qui hoc crimine tenentur, si
non adfuerint, de absentibus quoque, tamquam lege Cornelia teneantur, pronuntiandum esse. Plane si ipsi,
qui hanc iniuriam passi sunt, proclamaverint, audire eos praesides provinciae debet, qui virilitatem amiserunt:
nemo enim liberum servumve invitum sinentemve castrare debet, neve quis se sponte castrandum praebere
debet. At si quis adversus edictum meum fecerit, medico quidem, qui exciderit, capitale erit, item ipsi qui
se sponte excidendum praebuit”. Hi quoque, qui thlibias faciunt, ex constitutione divi Hadriani ad ninium
hastam in eadem causa sunt, qua hi qui castrant.

The same deified Hadrian wrote in a rescript: “It is laid down, in order to end the practice of making
eunuchs, that those who are found guilty of this crime are to be liable to the penalty of the lex Cornelia, and
their goods must deservedly be forfeit to my imperial treasury. Slaves, however, who castrate others are to
be punished with the extreme penalty. If those who are liable on this charge fail to appear in court,
sentence is to be pronounced in their absence as if they were liable under the lex Cornelia. It is certain that
if those who have suffered this outrage announce the fact, the provincial governor must give those who
have lost their manhood a hearing; for no one should castrate another, freeman or slave, willing or
unwilling, nor should anyone voluntarily offer himself for castration. Should anyone act in defiance of my
edict, the doctor performing the operation shall suffer a capital penalty, as shall anyone who voluntarily
seemingly out of proportion to the offense, where a physician who castrates a willing patient can be put to death for doing so. Emasculation seems to be more heinous than faulty (but not fatal) love potions or even selling a toxic drug to a person of questionable motivations, even though the victim is alive and, for the most part, fully functional.

Perhaps this is a reflection of the greater concern over questions of masculinity prevalent during the Imperial period, where manliness was central to a Roman man’s public persona, and castration was an Eastern and therefore non-Roman deviation. Likewise, emasculation removes a man’s ability to procreate, and therefore in some sense ‘kills’ his potential progeny, and so makes such an operation analogous to a woman seeking an abortion. It is uncertain whether either of these lines of argument would be articulated consciously; the knee-jerk reaction most men have to the idea of having their testicles removed might very well be enough to account for Hadrian’s pronouncement. In any event, this seems to be one of the few instances where a physician can be put to death while his patient yet lives.

A physician’s relationship with the law did not end with liability; there were many ways in which a physician could legally benefit from his profession as well as suffer for it. Physicians could have immunity from many of the more annoying responsibilities put upon citizens of a community in the form of immunities from civic

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81 Unless he had problems with priests of Kybele, which is also another (far fetched) reason to make such an edict.

82 The other instance would be if a patient lived through a treatment intended to kill.
munera such as boarding soldiers, supervising building projects, or assisting in elections and censuses. This did not apply to every person practicing as a medicus, however; otherwise, one could avoid a good deal of civic annoyance by calling himself a medicus and selling snake-oil on the streets. This is made clear by this passage in the chapter on Excuses, D. 27.1.6.1:

Grammarians, teachers of rhetoric, and doctors who are known as general practitioners are exempt from tutelage and curatorship just as from other public duties. Further, there are in every city a fixed number who are exempt from public duties, the selection of which is limited by law. This appears from a letter of Antoninus Pius written to the province of Asia, but of universal application, the main provision of which is as follows: “Lesser cities can have five doctors

83 Magistris, qui civillium munerum vacationem habent, item grammaticis et oratoribus et medicis et philosophis, ne hospitem recipient, a principibus fuisset immunitatem indultam et divus Vespasianus et divus Hadrianus rescripserunt.

Both the deified Vespasian and the deified Hadrian issued rescripts to the effect that teachers who are released from civil munera and grammarians and orators and doctors and philosophers had been granted immunity from billeting by the emperors. D. 50.4.14, Callistratus.

Quibusdam aliquam vacationem munerum graviorum condicio tribuit, ut sunt menores, optio valetudinarii, medici… veterinarii… polliones…. Hi igitur omnes inter immunes habentur.

Their status grants some exemption from the more burdensome munera to some people, for instance, those who measure out the corn, the assistants in a hospital, doctors… veterinary surgeons… undertakers…. So all those are regarded as being immune. D. 50.6.7 Tarruntenus Peternus.
immune from public duties, three teachers, and the same number of grammarians. Larger cities seven medical men and four of both types of teacher. The largest cities ten doctors and give rhetoricians and a similar number of grammarians. Beyond this number even the greatest city is not granted immunity.” Probably the largest class includes the capitals of provinces, the second cities with law courts, and the third the rest.

D. 27.1.6.1-2, Modestinus

These limited numbers of fully exempt physicians most likely refer to the *archiatri populares*, who served the function of salaried state-sponsored physicians, and may have had some form of authority for setting health policy, though that question is a murky one.\(^{84}\) It is possible that the quota for *archiatri populares* did not prevent other doctors from having some lesser exemptions; after all, D. 50.6.7 lists a plethora of people granted specific exemption from ‘*munera graviora,*’ most of whom have no place in the list of quotas. It may be that doctors not numbered among the *archiatri* would be assigned light *munera*, perhaps as a tutor or curator. Be that as it may, the only way to enjoy the full immunity given to doctors was to be on the list, which might have also served as a de-facto endorsement by the city:

Medicorum intra numerum praefinitum constituenorum arbitrium non praesidi provinciae commissum est, sed ordini et possessoribus cuiusque civitatis, ut certi de probitate morum et peritia artis eligant ipsi, quibus se liberosque suos in aegritudine corporum committant.

The decision on the doctors to be included within a prescribed number is not entrusted to the governor of a province but to the ordo and the landholders of each community, so that they themselves, being certain about their uprightness and skill, may choose men to whom they may entrust themselves and their children when ill.

D. 50.9.1, Ulpian

To be chosen as one of a community’s official doctors confers just the sort of legitimacy and trust needed in any society where doctors practice. It is nothing like a professional licensing board, but it would be likely to exclude practitioners whose methods and results were suspect and whose practices were unethical. Such an appointment could be revoked by the community should the doctor fail to provide quality service.\textsuperscript{85} In this way a community could in some sense regulate the quality of their official physicians, if not assure the quality of every practitioner in an area.

A doctor also enjoyed a particular privilege of having cases regarding his salary heard by the provincial governor, an honor also granted to teachers of rhetoric and mathematics. The jurist seemed to feel the need to defend the inclusion of doctors in the list, since they “take care of men’s health, and teachers of their pursuits.” Likewise, \textit{obstetrices} are covered since they “seem” to practice a kind of medicine, and specialists are granted even more grudging admittance to the category. Magicians and exorcists are excluded as not being “\textit{medicinae genera}.”\textsuperscript{86} It is possible that such a trial would give the

\textsuperscript{85} Reprobari posse medicum a re publica, quamvis semel probatus sit, divus magnus Antoninus cum patre rescrpisit.

The deified Magnus Antoninus issued a rescript with his father to the effect that a doctor can be rejected by a community, even if he has originally been approved. D.50.4.11.3, Modestinus.

\textsuperscript{86} Praeses provinciae de mercedibus ius dicere solet, sed praeceptoribus tantum studiorum liberalium. Liberalia autem studia accipimus, quae Graeci \textit{ἐλευθερία} appellant: rhetores continebuntur, grammatici, geometrae. Medicorum quoque eadem causa est quae professorum, nisi quod iustior, cum hi salutis hominum, illi studiorum curam agant: et ideo his quoque extra ordinem ius dici debet. Sed et obstetricem audiant, quae utique medicinam exhibere videtur. Medicos fortassis quis accipiet etiam eos, qui alicuius partis corporis vel certi doloris sanitatem pollicentur: ut puta si auricularius, si fistulae vel dentium. Non tamen si incantavit, si inprecatus est, si, ut vulgari verbo impostorum utar, si exorcizavit: non sunt ista medicinae genera, tametsi sint, qui hos sibi profuisse cum praedicatione adfirment.

The governor of a province regularly settles the law on salaries, but only for the teachers of the liberal pursuits. We regard as liberal pursuits those which the Greeks call \textit{eleutheria}. Rhetors will be included, grammarians, geometricians. The claim of doctors is the same as that of teachers, perhaps even better, since they take care of men’s health, teachers of their pursuits. And as a result in their case also judicial
doctor in question a more sympathetic judge, though one might imagine that a local court would be better able to favor a successful doctor than would a provincial governor. In any event, such a dispute would be a more high-profile one, and perhaps the notoriety involved in going before the governor would cause a settlement in the doctor’s favor. It is most likely again that this is meant to apply to free doctors, since slave doctors have no salary. There is no stipulation that these doctors be archiatri populares, and indeed the inclusion of obstetrices, who would unlikely candidates for the archiatri, implies that any known medical provider would be eligible for such a hearing.

Finally, a doctor who took service as a military physician was eligible to seek restitutio in integrum[^87], which meant that should anything untoward happen to his property while he was away, he would be able to bring action against the damage upon his return no matter how much time had elapsed. The jurist Callistratus goes on to say at D.4.6.2 that such persons rarely make use of restitutio, since they usually have justice administered extra ordinem, that is to say settled by an Imperial magistrate and not the regular court system. For a military physician, this would provide a certain level of protection should he be called away for an extended period, and it would be the same protection extended to any soldier.

[^87]: D. 4.6.33.2 - Militum medici, quoniam officium quod gerunt et publice prodest et fraudem eis adferre non debit, restitutio auxilium implorare possunt., Military doctors, since the position they fill is also in the public interest and ought not to expose them to fraud, are able to plead for the aid of restitutio.
One key difference between the modern doctor and the ancient is the question of social status. All modern doctors are free agents, bound only by their employment with whatever institution from which they work and the demands placed on them by their insurance companies. Ancient doctors were either slaves, freedmen, or free, and each sort of practitioner had very different legal responsibilities; in any discussion of the application of the law of contracts, *lex Aquilia*, and *lex Cornelia* the status of the doctor is crucial to the outcome of the trial, as it is to a given doctor’s legal responsibilities as he carries out his practice.

A slave doctor was property, and this led to some interesting complications with regard to his legal obligations. Criminal law is clear that the slave himself is responsible for his own actions, if he acted alone and without the consent of his master. The waters are murkier where there is some involvement on behalf of the master, though. In the *Lex Cornelia de sicariis* there is an implication that a master is responsible for actions taken by his *familia* with his knowledge, and also the general principle articulated by Hadrian that “in crimes it is the intention, not the issue, to which regard is paid” which Ulpian reinforces with his opinion that, “It makes no difference whether someone kills or provides the occasion of death.”

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88 D.48.1.9, 11 – both passages imply the slave himself being tried with the master having the option to defend. If the master acts as defense attorney, he cannot also be one of the accused.

89 Item is, cuius familia sciente eo apiscendae recuperandae possessionis causa arma sumpserit: item qui auctor seditionis fuerit… Again, he is liable whole *familia*, with his knowledge, takes up arms with the intention of acquiring or recovering possession; also he who instigates a sedition… D. 48.8.3.4.


*Ulpianus libro octavo ad legem Iuliam et Papiam. Nihil interest, occidat quis an causam mortis praebat.* D.48.8 15.
could order his slave to kill, then cause the slave to take the blame, but the law seems to
clearly favor prosecution against the master if such a case could be proved.

Aquilian liability is much better articulated, and also stipulates that the master is
responsible for damages caused by a slave in most circumstances. The issue then
becomes the degree to which the master knew about the slave’s wrongdoing:

Si servus sciente domino occidit, in solidum dominum obligat, ipse enim videtur
dominus occidisse: si autem insciente, noxalis est, nec enim debuit ex meleficio
servi in plus teneri, quam ut noxae eum dedit.

If a slave slays with his master’s knowledge, he obligates the master in full, for
the master himself is considered to have slain, but if with him unaware, there is a
noxal action, since on his slave’s wrongdoing he ought not to be liable for more
than noxal surrender.

D. 9.4.2 pr., Ulpian

This, of course, begs the question of how broadly “sciente domino” can be interpreted.

D. 9.2.44-45 has this to say on the subject:

In lege Aquilia et levissima culpa venit. Quotiens sciente domino servus vulnerat
vel occidit, Aquilia dominum teneri dubium non est.

Scientiam hic pro patientia accipimus, ut qui prohibere potuit teneatur, si non
fecerit.

Under the lex Aquilia even the slightest degree of fault counts. Whenever a slave
does a wounding or killing with his master’s knowledge, the master is without a
doubt liable to the Aquilian action. (Ulpian)
We accept knowledge here as including sufferance, so that he who could have
prevented harm is liable for not doing so. (Sabinus)

And so in the case of a slave-physician, if one could in any way make a case that he acted
with knowledge or sufferance of his master, the master was also liable for Aquilian
action, and criminal action as well since the lex Cornelia specifically includes those who
kill through indirect means. In a very real sense, master and slave shared liability for any medical treatment the slave carried out.

The slave physician under prosecution had recourse to counsel provided by his master, though the master was not legally obligated to provide such a service:

Sciendum est, si in capitali causa suum servum reum crimine factum quis non defenderit, non eum pro derelicto haberi, et ideo, si absolutus fuerit, non liberum fieri, sed manere domini.

Servus per procuratorem domini aeque ac per dominum defendi potest.

It is to be noted that if a master does not defend his slave who has been accused on a capital charge, this is not to be regarded as abandoning him; and accordingly, if the slave is acquitted he does not become free but remains his master’s property.

48.1.9, Marcian

A slave may equally well be defended by his master’s procurator as by his master. 48.1.11, Marcian

This provided free legal help for a lucky slave, and for the unlucky slave, it meant that he could be abandoned by his master and, if through some stroke of luck he managed to avoid being executed and won his case, he would revert to the owner who left him stranded. In the case of a physician-slave, it was in the owner’s best interest to do everything in his power to preserve the slave’s reputation; that slave represented a significant investment and would be difficult to replace. Also, a physician-slave could become a freedman-slave whose former owner would benefit from his successes. If that physician’s reputation were tarnished, any potential profits to the master would vanish.
The freedman physician occupied a middle space between freedom and slavery, as did all freedmen. Upon gaining his freedom, the physician would be free to practice as he willed and retain the profits from that practice, but he would also be bound by obligations to his *patronus* as well. A slave customarily purchased himself from slavery, but this could be a difficult feat when a slave’s earnings legally belonged to his master. For this reason, slaves could be freed under a contract to repay the balance of their value by performing services for their *patronus*.\(^91\) The *patronus* was responsible for transporting the freedman and, to a limited extent, providing for meals and basic amenities while the freedman performed the required services.\(^92\) In addition, it is likely that the *patronus* would provide the price of medications and so on, as this passage from the law on legacies suggests:

"Libertis dari volo quae viva praestabam": et habitatio praestabitur: sumptus iumentorum non debetur, quem actori domina praestare solita fuit utilitatis suae causa: ideo nec sumptum medicamentorum medicus libertus recte petet, quem ut patronam eiusque familiam curaret, acceptabat.

“I want my freedmen to be given what I gave them during my lifetime”; the fight of habitation will also be provided, but expenses for beasts of burden, which the mistress was accustomed to give to her agent for her own convenience, will not be owed. Therefore, a freedman doctor cannot rightly claim the purchase price of medicines, which he received in order to treat his patroness and her family.

D. 33.3.1.10.3, Ulpian

If the principle here is that a freedman did *not* get the things which he was given solely for the purpose of serving the (now deceased) *patronus’s* needs, it stands to reason that during the *patronus’s* lifetime, the freedman-physician would have been compensated for any medications used by the *patronus*. Since such medications could be particularly

\(^{91}\) D. 38.1.2.

\(^{92}\) D. 38.1.18, 21.
expensive, it would have been a great boon for the freedman-physician not to have to provide *materia medica* out of pocket. Effectively, he would lose no revenue from his service other than the business he could have been doing while serving his *patronus*, and even then there were regulations preventing the *patronus* from preventing a freedman from earning a living and monopolizing a freedman’s time.93

The doctor-freedman could be hired out as part of his services, or called upon to attend friends and family of his *patronus*, since otherwise a physician might be unable to fulfill the required days of service if his *patronus* failed to be ill on a regular basis. Likewise, a *patronus* could not force his freedman to work while ill or infirm.94

Apparently certain enterprising physicians found a way to use this principle to their advantage by using the freedmen they themselves had trained as slaves to effectively control demand for their own business:

Medicus libertus, quod putaret, si liberti sui medicinam non facerent, multo plures imperantes sibi habiturum, postulabat, ut sequerentur se neque opus facerent: id ius est nec ne? Respondit ius esse, dummodo liberas operas ab eis exigeret, hoc est ut adquiescere eos meridiano tempore et valetudinis et honestatis suae rationem habere sineret.

A freedman who was a doctor, because he thought he would have far more patients if his freedmen were not practicing medicine, demanded that they accompanied him but did no work. Does he have a right to do so or not? Alfenus gave it as his opinion that he has, provided that he required non-servile services from them, that is, so as to let them rest at noon and pay attention to their health and hygiene.

38.1.26, Alfenus Verus

This must have worked out fairly well for the wily *patronus-libertus*, but probably was not a congenial experience for the freedmen left holding chamberpots while their

93 For a freedman’s right to earn his own living see D.37.14.2, 18 and 37.15.11, for various protections against a freedman being exploited by his *patronus* see D.38.1 (all).

94 D. 38.1.27.
patronus conducted examinations. It is doubtful that the lunch and bathroom breaks were much of a consolation. However, even for the least lucky of the freedmen-physicians, this modified servitude would have offered far better opportunities than slavery, and their patronus would not be able to keep them from their own practices all the time. Indeed, such an arrangement could bring in future business, since the patronus would give them access to potential clients when hiring out their services. Judging from D. 38.1.25.4, the patronus frequently acted a referral service for such physicians, taking a portion of the fees generated for his services.

For the physician-slave, this service arrangement could have meant a better chance at freedom, since his owner would not have to give up the convenience of a personal physician by freeing him. The temporary nature of the services rendered might also serve as an obstacle to freedom, though, as this passage from the law on fideicomissa suggests:

Lucius Titius ita testamento cavit: "Medicos tibi commendO illum et illum: in tuo iudicio erit, ut habeas bonos libertos et medicos. Quod si ego libertatem eis dedissem, veritus sum, quod sorori meae carissimae fecerunt medici servi eius manumissi ab ea, qui salario expleto reliquerunt eam": quaero, an fideicommissa libertas supra scriptis competere potest. Respondit secundum ea quae proponerentur non necessitatem heredibus impositam, sed arbitrium permissum.

Lucius Titius made the following provision in his will: “I commend to you the doctors ‘A’ and ‘B’; it will be for you to judge whether they are to be your good freedmen and doctors. I was afraid that if I had given them freedom they would have acted as the slave doctors of my dearest sister did after she had manumitted them, leaving her at the end of their salaried service.” Are the slaves named entitled to fideicommissary freedom? He replied that, on the facts stated, the heirs had no binding obligation, but were given discretion.

D. 40.5.41.6, Scaevola

85 D.37.14.18 specifically prevents a patronus from forbidding his freedman to work in the same trade as the patronus.
A slave doctor is still a more stable source of health care than a freedman, even though he is considerably less profitable and a drain on one’s resources. By freeing one’s physician-slave, one took a risk, and could just as easily benefit from the freedman’s will (of which the master was entitled to a percentage) at the end of a long successful practice during which, as patronus, he retained the doctor’s services, or lose a trusted physician whose talents were insufficient towards leaving much of a legacy and find himself having spent more on the physician’s training and supplies than he ever got back in returns.

In any event, a freedman’s obligations would keep him from using any of the sensitive information he as his patronus’ physician would know. The law protecting the patronus against his freedmen was very specific in that regard, and a freedman accused of ingratitude could lose financially, legally, and personally. A freedman was in effect like a filius familias in his duties to the patronus, even to the extent that the law on parricides included freedman-on-patronus killings. The primacy of the familia again governed the activities of the freedman-physician, and in the best case provided a kind of protection for that practitioner’s business. Presumably, that would include legal aid, should the freedman encounter a lawsuit. D.14.5.1 even provides that if a patronus failed to maintain his freedman, he lost his rights as patronus, which seems to suggest that failure to provide defense for a freedman-physician in court might very well void the libertus-patronus relationship, if this is indeed one of the duties expected of a patronus.

Again, the case of the slave left undefended at D.4.1.9 hints that in other situations, such actions might have the opposite outcome. The slave undefended reverted to his owner on acquittal, but a libertus who is not property may have had cause to expect better.

37.14 has punishments ranging from reprimands, to exile, to being sent to the mines.
A freeborn physician without a *patronus* would presumably take on greater risks, but would also have a greater potential for earnings and more opportunity for social and professional advancement. There would be no “safety net” should such a doctor come under legal action, and all his expenses would be his own. However, it is clear that freeborn persons had advantages of social status that could very well do more to win them a law case than a thousand powerful *patroni*. It is likely that he would be in a better social position to gain a position as *archiatros*, for instance, or to gain access to wealthy and influential households. Of course, as Loukianos of Samosata’s satirical diatribe on *Salaried Positions* indicates, even the most erudite freeborn scholar might find the attractions of a *patronus* so tempting that he would succumb to taking a *patronus* in order to make ends meet.

The Roman physician’s ultimate position in Roman law is like that of any educated member of that society, but with a slightly increased weight of responsibility in proportion to the nature of his work. There is no special board of certification and no specialized insurance to cover his art, but society did provide for both the defense and prosecution of these high-risk professionals. Though the system is not our own, it is a functional one that addresses the needs of a society with doctors in a manner appropriate to its time, intellectual environment, and social structure. In a way, the Roman legal system (if not the cultural system) was more tolerant of progress and innovation than is our own, though it also operates at a much higher risk to the patient. It assigns a burden of responsibility upon the consumer to choose wisely and well, and assists with the

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97 Of course, citing Loukianos as a source for any historical information is never a safe thing to do. However, in the case of *On Salaried positions* the dialogue would not be funny if the situation described didn’t exist. Those who have ever had to work for a powerful but ignorant superior understand the necessity of occasionally putting up with idiots in order to afford food.
institution of archiatri and referrals by patroni with reliable freedmen or clientes. For the physician, there would be a certain relief in the idea of a system without the requirement for oppressively high malpractice insurance rates and sometimes burdensome and overly cautious regulations, even more for the drastically reduced load of paperwork required of the Roman physician. The old system ran on caveat emptor, and the trade-off between protectionism and freedom worked, though it is not the bargain under which American society chooses to live.
CHAPTER 3

SELF-PRESENTATION, PATIENT CHOICE, AND THE MAKING OF THE GREEK PHYSICIAN IN THE ROMAN MARKETPLACE

The laws in the *Digest* give only a partial picture of the measures in place to check the activities of unscrupulous physicians, and represent a late stage in the process of incorporating Greek medicine into Roman culture. There is always a bit of a gap between the picture of culture given in the law and in literature; law is interested in disambiguating conflict and applies to all levels of society. Literature thrives on ambiguity and is written for the uppermost levels of society. Its purpose ranges from entertainment to education and the authors are often more interested in narrative than a faithful representation of fact. In this case, the picture of the doctor in our more literary sources is simultaneously more varied in the range of options available to the doctor in any given situation, and is also more skewed in favor of the experience of the elite. Seldom does the slave or freedman doctor enter into discussions of how to choose a good doctor, and even less seldom does one hear of an actual doctor being taken to court! The archetypal doctor in Celsus, Soranos, Galenos, or Plinius free-born, expensive, and nearly always a Greek. These sources show a great deal of concern for how, on the one hand, a Roman should recognize a good doctor and, on the other hand, how a Greek physician should behave in order to escape financial ruin and character assassination. This means
that even though there was nothing like our modern system for certifying physicians, there were definitely measures negotiated in the unwritten code of cultural practice for choosing and controlling physicians.

In the time of Cato the Elder, the Roman government faced a quandary in their regulation of public health, just as members of the aristocracy faced an existential crisis in the face of other forms of Greek learning. The efficacy of Greek medicine was, to a certain extent, felt to be more comprehensive than existing folk medicine; had this perception not existed, there would have been little demand for Greek physicians in Rome during the second century B.C. However, in order to encourage such physicians to move to a city still perceived to be an intellectual backwater full of non-Greek barbarians, certain protections had to be guaranteed. Unfortunately, our best witness for this period is Cato the Elder, one of the last persons who could be called unbiased where Greeks were concerned. The matter is further complicated by the fact that Cato’s thoughts on foreign physicians come to us in Plinius’s paraphrase written two centuries after Cato gave his pronouncement on the matter of Greek physicians. However, given the spectrum of Cato the Elder’s other opinions on the topic of Greeks, one can be fairly certain that the spirit of his opinion on the subject of Greek physicians is genuine, even if the words themselves are not:

Dicam de istis Graecis suo loco, M. fili, quid Athenis exquisitum habeam et quod bonum sit illorum litteras inspicere, non perdiscere. vincam nequissimum et indocile genus illorum, et hoc puta vatem dixisse: quandoque ista gens suas litteras dabit, omnia conrumpet, tum etiam magis, si medicos suos hoc mittet. iurarunt inter se barbaros necare omnes medicina, sed hoc ipsum mercede faciunt, ut fides iis sit et facile disperdant. nos quoque dictitant barbaros et spurcius nos quam alios Οπικων appellacione foedant. interdixi tibi de medicis.
About those dratted Greeks, my son Marcus, when I get to the relevant section of this work I will impart to you what I gleaned in my studies in Athens and that, although it is good to dabble in their literature, one shouldn’t embrace it wholeheartedly. I will dismiss their useless and intractable tribe, and be sure I speak as a prophet when I say this: Whenever that tribe will give us their literature, they will destroy everything, and even more so if it sends us its physicians. They have sworn amongst themselves to kill all barbarians with medicine, but they accomplish this very thing while getting paid, in order to gain our trust and easily destroy us. They also make a habit of calling us barbarians, and besmirch us more than others with the name ‘Opikoi’. I forbid you to have anything to do with physicians.

\textit{N.H. 29.14}

It is clear that Cato and the elements he represented overtly rejected Greek medicine, even though his own work is not free of foreign influences. This tirade also tells us that there were powerful elements in the \textit{res publica} committed to encouraging the practice of Greek medicine and providing state support to such physicians in the manner of Greek city-states and their public physicians. At this moment of flux in the power balance between the Hellenistic world and Rome one would expect to find the greatest degree of resistance to the juggernaut of Greek \textit{philosophia}, since the cultural contact would seem a direct threat to native traditions. The vehemence of Cato’s indictment of all physicians should be read in the context of Plinius' larger argument (in which Cato's opinion is included):

Cassius Hemina ex antiquissimis auctor est primum e medicis venisse Romam Peloponneso Archagathum Lysaniae filium L. Aemilio M. Livio cos. anno urbis DXXXV, eique ius Quiritum datum et tabernam in compito Acilio emptam ob id

\footnote{Lewis and Short reads Οπικον in this passage as the Latin “opicus” meaning “Oscan” and used derisively for clownish, crude barbarians. “Opicus” ad loc.}

\footnote{De Agri Cultura, Greek blocks and Spanish broom at 3, Greek willows at 6, A variety of foreign plants at 8, 158 mentions Coan wine, Pontic wormwood at 159, and so on.}

\footnote{Elizabeth Rawson “Medicine,” in Intellectual Life of the Late Republic, (London: Duckworth, 1985) 170-184.}
Cassius Hemina is the first of the oldest authors to name Archagathus of Sparta, son of Lysanias, as the first of the physicians to have come to Rome during the consulship of M. Livius, 218 B.C. The right of citizenship was given to him, and a shop was bought for him at public expense in the Acilian compitus. He was noteworthy as a cutter, and his coming was well received in the beginning, but soon he gained a name as a butcher from the savagery of his cutting and burning, and the art – and indeed all physicians – passed out of favor, which is easily able to be understood from Marcus Cato, a man whose authority is only slightly augmented by a triumph and a censorship; so much more substance there is in the man himself. For which reason I quote his words verbatim…

*Naturalis Historia* 29.12

In this context Cato’s comments seem understandable. What is more surprising is that Plinius seems to support Cato’s opinion of Greek physicians even though Plinius himself seems to have little difficulty with including the works and opinions of physicians elsewhere in his work. Plinius’s charges, simply stated, are that few Romans practice medicine, there is no way to be sure that a physician knows what he is doing, that there is no legal recourse when a doctor ‘kills’ a patient, and that the patient is more often blamed for his own death than is the doctor. Plinius’s charges seem to proceed from the first claim he makes – that there is no such thing as a Roman physician:

solam hanc artium Graecarum nondum exercet Romana gravitas, in tanto fructu paucissimi Quiritum attigere, et ipsi statim ad Graecos transfugae, immo vero auctoritas aliter quam Graece eam tractantibus etiam apud inperitos expertesque linguae non est, ac minus credunt quae ad salutem suam pertinent, si intellegant.

Only this one of the Greek arts does Roman gravitas not yet undertake, in such a fruitful venture only the fewest of Roman citizens have partaken, and they that do are immediately deserters to the Greeks, and moreover should they attempt to treat in any language other than Greek, they are numbered with those not
experienced or expert in the language, and the patients give less credence to that
which pertains to their health, if they do not understand it. 

\textit{Naturalis Historia} 29.17

If one takes Plinius’s word for the state of medical practice in Imperial Rome of the first
century A.D. (and that is a big if), the potential for regular medical disaster is obvious.
Physicians with their specialized terminology are difficult enough to understand even
when one shares with them a common language; when the physician literally speaks a
different language from the patient, one wonders how anyone managed to follow their
doctor’s orders at all.\textsuperscript{101} The general assumption is that those who could afford medical
treatment in the early empire were the same wealthy individuals who had a Greek
education, but Plinius seems to contradict that somewhat in the way he presents the
problem, not only here, but later in the chapter when he returns to the issue of Romans
not taking responsibility for understanding their own health care.\textsuperscript{102} It is likely that even a
Roman familiar with the Greek used in literature would have difficulty understanding
medical Greek, though, and so this need not be an indication that there was less Greek
literacy in the early empire among the elite than one would think. It is probable, though,
that a significant language and cultural barrier existed between patient and practitioner,
which contributed to widening the gap that necessarily exists between specialist and
layperson.

\textsuperscript{101} Joram Kaimio in “The Romans and the Greek Language,” \textit{Commentationes Humanarum Litterarum} 64
(Helsinki, 1979) 1-379 demonstrates that, although many Romans of the republic did have a good
command of Greek, their primary language was Latin and many still required interpreters to understand
Greek speeches in the senate. In medical interactions issues of specialized terminology and foreign accents
may very well have made a basic grasp of Greek insufficient for comfortable communication, particularly
among \textit{equites} who may have been too wealthy to speak the Greek of the lower classes, but too poor to
afford a proper Greek education. One must keep in mind that even native speakers at times have difficulty
understanding technical language - many modern patients have come from their doctors unable to repeat
their diagnosis, let alone remember what their medications are named, and it is reasonable to speculate that
a similar problem was experienced by many Roman patients.

\textsuperscript{102} 29.8.19 - \textit{merito, dum nemini nostrum libet scire, quid saluti suae opus sit.}
Plinius himself ends up blaming the patients, not for disobedience, but for inadequate research into the physician’s character and reputation. As he puts it:

*itaque, Hercules, in hac artium sola evenit, ut cuicumque medicum se professo statim credatur, cum sit periculum in nullo mendacio maius. non tamen illud intuemur; adeo blanda est sperandi pro se cuique dulcedo.*

Therefore, by Hercules, in this art alone it happens that whoever claims to be a physician is immediately believed, in a situation where no lie carries a greater peril. But we pay no attention to this, so seductive to a patient is the sweetness of hope for one’s self.

*Naturalis Historia* 29.17

And later:

*merito, dum nemini nostrum libet scire, quid saluti suae opus sit. alienis pedibus ambulamus, alienis oculis agnoscamus, aliena memoria salutamus, aliena et vivimus opera, perieruntque rerum naturae pretia et vitae argumenta. nihil aliud pro nostro habemus quam delicias.*

Deservedly, since none of us is pleased to know what is necessary for his own health. We walk with the feet of others, observe with the eyes of others, greet people with the memory of others, and we even live by the work of others, the cost of the natural world and the necessities of life have perished [where we are concerned]. We have nothing else for ourselves than frivolities.

*Naturalis Historia* 29.19

This logic can account for the rather shocking absence of legal repercussions to physicians who were thought to have killed their patients. The responsibility for ensuring that a physician was competent to practice seems to have lain on the patient’s shoulders rather than the legal system’s regulation. Under this thinking, a physician was to the body what a cobbler was to shoes or a plumber to pipes: simply a professional workman.103 The solution to finding a good physician who would *not* kill his patient was the same solution used to find a good workman of any other sort. The prudent patient would need to have a basic knowledge of what he wanted in a good physician, and the

103 Epictetus makes this point overtly in *Discourses* 3.10 and 3.15.
prudent physician would do what he could to avoid getting a reputation for harming patients.

The passage from *N.H.* 29.17 is included in order to contextualize this disturbing charge with the thrust of Plinius's blame: the doctor is at fault, but the responsible party for examining and monitoring the doctor is the Roman patient. This is a key point, since it goes against modern reactions to medical incompetence where we arrange societies of doctors to evaluate the competence of other doctors to practice. In Plinius's mind, the judge of good health care is the Roman and not the Greek physician, and this seems to be the case elsewhere as well.

### Choosing a doctor

How, then, were Romans meant to evaluate their doctors? It is possible that works such as Celsus's *De Medicina* were written with the intention of providing a standard body of knowledge that would allow a Roman nobleman to judge for himself whether a doctor was familiar with accepted practices for treatment and the basic beliefs of the various schools of medicine.\(^\text{104}\) Certainly Soranos's *Gynecology* hints at such a practice in its proem where the intended audience is named explicitly.

\[
\text{Τὰ συμπληροῦντα τὴν ἀρίστην μαῖαν ἐπεξ ἄναιγκαιδον, ἵνα αἱ μὲν ἄρισται γινώσκωσιν ἑαυτὰς, αἱ δὲ ἄρτιμαθέςς ὡς εἰς ἄρχετύπους ταύτας ἀποβλέπωσιν, ὁ βιος δὲ παρὰ τὰς χρείας εἰδή, τίνας δὲ μετακαλεῖσθαι.}
\]

It is necessary to speak about what makes the best *obstetricia*, so that the best can recognize themselves, those learning can look upon them as

\(^{104}\) Scarborough hints at this in his discussion of Roman encyclopedic medicine in “Roman Medicine to Galen,” pp.29-32.
models, and so that the public may know which are the ones to summon in time of need. *Gynecology* 1.4.1

There is also a hint at 1.3 that the *Gynecology* could be used to weed out unfit students (Εὐχρηστος μὲν ὁ λόγος πρὸς τὸ μὴ διὰ κενὴς πονεῖν καὶ τὰς ἄνεπιτηδείους διδάξαι προσδεχομένως.), which would apply both to the physician/obstetrix training the student *obstetrix* as well as to a master choosing which of his slaves he should pay to have trained for such work. Unfortunately there seems to be little independent evidence for these particular works being used as a manual for evaluating physicians, and so the theory, though intriguing, remains difficult to support. The law provides tantalizing hints of professional guilds and official appointments that would require a physician to be vetted somehow in order to qualify, but there is little to describe what precisely is meant by “competent” in those contexts. There is a sense that many wealthy people purchased trained slave-doctors or trained their own slaves in order to provide a certain level of control in molding a doctor fit for their own needs; much of the law concerning physicians assumes a freedman of some kind laboring under his obligations to his *patronus*. In this picture, the average doctor is purchased and educated at the patient's expense and therefore the same person who will be making use of his services is the one who knows precisely what sort of experience and training this doctor has.

This stands at odds with our best (and accordingly most frustrating) source for the advancement and vetting of doctors in Rome. Galenos speaks at length on the best methods for choosing a doctor in *On Examinations by which the Best Physicians are*...

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105 I have based my translations of Soranos on Oswei Temkin's *Soranus' Gynecology*, since there is little in his rendition to be improved upon. Where I feel another word or turn of phrase more accurately reflects the original text, I made modifications, and I have substituted "*obstetric*" for "*midwife*.”
Recognized and On Prognosis, and he is so convincing that it is sometimes tempting to believe that every word he says is an accurate reflection of the way in which Romans chose their physicians. However, this is a dangerous route for a scholar to take since Galenos's world as he presents it is filled with endless crowds of incompetents in which only Galenos, his mentors, and his students are worth consulting. None of these people is a slave, and all of the patients are wealthy enough to allow gaggles of doctors to show up at their bedside to hold impromptu philosophical debates about the best course for treatment. This makes for good rhetorical drama in which Galenos is always right and the bedside horde is always dead wrong, but it is not the sort of claim that one would necessarily accept at face value. The only hint in these two treatises that some doctors start out as slaves is in a passing comment in On Examinations that “at present, its [medicine's] status has declined; it is suitable (only) for slaves and despicable men,” and another more intriguing reference at On the Therapeutic Method I 1.4:

\[
\text{οὔκοιν οὔχ ὁ κρείττων τὴν τέχνην, ἄλλ᾽ ὁ κολακεύειν δεινότερος ἐντιμότερος αὕτως έστι, καὶ τούτῳ ἄπαντα βάσιμα καὶ πόριμα, καὶ τῶν οἰκίων ἄναγμασιν αἰθύραι τῷ τοιούτῳ, καὶ πλουτεῖ τε ταχέως οὗτος καὶ πολύ δύναται, καὶ μαθητᾶς ἔχει τοὺς ἐκ κοιτῶνος πολλοὺς, ὅταν ἔξωροι γένονται.}
\]

And therefore it isn't the one who is stronger in skill, but the one who is better at toadying who is more honored among them, and for him everything is easy and smooth, for the doors of homes open for one such as him, and he quickly grows wealthy and powerful, and he has for students those many boys from the bedroom, when they have gotten too old for such use.

Clearly there are slave-doctors lurking at the fringes of Galenos's world, but they are irrelevant to learned freeborn men like Galenos. Either these doctors were not very well
trained, or their low birth puts them beneath Galenos's notice: snobbery does not seem a vice foreign to Galenos's character.

This picture of the *ars medendi* in these two treatises is the way it is because Galenos has an agenda. Both *On Examinations* and *On Prognosis* were written within the highly rhetorical and agnostic environment of the Second Sophistic as a form of self-promotion designed to secure patients and bolster Galenos's status as medical superstar.\(^{106}\) It is for this reason that in his own portrait of the era Galenos stands alone, a voice in the wilderness speaking as a prophet of Hippokrates in a world where everyone else is just out for money. This is probably not an accurate reflection of reality. Unfortunately it is the most specific picture we have of patients picking doctors during the Roman empire, and as such cannot be discarded as so much rhetorical nonsense. After all, if the process of self-marketing for Greek physicians in the Roman empire were not in any way as Galenos describes it, his contemporary audience would not be persuaded by his arguments, and there would be no point whatsoever in Galenos writing the treatise in the first place.\(^{107}\) Clearly he expects that by displaying his learning and touting his successful treatments of the past he will gain more patients and more respect, and so it is safe to say that the sorts of logic contests and bedside disputes he describes do indeed reflect an actual cultural trend.

\(^{106}\) For Galenos as sophist, see Bowersock “The Prestige of Galen” in *Greek Sophists in the Roman Empire*, von Staden “Rhetoric as Medicine” and Gleason's “Shock and Awe.” The features of the literature of the Second Sophistic have been most recently examined by Simon Swain, Maud Gleason, and Timothy Whitmarsh, including the self-promotion, posturing, denigration of opponents, and performances of masculinity.

\(^{107}\) Hui-Hua Chang in her article “Rationalizing Medicine and the Social Ambitions of Physicians in Classical Greece” argues that the very structure of Hippokratic medicine was in part a marketing strategy at the outset. The rational, philosophical underpinnings of Greek medicine appealed to the philosophically inclined elite of Classical Greece and allowed doctors to improve their social and economic status.
Although these texts offer valuable insights into the nature of a physician’s qualifications, there are also issues with both manuscript traditions that must be addressed before either treatise can be used in an argument. Galenos mentions *On Prognosis*, but believed that it had been lost within his lifetime.\(^{108}\) Few dispute its authenticity, but there are many textual variations among the various Greek manuscripts that make the precise wording rather suspect, as Nutton admits in his introduction. *On Examinations* survives only in an Arabic translation and the work is not included in Galenos's own lists of his works. However, there are compelling stylistic reasons to include the treatise among authentic works of Galenos and there is little in the historical details included in it to suggest a later author introducing anachronisms.\(^{109}\) Unfortunately the text is only accessible to most western readers as an English translation of an Arabic translation of a Greek original, and this complicates a close reading since one is required to take the interpreter's word rather than consult the original.

That said, *On Examinations* does offer a clear if suspect picture for the standard behavior of Romans in search of good doctors and Greek doctors in search of wealthy patients, and one in keeping with the less complete picture provided by *On Prognosis*. It also confirms Plinius's assertion that medicine was not an art considered to be within the educational goals of the average wealthy Roman.\(^{110}\)


\(^{110}\) I refer here to *N.H.* 29.17 as quoted at the beginning of the chapter, where he asserts that Roman gravitas has prevented Romans from learning about medicine while remaining Roman.
In ancient times, when men were not yet obsessed, as they are (now) with the pursuit of luxury, ... Those kings educated their sons in this (art), and... none of them had ever thought that it was shameful to take up this art of Apollo and Asclepius. At present, its status has declined; it is suitable (only) for slaves and despicable men. ... None of the rich men of our time thinks it worth-while to be instructed in this are: they all look upon it with disdain. In addition to their aversion to studying medicine, they do not consider it their duty to distinguish between the best and worst physicians. ... Most of our contemporaries rely on other people in examining physicians: they themselves shun this matter because they realize, and personally feel that they are without any erudition or knowledge which would enable them to recognize such distinctions; though ignorant, in this (matter) they are justified.

_On Examinations_ 1.7-9

This certainly carries echoes of Plinius's complaint that his contemporaries, “walk with the feet of others, observe with the eyes of others, greet people with the memory of others, and even live by the work of others.”

Certainly the two accounts together do suggest a generalized lack of expertise on the part of the patients, and lend credence to the bleak description of predatory medical business practices that follows.

Galenos maintains that many physicians gave comfortable yet ineffective treatments in order to pander to the luxurious habits of the wealthy, with the physician allowing a patient to die in order to “be relieved of someone whom he feared might blame him and lodge a complaint against him.” Galenos claims that this is possible in Rome as it is nowhere else because the city is so populous that a doctor can move from patient to patient without anyone catching on to his incompetence. This assertion probably has some basis in truth, but perhaps not as much as Galenos would have his audience believe.

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111Iskandar's translation. I have omitted the Arabic text, though it can be found in Iskendar's edition.

112alienis pedibus ambulamus, alienis oculis agnosimos, aliena memoria salutamus, aliena et vivimus opera, perieruntque rerum naturae pretia et vitae argumenta. nihil aliud pro nostro habemus quam delicias. _N.H._ 29.19.

113“On Examinations” 1.11-13.
The elite wealthy enough to afford keeping a freeborn physician in their household would be scarce enough that one would be hard pressed to continue practicing after losing a large number of them to incompetence. Loukianos's *On Salaried Positions*, unreliable though such satire may be as a source for historical information, seems to confirm Galenos's description of the flattery and sycophancy required to gain admittance into the retinue of such households. Clearly there was an expectation that doctors would market themselves to their elite patients, and it is certainly easier to do this by means of flattery and toadying than dazzling displays of anatomical virtuosity and saving lives. The place-seeking and backstabbing in such an environment where many practitioners competed for the funding of a relative few certainly must have been fierce, and Galenos's lengthy complaints about charges of witchcraft and murder reflect the lengths to which his peers would go in order to expel a rival physician.¹¹⁴

Galenos's solution for patients wishing to hire a competent physician is crippled somewhat because it requires a patient familiar with Hippokratic writings.

As I have repeatedly said, there are two types of examination: one is to examine a physician in clinical diagnosis, in which he must not make a mistake – a physician who makes a diagnosis must also be in charge of the patient's general therapy; the other is to examine him in theory before the clinical cases and practice and to find him acquainted with all that has been said on medicine, from which he should have selected the best doctrines. Nevertheless, he who is in charge of such an examination must be expert in the method of demonstration. I am unaware of any contemporary rich man who has become skilled and well versed in the demonstrative methods. Even if he studies it, he will not train himself patiently until he excels in it. This is also the case with most contemporary physicians, not even five of whom can say, without being refuted by somebody, what I will here say of myself: that I have studied the method of demonstration from my youth. Furthermore, when I began to study medicine, I repudiated all pleasure,

¹¹⁴ While a pervasive theme in “On Prognosis,” the clearest articulation of the toll charges of witchcraft and murder could take is at 1.5-9, which includes the example of Quintus, a physician Galenos greatly admired who was expelled from Rome on suspicion of murdering his patients. This would be the proper punishment under the *Lex Cornelia de Sicaris* for a physician who killed without intent to harm.
disregarded and refused to participate in worldly competition, so as to relieve
myself of the burden of going at an early hour to wait at the doorsteps of men...
Nor did I waste my time or distress myself by visiting men regularly: what is
called “salutation”. Instead I spent all my time in the study of medical practice...

On Examinations 9.1-3

Galenos here highlights the central flaw in his suggested method for examining
physicians: one must himself be a good physician to examine another physician.
Galenos's many examples of his successes in the face of other physicians' incompetence
do little to give patients practical and objective criteria for evaluating their physicians,
and his disavowal of “worldly competition” is clearly disingenuous. Why else is he
writing this treatise if not to promote his own superiority above other physicians,
particularly Methodists? The passage in question does indicate that the salutatio was key
in many physicians' strategies for gathering patients, and one does wonder how Galenos
managed to survive in his early days in Rome without participating in the ritual.

Returning to Galenos's suggested method for examining doctors, a few practical
points come to the forefront: One must observe a physician with patients, and one must
ask many questions about theoretical scenarios. The answers must somehow show an
acquaintance with Hippokrates and a willingness to share information. The second
injunction is by far the most difficult, for it necessitates that the rich man study medicine,

You now know that it is not difficult to apply tests to the practice of this art, if
you are resolved to do so.... Unlike the fact that it is up to you whether you accept
or reject the (idea of) examining physicians and studying medicine, it is not up to
you when it comes to needing medicine. ... It befits heroes and rich men, more
than anyone else, to learn the art by which they can acquire good health.... Even if
they were too lazy to study medicine, they ought not to neglect the matter of
examining physicians, to which they should devote at least a little time.
There is little in the way of practical advice for learning how to stump the physician, and indeed the one case Galenos gives of a young man who tried to engage him in a medical discussion is put as an example of how not to question a physician.\footnote{This is at “On Examinations” 8.5 where a young, rich man maintained that a patient was suffering from a phlegmatic quotidian fever where Galenos diagnosed a concurrent tertian and quartan fever. Galenos did not take kindly to the youth's laughter: it seems that questioning your physician and laughing at him are not compatible activities.} There is a suggested question at On Examinations 5.1 which is “Where and how did Hippokrates mention them [the humors], and what evidence has he provided to prove them?” Of course, this examination would exclude most non-humoral practitioners, particularly the Methodists Galenos despises so much. One cannot help but see an ulterior motive here, where Galenos's criteria for a good answer naturally result in the rich patron picking Galenos, or someone just like him. There may be a resonance here to Soranos, where he prefaces his section on the anatomy of the female reproductive system in this way:

\[
\text{ἐπειδὴ δὲ μεταβαίνειν ἐπὶ τὸν γυναικεῖον ὑγιείναν λόγον méllómen, δεῖσει πρῶτον τὴν φύσιν τῶν γυναικείων διήγησασθαι τόπων. Ἐξ ὧν τὰ μὲν αὐτόθεν καταλαμβάνεται, τὰ δὲ ἐξ ἀνατομῆς ἢτις εἱ καὶ ἄχρηστος ἔστιν, ὅμως ἐπεὶ παραλαμβάνεται [ἐκ] χρηστομαθέας ἐνέκα, διδάξομεν καὶ τὰ ἐκ ταύτης ἐπιγνώσθεντα. Ὑπὸ τὸς τὸ πειθόμεθα λέγοντες ἄχρηστον τὴν ἀνατομήν, εἰ πρῶτον αὐτὴν εἰδότες εὐρεθείμεν, καὶ οὐ παρέξομεν ὑπὸνοιαν τοῦ δὴ ἄγνωιαν παρατείσθαι τι τῶν ὑπειλημμένων ἐὔχρηστον.}
\]

Since we are about to reach the section on feminine hygiene, it is first necessary to discuss the structure of the womanly areas. Of these things some can be learned from direct observation, others from dissection. Since this practice is useless, nevertheless it is taken up for learning the subject completely, we will teach those things known from the practice. For we will easily be believed when we say that dissection is useless if we first have proven that we know about it, and we will not open up room for the accusation that we put aside something considered useful through ignorance of it.

\textit{Gynecology} 1.5
For Soranos to have to include something that he feels is unhelpful to his audience but necessary to prove that he knows about it suggests that he was often faced with situations in which he would be called upon to answer challenges from physicians and patients who thought knowledge of anatomy was a useful measure of a good physician.\textsuperscript{116} It is unclear whether this statement is aimed at other physicians or potential patients, but it does indicate that doctors from traditions that rejected anatomy and dissection operated at a disadvantage in the arena of competitive argument.

Far more clear than the criteria for judging a doctor's knowledge is the procedure for assessing his practical competence. Galenos actually suggests in \textit{On Examinations} 13 that one accompany a doctor to the bedside of another patient, a situation that would hardly appeal to the sick person! There is no indication of whether there were any confidentiality issues involved, but there is an inadvertently ironic moment later in \textit{On Examinations} that clearly points out the drawbacks to Galenos's suggestion. Beginning at 13.8 Galenos recounts an incident when he correctly diagnosed a woman with a retained fetus by simply feeling her pulse and predicted the course her illness would take. Her husband was, as Galenos puts it “beastly” and was not satisfied with Galenos's display of prognostic virtuosity, but proceeded to accompany Galenos as he saw other patients.

He attended many of my patients when I had decided about their critical days and about the way in which crisis would occur: but he did not praise any of these (forecasts). Beasts like him, although they may be wealthier than Midas and Croesus... are incapable of examining physicians. A person who is endowed by nature with intelligence and prudence, and is accustomed to investigation does not find it difficult to examine physicians should he seek to do so.

\textit{On Examinations} 13.8

\textsuperscript{116} For examples of such invective, cf. “On Examination” 7.5, “On the therapeutic method” 1.5.
This seems to be the very sort of behavior that Galenos is advocating! And yet, when this “beastly” person goes about checking up on Galenos's patients, he is suddenly incapable of examining physicians (presumably because he did not recognize Galenos's genius).

Other bedside debates go much better for Galenos, probably because it is far better for him to tell his audience about his triumphs than his failures. It seems a regular feature in both On Examinations and On Prognosis that a patient seek out a few physicians, each of whom makes a prognosis and argues for his own prediction. Each one tries his therapy, and the one who 'wins' is the one who not only succeeds in making the patient well, but fulfills his own prediction. This kind of agonistic health care has been linked to other sorts of truth contests that had their heyday during the Second Sophistic, and it seems that such performances were at least tolerated by the patients, though Martialis complains in his famous epigram on medical students:

Languebam; sed tu comitatus protinus ad me
Venisti centum, Symmache, discipulis.
Centum me tetigere manus Aquilone gelatae:
Non habui febrem, Symmache, nunc habeo.

I was ill; but you came immediately to me, Symmachos, Accompanied by a hundred students. A hundred hands frozen by the North wind touched me: I didn’t have a fever, Symmachos, but now I do.

_Martialis_ Epigrams 5.9

It is unclear whether the phenomenon of sickbeds surrounded by a flock of student physicians and prospective patients was normal. It is possible that, as Galenos claims, very few wealthy men actually went to see their friends' doctors in action, but it is likely that they compared notes between treatments, as Galenos's “beastly” nemesis seems to
have done. It seems that bedroom visitation was more palatable to Galenos in theory than in practice.

Bedside visits seem to have been an arena for treatment competitions where many doctors would gather and debate options, if one takes Galenos' description of the situation to be accurate. In this world, a second opinion would not only be normal, but expected. Galenos peppers both *On Prognosis* and *On Examination* with stories of doctors gathering at patients' bedsides to argue and haggle, and it seems that the winner of the first round would treat, and if he failed the runner up would have his turn, and so on.

Galenos is not shy about pointing out that he always won these curing contests. One cannot help but feel for some of these patients, particularly the female ones; in *On Prognosis* Boethius's wife was attended by all the noteworthy physicians in Rome while suffering from a uterine infection, and in *On Examinations* an unnamed woman who was retaining a dead fetus had a similar brigade of physicians and *obstetrices* poking and prodding her.\(^\text{117}\) Indeed, Boethius's wife held back from seeking medical attention “ἀδειομένη τοῦς ὀξιολόγους ἰατροὺς” and entrusting herself instead to her midwives, which is quite understandable when the alternative is allowing a crowd of squabbling doctors to argue over one's most personal anatomy. However, in both cases the husbands were the ones seeking the presence of these Greek doctors, indicating that the perceived benefit of their attendance was greater than the demands of modesty and the fear of the doctors taking advantage of access to the wife's body. In both cases, the *obstetrices* remain throughout the course of treatment, presumably taking care of some of the nursing and chaperoning Galenos as he laid hands on the patients' bodies. There is no sense

from Galenos that there is anything wrong with such intrusions into the privacy of patients, but then the doctor's professional activity requires the transgression of normal modesty taboos and the doctor himself must by necessity betray no discomfort with the viewing of such bodies. Patients, who have far fewer interactions with doctors than doctors have with patients, have no such obligation to feel comfortable being viewed and touched by their physicians. Perhaps if Galenos's patients had written about their treatment there would be a different attitude expressed.

There is a final method Galenos offers for examining a physician, somewhere between visiting actual patients and abstract questioning, that he cites in both treatises as ways to show one's proficiency: 'demonstrations' or sophistic performances where the physician uses public dissection and vivisection to prove his mastery over the body and authority as a physician. As Gleason points out in *Shock and Awe*, the physician's ability to command the vivisected animal's powers of speech and movement are a powerful demonstration of philosophical authority as well as medical. There are descriptions of several such demonstrations, but one in particular is pertinent to the question of how Roman (or in this case) Greek laymen chose their physicians.

Once I attended a public gathering where men had met to test the knowledge of physicians. I performed many anatomical demonstrations before the spectators; I made an incision in the abdomen of an ape and exposed its intestines: then I called upon the physicians who were present to replace them back (in position) and to make the necessary abdominal sutures – but none of them dared to do this. We ourselves then treated the ape displaying our skill, manual training, and dexterity. Furthermore, we deliberately severed many large veins, thus allowing the blood to run freely, and called upon the elders of the physicians to provide treatment, but they had nothing to offer. We then provided treatment, making it clear to the intellectuals who were present that (physicians) who possess skills like mine should be in charge of the wounded. That man was delighted when he put me in charge of the wounded – and he was the first to entrust me with their
This episode probably occurred during Galenos's tenure as physician to the gladiators in Pergamon, where he served at least two terms and would have treated men wounded in the manner described here. Although the man whom Galenos impressed in this scenario would have been a powerful Pergamene politician and not, strictly speaking, a wealthy Roman (though he was almost certainly a Roman citizen), the story is used to illustrate a scenario meant to apply to physicians in Rome as well as Pergamon.

Certainly Flavius Boethius used such a method to vet Galenos before he entrusted his son's treatment to him. Galenos mentions other such anatomical presentations in Rome, and it is likely that these venues served a dual purpose of “infotainment” (as Maud Gleason names it) and quality control. One could go to such a show and see how a prospective doctor fared in debate with his colleagues and observe first-hand whether the demonstrating physician had the skill to wield his instruments well. In Galenos's version of these events, defeated physicians were regularly at a loss and struck dumb with amazement: this motif may be more of a literary convention than an accurate reflection of how one could tell that a particular doctor had 'won' the demonstration. The failure to speak is often a sign that someone is losing a verbal battle in scenarios as diverse as courtroom dramas, tales of miracle workers, and philosophical writing, as Maud Gleason


notes in her article *Talking Corpses and Truth Contests*. In Galenos' descriptions of these contests there is also an example of the other side of Gleason's theory – mastery is shown by returning voice to the voiceless, which Galenos accomplishes with a patient at *On Examination* 9.12. The trope of the silencing of debate is a way of asserting one's dominance over competition and it is more likely that the actual demonstrations ended not in silence, but in further arguments that Galenos found unsupportable (possibly because they did not agree with his ideas). Be that as it may, it is important in any discussion of Galenos' anatomy demonstrations to keep in mind that Galenos's purpose in narrating his past triumphs in that arena is not so much to help patients pick just any best physician, but to lead patients to pick him or his students!

Galenos's fullest statement of what he required in an examination of doctors is finally stated in *On Examination* beginning at 9.22. As he puts it, first, one must determine if the physician spends more time studying than he does in flattering wealthy men. Then, one must (somehow) determine the scope of his literary and anatomical knowledge, and also his method in prescribing diet, therapy, and drugs. Then there are a series of ailments which this doctor should be able to treat with drugs; Galenos cannot help but point out that he can cure pus in the lungs where other physicians claim treatment is impossible. Finally there is a list of surgical techniques that this perfect physician should be able to perform, again ending with Galenos's assertion of his own

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121 The original passage goes on for several pages. In the interest of flow, I have chosen to summarize rather than quote.
superiority in this area as well. Clearly the answer to Galenos's question “How are the best physicians to be recognized?” is “Galenos!”

Self-promoting as Galenos is, his text provides valuable clues supportable from other sources that point to the extension of the agonistic environment of the Second Sophistic moment into the sickroom. Wealthy patients shopped for doctors at demonstrations and expected to be courted by a bevy of Greek physicians wanting to be their clientes. Physicians jockeyed to be invited to bedside debates where they could pit themselves against one another in a struggle to gain more respect and more patients, often at the expense of the patient's privacy and modesty. One cannot imagine that any but a small minority of Romans were able to afford to support such intense medical care; it is more than likely that the majority of wealthy (but not astronomically wealthy) Romans had a slave or freedman doctor, and those who could not afford that had recourse to medical students, new doctors building their practice, and freelance healers of every kind (including Martialis's ex-gladiators!), resorting to a committee of physicians only when patients became seriously ill. The panel of physicians debating at the sick man's bedside, while an intriguing image, was probably the exception rather than the norm.

**Medical Ethics and Acceptable Practices**

Galenos's treatises, however suspect in their particular suggestions, do give an indication of how a patient might evaluate his physician's technical competence, but there are other things patients want from their doctors. In such an intimate relationship as a doctor has with a patient, there is a need for ethical qualities as well as the ability to heal.
What were the expectations of the *good* physician (beyond the competent physician), and what sort of behavior was considered unethical (and not merely illegal)? The much cited *Oath* of Hippokrates comes closest to a list of standards, and there is actually some reason to read it as somewhat authoritative in the Roman empire, if not in Hellenistic Greece.\footnote{As Edelstein points out in "The Hippocratic Oath." in *Ancient Medicine: Selected Papers of Ludwig Edelstein*, (Baltimore: Johns Hopkins University Press, 1967)., the Oath includes ethical elements that read more Pythagorean than Hippokratic. Von Staden in his keynote address at the *Colloquium Hippocraticum* (Austin, 2008) argues convincingly for stylistic ties consistent with other Hippokratic writings, however, so there is no clear sense of where to put the Oath in the context of Greek medical ethics.}

The fact that Scribonius Largus cites it in his *proemium* indicates that it was known to physicians in the Roman empire, and if one accepts Edelstein's problematic yet intriguing suggestion that the *Oath* has a Pythagorean origin for it, there is good reason for Greek physicians practicing in Italy to acknowledge and respect it where physicians from outside Italy might not.

There is little evidence that an apprenticeship as binding as the one described in the oath ever existed, though it is possible it represents an earlier system than that of Hellenistic Greek medicine.\footnote{Nutton *Ancient Medicine* pp. 69.} Likewise, the injunction not to give abortifacients is violated again and again, both in the Hippokratic Corpus, and in later authors: Soranos, Dioskourides, and even Plinius mention methods for causing abortions. There is a good deal of debate around what role the Oath was meant to play in medical practice; who would have read it, in what way it was read, how available it was, and so on. But the fact that Hippokrates and his writings were familiar to the major medical authors of the Roman Imperial period suggests that the oath was known, if not actually taken at some point in a young physician’s career. The text itself has survived long past the lapsing of
the culture that produced it, which speaks to the universal anxieties addressed in its provisions. Particularly in the environment of the Roman empire it was important for physicians to show that they understood their clients' fears and were willing to take measures to protect their patients' bodies and secrets. By claiming to adhere to the Oath as part of Hippokrates's teachings, a physician in Rome could simultaneously address and allay his patient's fears about his trustworthiness and moral character.

The text of the Oath provides a basis for professional discussions of ethical dilemmas among Greek physicians practicing in Rome, and is therefore worth quoting in full:

"Ομνυμι Απόλλωνα ιηρόν, και Ασκληπιόν, και Υγείαν, και Πανάκειαν, και θεούς πάντας τε και πάσας, Ίστορας ποιεύμενος, ἐπιτελέα ποιήσειν κατὰ δύναμιν και κρίσιν ἐμὴν ὄρκον τόνδε καὶ εὐγγραφὴν τὴνδέ.

Ἡγήσασθαι μὲν τὸν διδάξαντα μὲ τὴν τεχνὴν ταύτην ἵσα γενέτησιν ἐμοῖσι, καὶ βίον κοινώσασθαι, καὶ χρεῶν χρηίζοντι μετάδοσιν ποιήσασθαι, καὶ γένος τὸ ἔξω ωὐτέου ἄδελφοις ἱσον ἐπικρίνειν ἄρρεσι, καὶ διδάξειν τὴν τεχνὴν ταύτην, ἢν χρηίζοσι μανθάνειν, ἄνευ μισθοῦ καὶ εὐγγραφῆς, παραγγελῆς τε καὶ ἁκροῆς καὶ τῆς λοιπῆς ἀπάσης μαθήσις μετάδοσιν ποιήσασθαι ὑλισὶ τε ἐμοῖσι, καὶ τοῖς τοῦ ἐμὲ διδάξαντος, καὶ μαθηταῖς συγγεγραμμένοις τε καὶ ὥρκησιντοι νόμῳ ἱηρικῷ, ἀλλὰ δὲ οὐδενὶ.

Διατίμησι τε χρήσομαι ἐπὶ ὑφελεῖη καμινότοντας κατὰ δύναμιν καὶ κρίσιν ἐμὴν, ἐπὶ δηλήσει δὲ καὶ ἀδικῆ ἐχρεγεῖν.

Οὐ δόσω δὲ οὐδὲ φάρμακον οὐδενὶ αἰτηθείς θεανάσιμον, οὐδὲ ύπηγήσομαι εὐμβουλήντων τοῦν. Ὁμως δὲ οὐδὲ γυναῖκι πεσοῦν φθόριον δόσω. Αγνός δὲ καὶ οὐίς διατηρήσω βίον τὸν ἐμὸν καὶ τεχνὴν τὴν ἐμὴν. Οὐ τεμέω δὲ οὐδὲ μὴν λιθωῶντας, ἐκχωρήσω δὲ ἐργάτησιν ἀνδράσι πρήξις τῆςδε.

Ἐς ὄκιας δὲ ὅκοσας ἄν ἐσίω, ἐσελεύσομαι ἐπὶ ὑφελεῖῃ καμινότον, ἐκτὸς ἐὼν πάσῃς ἄδικης ἐκουσίῆς καὶ φθορίης, τῆς τε ἄλλης καὶ ἀφροδίσιαν ἔργον ἐπὶ τε γυναικείων σωμάτων καὶ ἀνδρῶν, ἐλευθέρων τε καὶ δούλων. Ἅδης ἄν ἐν ἑραπείη ἠ ἴσω, ἦ ἄκουσον, ἦ καὶ ἄνευ ἑραπείης κατὰ βίον ἀνθρώπον, ἐμὲ χρή ποτὲ ἐκλαλεύσθαι ἐξω, σιγήσομαι, ἀρρήτα ἡγεμόνεος εἶνα τὰ τοιαῦτα.

Ὅρκον μὲν οὖν μοὶ τόνδε ἐπιτελέα ποιέοντι, καὶ μὴ εὐγγραφεῖν, εἰ ἐπαύρασθαι καὶ βίον καὶ τεχνῆς δοξομένην παρὰ πάσιν ἀνθρώπως ἐς τὸν αἰεὶ χρόνον.

παραβάϊνοντι δὲ καὶ ἐπικρούντι, τὰναντία τουτέων.
I swear by Apollo the healer, and by Asklepios, and by Hygeia and Panakeia and all the gods and all the goddesses to to keep according to my ability and my judgment, the following Oath and agreement:

To consider the one who taught me as equal to my parents who bore me, to share a life with him and, should the need arise, share my possessions with him and to judge his children as equal to my own brothers, and to teach them this very art, should they wish to learn, without pay and contract, to share also the precepts and oral instruction and all the other learning with my sons and the sons of him who has taught me, and to pupils who have signed and sworn the oath of the physician's code, but to no other.

I will prescribe regimen to help the sick according to my power and judgment, and I will guard them from ruin and that which is not proper. I will not give a deadly drug to anyone, even if asked to do so, nor will I advise anyone to do so, and I will not give a woman an abortifacient pessary. I will not cut, not even to remove stones, and I will step aside for those men qualified to do such things.

When I am called to enter a house, I will go there for the benefit of the sick, keeping myself far from all intentional injustice and harmfulness, and in particular from sexual relations with the bodies of both men and women, both free and slave. Whatever I should see or hear in the course of treatment, or even outside of treatment concerning the life of men, about that which should be kept private I will keep my silence, considering the disclosure of such things to be taboo.

If I fulfill this oath and do not violate it, may I be allowed to enjoy life and art, being honored with fame among all men for all time to come; but if I transgress it and swear falsely, may the opposite of all this befall me.

The provisions of the Oath, whether they were followed or not, were the touchstone for ancient discussions of the central conflicts facing the physician: the giving of abortifacients and the practice of euthanasia, the performance of certain surgical procedures by unqualified practitioners, the molestation or mistreatment of patients and their relatives during house calls, and the protection of a patient’s privacy. These issues were more acute in a system where there was very little formal accreditation and training.

124 The first section of The Oath goes a long way towards implying a reliable and controlled environment for the production of competent physicians, and the injunction that an oath be taken provides extra security. The pseudo-familial apprenticeship described is the sort seen with other crafts requiring trust between employer/buyer and craftsman, lending the ars an air of reliability, trustworthiness, and normalcy within the culture. Nutton “Healers in the Medical Marketplace.” 1992.
for various sorts of healthcare providers, and as it seems less legal protection for patients in the Roman Empire than one would expect.

The resonances of the provisions of the *Oath* go far beyond the scope of this chapter, particularly the concerns surrounding reproductive medicine and euthanasia which are discussed at greater length in the final chapters of this dissertation. The key points for the matter at hand – how Romans selected their physicians – rests on the issues of competence raised by the *Oath* in the context of cutting for (bladder) stones and refraining from violating the households of one's patients.

**Qualifications and Competence**

The least ambiguous clause in the *Oath* seems to be the least contentious issue among ancient physicians: one should not perform a procedure or treatment for which one is not qualified.\(^{125}\) This is further maintained in the distinction drawn between doctors who cut, and doctors who use medication and regimen, even when the same doctor did both. The assumption was that the good physician treats with regimen and medication first, and only then does one resort to surgery. This was at least prevalent enough a notion that when Appian’s Scipio needed a metaphor to explain why he did not wish to join battle before he had to do so, he gave the example that a physician does not cut and burn his patient until he has first tried drugs.\(^{126}\) Likewise, Cassius Dio treats surgery and cautery as a last resort, both at 52.26 and 55.17, while recognizing that there

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\(^{125}\) Again, this is most explicit in the *Institutiones* 4.3.7 under the provisions of the *Lex Aquilia*.

\(^{126}\) συνκρίνων δ’ ἔφη καὶ τοὺς ἰατροὺς μὴ χρησίματι τομαὶς μηδὲ καύσεις πρὸ φαρμάκων. Appian, *Spanish Wars* 14.87.
are some cases that cannot be cured by methods other than cutting and burning at 56.6.  

Clearly Romans had come to expect that the order of regimen, medication, then surgery was the way good physicians handled their patients, and its codification in the Oath reinforces it as a way to sort out the cautious physician from a knife-happy Archagathos.

This is not to say that there was no debate over how separated surgery and medicine should be. At least a few centuries intervened between the writing of the Oath and the Roman context in which it was used, and the expectations for a competent physician's abilities had expanded. Celsus addresses the question at the proemium of book 7:

Potest autem requiri, quid huic parti proprie vindicandum sit, quia vulnerum quoque ulcerumque multorum curationes, quas alibi executus sum, chirurgi sibi vindicant. Ego eundem quidem hominem posse omnia ista praestare concipio; atque ubi se diviserunt, eum laudo qui quam plurimum percepit. Ipse autem huic parti ea reliqui, in quibus vulnus facit medicus, non accipit, et in quibus vulneribus ulceribusque plus profici manu quam medicamento credo; tum quicquid ad ossa pertinet.

However it can be asked, what material pertains to this section of the work, because wounds and also the cures for many sorts of ulcers, which I have covered elsewhere, surgeons claim for themselves. I certainly maintain that the same person is able to excel at all these things; and where <practitioners> divide themselves, I praise him who understands as much as possible. For my own part, however, I have left to this part of the work those cases in which the physician makes the wound, and is not presented with a pre-existing one, and in those wounds and ulcers which I believe are better treated by the hand than by medication; then whatever pertains to bones.

De Medicina 7. proem.

His argument proceeds from an assumption that there should be a separation between surgery and medicine, and then he takes great pains to stake out a (presumably minority)
position that the same person should be well versed in both sorts of medicine, unlike the Oath prescribes. He is not the only person to advocate such versatility in practitioners, though; Soranos indicates a similar level of ambidextrous proficiency for midwives as well. It seems that one can be a medicus who is also a chirurgus or just a medicus, but not a chirurgus alone; most of the surgical treatments described in De Medicina work in conjunction with topical medication and courses of regimen. This may be an artifact of De Medicina’s unified approach to the medicus-chirurgus debate, but it is difficult to conceive of any surgical procedure that lacks a medical component. There must have been some surgeons who would beg to differ, though, since Scribonius Largus thought it necessary to present a defense of pharmacy in the preface to his Compositiones.\textsuperscript{128}

However the specific physician’s practice went, though, there does seem to be an understanding that surgery is more extreme a course of treatment than medicine, and that such a treatment should be kept as a second rather than first resort.\textsuperscript{129}

\textsuperscript{128} Sive enim nullum experimentum eiusmod generis remediorum habent, merito accusandi sunt, quod tam neglegentes in tam necessaria parte \textit{artis} fuerint, sive experti quidem sunt eorum utilitatem, denegant autem usum, quia crime invidentiae flagrant, quod malum cum omnibus animantibus invisum esse debet, tum praecipue medicis, in quibus nisi plenus misericordiae et humanitatis animus est secundum ipsius professionis voluntatem, omnibus diis et hominibus invisae esse debent.

For if they have no experience of that kind \textit{<i.e. in pharmacy>}, they must be accused rightly, because they neglected such a necessary part of the art, and if they were experienced in the use of those things \textit{<i.e. materia medica>}, but denied their usefulness, they must be blamed all the more, for they are clearly guilty of the crime of spite, which evil ought to be despised by all thinking persons, and especially by physicians, in which, unless the mind is full of mercy and humanity according to the intent of the profession itself, they ought to be despised by all the gods and men. Scribonius Largus Compositiones praef. 3.

Of course questions of competence are not all encompassed by whether or not a physician is qualified to perform surgery or not. It is just as easy to kill a patient with improper medication – indeed, it is almost easier to do so and escape some sort of reprisal. After all, one cannot disguise a bloody gaping infected wound as “natural causes,” but a slight overdose of (for example) opium could easily look like a disease that ended badly.\textsuperscript{130} With no way to reliably diagnose many conditions and several competing schools of medicine with radically different approaches to treatment, the same patient with the same symptoms could be given two completely different courses of medication, and both cases would fall within an acceptable level of competent treatment. In such a context, one doctor accusing another of incompetence may say more about competing philosophies on the nature of illness than it does about any one doctor’s ability to treat within an acceptable degree of skill. The higher level of variation in treatment combined with the fact that these treatments were far less reliable than modern methods would both necessarily make it extremely difficult to prove that any given doctor had killed a patient through his efforts. This is not to say that gross incompetence could not be proved – it would just be more difficult to do so, and the case would have to be particularly obvious.

A doctor’s reputation, in the absence of medical boards and university degrees, was the only thing that would guarantee his continued ability to earn his living by practicing medicine. To do so was no easy task in a field so subject to the forces of nature, infection, and bad luck; one dead patient would be enough to lose any and all

\textsuperscript{130} For the specific dangers of opium in ancient treatments see Scarborough "The Opium Poppy in Hellenistic and Roman Medicine", in Roy Porter and Mikulas Teich, eds., Drugs and Narcotics in History, 4-23. (Cambridge: Cambridge University Press, 1995) and "Drugs for an Emperor," Amphora (V.3, no. 1, 2004), 4-5 and 17.
business from the patient’s family, friends, and (if the patient were powerful enough) fellow citizens. One can only assume that situations such as Celsus described at proem.

45 (the prolapsed uterus) were common occurrences for the medical practitioner. Celsus specifically addresses the issue once more at 5.26.1:

In his autem ante omnia scire medicus debet, quae insanabilia sint, quae difficilem curationem habeant, quae promptiorem. Est enim prudentis hominis primum eum, qui servari non potest, non adtingere, nec subire speciem . . . eius, ut occisi, quem sors ipsius interemit; deinde ubi gravis metus sine certa tamen desperatione est, indicare necessariis periclitantis in difficili spem esse, ne, si victa ars malo fuerit, vel ignorasse vel fefellisse videatur. Sed ut haec prudenti viro conveniunt, sic rursus histrionis est parvam rem adtollere, quo plus praestitisset videatur. Obligarique aequum est confessione promptae rei, quo curiosius etiam circumspiciat, ne, quod per se exiguum est, maius curanti neglegentia fiat.

However in these matters, above all, a physician ought to know what things are incurable, which have a difficult cure, and which are more readily treated. For it is the part of a prudent person from the first not to touch a person who cannot be saved, nor to undergo the appearance … of him, as if he had killed one whom his own fate carried off; then where there is grave fear without certain despair, he should know how to indicate to the attendant relatives that there is hope in the midst of difficulty, in order that, if art is conquered by ill fortune, he not seem ignorant or deluded. But though such actions are fitting for a prudent man on the one hand, it is the part of an actor to magnify a small thing, in order that it seem to be more serious. It is likewise fair that he ought to commit to stating that a matter is minor, in which case he ought to also take care that a thing which is small on its own not become more serious due to negligence in care.

Prognostication was a major part of an ancient physician’s art, and Celsus points out only one of many ways that an unscrupulous physician could use it to inflate his reputation (and therefore his clientèle). Plinius likewise rails against the financial gimmicks used by physicians to maximize profits at 29.23 f.: violating principles of regimen to prolong treatment, providing incitements to sensuality (doubtless supplying luxury products at a profit), insisting that Roman patients buy foreign items, unnecessary and expensive regimens, extorting high prices from rich patients, and so on. Such problems were not
exclusive to the Empire, of course; Polybios, an author of the 2nd century B.C., compares Perseus of Samothrake to a poor physician who works for a retaining fee rather than a single rate, presumably in order to get as much money out of the patient as possible.\textsuperscript{131}

It seems that competence alone is not enough to satisfy Imperial Roman notions of medical ethics; a physician must be honest as well as knowledgeable. Celsus illustrates just how thin the line is between self-presentation and self-interested manipulation. His physician needs to keep in mind the possibility of failure and maneuver so as to lessen its impact, and yet cannot use his power of prognostication to shore up his reputation with lies, tempting as such a course may have been to a physician. Celsus, by discussing the possibility, puts both patients and physicians at notice that such things are done. However, even ethical openness would be insufficient to completely protect a physician’s reputation in the event of an adverse outcome. Celsus himself acknowledges this at 7.12 with reference to an operation meant to loosen the tongue and facilitate speech:

\begin{quote}
\textit{ego autem cognovi, qui succisa lingua cum abunde super dentes eam promeret, non tamen loquendi facultatem consecutus est. Adeo in medicina, etiam ubi perpetuum est, quod fieri debet, non tamen perpetuum est id, quod sequi convenit.}
\end{quote}

I however know of cases where the tongue had been cut so deeply that it hung beyond the teeth, but no ability to speak followed. So it goes in medicine, as it always is, what ought to be the case is not always what ends up happening.

One would expect that in a situation burdened with so much unpredictability, physicians would be seen as less than useful. However, it seems to be the case than many were willing to believe that the presence of a good doctor would make a great deal of difference between life and death. Cassius Dio, for instance, states at both Zonaras'\textsuperscript{131} Histories 29.8.
epitome of 8.30-31 and 10.43 that the absence of doctors lead to a high mortality rate after two separate battles. It seems that the expectation for routine medical encounter was a patient restored to health; such an attitude in one’s patient community is essential for any physician who wishes to make a living.

Confidentiality and Professionalism

One element of the Oath has less to do with how one treats the condition, and more to do with how one treats the patient and his family. Proper treatment in any context relies upon a relationship between physician and patient, and the information involved is usually too sensitive to be subject to common knowledge. In the ancient context where the physician had a much more hands-on presence in most treatment contexts, this bond of trust was possibly even more important. A physician came into the patient’s house, dictated what and when a patient ate and drank, how much he slept (or did not sleep), what drugs would be given at what point, and even how often and in what context he could participate in intercourse. Celsus articulates the situation well in his proemium 73:

Ob quae conicio eum, qui propria non novit, communia tantum debere intueri; eumque, qui nosse proprietates potest, non illas quidem oportere neglegere, sed his quoque insistere; ideoque, cum par scientia sit, utiliorem tamen medicum esse amicum quam extraneum.

Because of this I propose that he, who does not know the particulars of a case, ought to look to general principles alone; and as for him, who is able to know about the particulars, certainly ought not to neglect those <general principles>, but to also insist upon the particulars as well; for that reason, given that knowledge is equal, it is more useful for a physician to be a friend than a stranger.
This belies Galenos' description of bedside conventions, where a patient's condition was made public to several doctors and (by the logic of *On Examinations*) prospective patients attempting to gauge a physician's skill with other patients, and suggests that for most doctors confidentiality was the norm and that when lay people were present at another patient's bedside, they came with the permission of the sick person. Other medical authors likewise address issues of privacy. Soranos, for instance, includes such discretion among his qualifications for an ideal *obstetrix* at *Gynecology* 1.4:

> ἢσυχον δὲ ἔχουσαν θυμὸν ὡς πολλῶν τῶν ἐν τῷ βίῳ μυστηρίων μετέχειν μέλλουσαν· ἀφιλάργυρον ὡς μὴ διὸ μισθὸν κακῷς δοῦναι φθόριον.

[She should] possess a quiet personality since she will share in many secrets of life, and uncorrupted by bribery so that she will not give an abortive for money shamefully.

Clearly the preservation of a physician’s discretion was key to treatment, and particularly that of the *obstetrix*. The nature of gynecological treatment makes confidentiality far more vital than confidentiality in the case of sprains and fractures since it involves genitalia and reproduction, and in even in Galenos's presentation of the bedside as debating forum one sees a dividing line between the world of the *maiai*/*obstetrices* and the male physicians brought in in case of emergency.

The bond of confidentiality must have been strained and bent many times over, but it seems that this particular tenet, at least, was least likely to come up when Romans complain about their treatment (as opposed to the physician-assisted murder and extortion that so disturbs Plinius). There is one notable instance that Tacitus relates, though, where Charikles feels Tiberius’ pulse in order to give Macro a reading of the ailing Emperor’s health:
erat medicus arte insignis, nomine Charicles, non quidem regere valetudines principis solitus, consilii tamen copiam praebere. is velut propria ad negotia digrediens et per speciem officii manum complexus pulsum venarum attigit. neque fefellit: nam Tiberius, incertum an offensus tantoque magis iram premens, instaurari epulas iubet discumbitque ultra solitum, quasi honorí abeuntis amici tribueret. Charicles tamen labi spiritum nec ultra biduum duraturum Macroni firmavit.

There was a physician outstanding in his area, Charikles by name, who was nevertheless not accustomed to oversee the health of the Princeps, but only to offer the wealth of his advice. He, as if leaving on business, clasped the hand <of the Princeps> under the guise of politeness and felt the pulse of his veins. Nor was he fooled: it is uncertain whether Tiberius was offended and repressed his rage all the more, but at any rate he ordered the banquet to continue, and he remained at his couch longer than he usually did, as if he were giving an honor to his departing friend. Charikles nevertheless assured Macro that his <Tiberius’s> spirit was faltering and would not last more than two days.

Annales, 6.50

As Tacitus is careful to point out, Charikles is not Tiberius’ physician, but his counselor. It is uncertain whether his actions can be seen as a breech of confidentiality, though they are certainly unscrupulous. The use of one’s knowledge for the harm of any patient is at best suspect, and there is no way Charikles would think Macro’s wish to know about Tiberius’ health was an innocent one. Nevertheless, Tacitus seems disinclined to specifically condemn Charikles of anything more unethical than dissimulation, and when Tacitus’s Tiberius is the victim of dissimulation, one may imagine that the author's purpose is not to generate sympathy for an aggrieved patient.

Strategies for Self-Protection

Even without the pressure of lawsuits, physicians practicing in Rome (and elsewhere) were well aware of the need for some standard ethics in medical practice. At the most mercenary level, it was prudent to avoid killing patients so as to avoid getting a
reputation like Archagathos’s and losing business in the process. So wary were physicians of gaining a reputation for losing patients, that at times they would avoid treating cases altogether, as Celsus attests in his proemium at 45:

… cum aetate nostra fuerit matrona equiti Romano nupta quae ex naturalibus partibus carne prolapssa et arente intra paucas horas exspiraverit, sit ut nobilissimi medici neque genus mali neque remedium invenerint. Quos ego nihil temptasse iudico, quia nemo in splendidia persona periclitari conjectura sua voluerit, ne occidisse, nisi servasset, videretur: veri tamen simile est potuisse aliquid cogitare, detracta tali verecundia, et fortasse responsurum fuisse id, quod aliquis esset expertus.

…When in our own time there was a woman married to a Roman Eques who perished over the course of a few hours when her flesh prolapsed from her genitals and became gangrenous, it was the case that the most prestigious of physicians found neither a diagnosis or cure. I believe that they tried nothing out of prudence, for nobody would wish his conjectures to fail in the case of such a prominent patient, so that it would not look like he had killed her if he were unable to save her: yet it is possible that someone would have thought of something, if such reticence were not present, and perhaps it would have been successful if someone had tried it.

Of course what Celsus does not say (because he does not have to say it) is that had one of the physicians attempted something and failed, they would be labeled a patient-killer and would be likely to lose any future business from the lucrative treatment of Equites.

Plinius’s attitude towards physicians who were unlucky enough to lose patients (or who used their knowledge to deliberately kill patients, or who used their power to extort money and funnel funds to foreigners) speaks to the willingness of wealthy Romans to turn against a physician who displayed anything resembling a lapse in ethics.¹³² The very

¹³² To summarize Plinius’s lengthy rant at the end of the opening of book 29 – He will not condemn the entire medical profession for the unethical practices perpetrated by a few, namely Eudemas and Valens aiding Livia the Younger against her husband Drusus by poisoning him to make way for Sejanus, the general practice of extorting large payments for treatment, of importing unnecessary pharmaceuticals into Rome in order to profit foreign pharmakopoloi, the taking of bribes in exchange for botching treatments, and (oddly) the way in which doctors would leave Rome and its competitive medical market in order to make huge amounts of money in the provinces. Also, he bemoans how regimen can be manipulated to
fact that Plinius expends so much venom while attempting to make the point that only the worst physicians behave in such a way points to the amount of resentment awaiting the impolitic foreign physician in Rome. If a Roman as willing as Plinius is to read and accept the Greek medical authors' works can lash out with such hostility at their less scrupulous cousins, what would a less educated Roman *Eques* do to ruin business for the physician who tried and failed to treat his wife’s prolapsed uterus?

In such an environment as this, it is little wonder that Archagathos’ surgical practice was unsuccessful in bringing a widespread acceptance of Greek medicine (specifically surgery) to Rome. It was in the wake of the backlash from this first (perhaps disastrous) attempt to bring Greek-style medicine to Rome that the new sect of Asklepiades of Bithynia (and the Methodists who followed him) was able to flourish. Asklepiades’ success could be attributed simply to the way in which he was not Archagathos, as many have suggested.\(^{133}\) Gentle methods and cold water prevailed over cutting and cautery as first-line treatments, though his reliance on strict regimen seems to be of a piece with the bulk of Greek-style treatments from the Hippokratics onward, if somewhat less severe.\(^{134}\) Asklepiades himself could possibly be seen as quasi-Roman in

draw out a cure (and thereby increase the physician’s fee), and the way in which pleasant treatments give good Romans a taste for foreign luxury.


\(^{134}\) Asklepiades is cited often in Celsus 2 on regimen, particularly in methods of purging and sweating. Though he is often quoted as a dissenting opinion on the particulars of a variety of treatments in *de Medicina* (purging, clysters, sweating, bleeding, etc.), his dissent is to the degree to which any given treatment is used and not to the application of the treatment itself.
a sense. While Plinius’s evaluation of Asklepiades at 26.12 is somewhat lukewarm,\textsuperscript{135} at 7.124 his tone is far more laudatory.

summa autem Asclepiadi Prusieni condita nova secta, spretis legatis et pollicipationibus Mithridatis regis, reperta ratione qua vinum aegris medetur, relato e funere homine et conservato, sed maxime sponsione facta cum fortuna, ne medicus crederetur, si umquam invalidus ullo modo fuisset ipse. et vicit suprema in senecta lapsu scalarum examinatus.

The best (in a list of noteworthy physicians) is the newly founded sect of Asklepiades of Prusa, who turned down the invitations and enticements of Mithridates the king, and found a system by which wine should be given as a treatment to the sick, and who rescued a person from his funeral and saved his life, but most especially he made a bargain with fate that he should not be believed as a physician, if he himself were ever sick in any fashion. And he won, killed in his old age by a fall down some stairs.

The reason for this shift in tone is possibly due in part to the context: book seven is a list of noteworthy people whereas the passage in book 26 occurs at the end of a brief history of medicine structured around a timeline tracing a decline from older (and by implication more substantial) advances in pharmacy to a newer system of medicine dominated by rhetoric and theory over substance and results. Oddly enough, in book seven Asklepiades surpasses Hippokrates, whereas in book 26, Hippokrates is the high point adulterated by Asklepiades’ rhetoric-as-medicine!\textsuperscript{136} This shift may be a function of any number of things – source material being one major possibility. However, they are both linked by Plinius’s greater project to appropriate Greek knowledge for Roman purposes, while

\textsuperscript{135} On the one hand, he admits that Asklepiades’ innovations were a needed correction to needlessly unpleasant treatments, he seems less than enthusiastic about his sudden change of careers from rhetoric to medicine and his (possibly too) pleasant treatments.

\textsuperscript{136} Plinius’ inconsistencies in attitude may be an artifact of whatever source he was using at the time, though it is difficult to imagine every opinion in the N.H. is simply the reported opinion of a source. Doubtless he, like other people, was inclined to feel slightly differently about various topics from one day to another.
simultaneously discrediting the Greek cleverness that, in his view, misses the baby of effective treatments for the bathwater of intellectual hocus-pocus.

In a way, the Asklepiades of N. H. book seven is symbolic of the ideal position of Greek learning in the Roman empire: wrested from the hands of shady Easter potentates and domesticated and controlled under Roman pragmatism. When Asklepiades turned down Mithradates for Rome, he became a better physician than Hippokrates; this is, perhaps, indicative of the way Romans had to shape his legend in order to embrace his teachings. When he is overly wordy and coddles patients, he is Greek: when he raises the ‘dead’ and turns down Mithradates, he is a Roman spoil of war. The fact that it was Asklepiades’ approach that gained such influence in Rome doubtless owes much to the legacy of the fear Romans had for the foreign physicians who were treating them. It is far less easy for a physician to kill with a cold glass of water than it is for him to kill with a scalpel! Subsequent discussions of “good practice” in the early Empire owe a great deal to the legacy of Archagathos and Asklepiades, and it seem that theirs is the story used to frame the debate over standards of care in the Empire.

**Conclusions**

There was clearly a system in place to aid patients and Greek physicians in finding one another and mitigating damage to each other in treatment; unfortunately the system existed at the cultural level rather than the strictly legal level as modern systems do. This means that the system is difficult to reconstruct, and not that the system did not exist. The world of Roman imperial medicine was not the lawless free-for-all it is often
made out to be, but operated with a certain order and unwritten understanding between physician and patient. In a sense, patients had more power as well as more responsibility. In the ancient system, a patient was not bound by an HMO or an insurance policy, nor was he expected to consult a single physician if he could afford to see more. He could hire whomever he could afford and was expected to take responsibility for evaluating that person's survival record and level of ability. Although one could not sue for a breech of confidentiality or many other treatments with questionable ethics, one could ruin a physician by ruining his reputation. There would be no need to complain to a professional association, and conversely the physician had only himself and his patronus to fend off such accusations. When our doctors behave egregiously, they are stripped of their license and fined, for the most part. When an ancient doctor failed, he had to leave his home and find a new one where he could begin again, with the same result of a loss of patients, money, and connections. One is hard pressed to say which is worse.
CHAPTER 4
PERFECTING PRACTICE: DISSECTION, VIVISECTION, AND EXPERIMENTATION

In a system that requires both literary knowledge and practical ability of its successful physicians, the need arises for aspiring physicians to gain experience. It is one of the pressing problems of medicine in all eras that to be experienced enough to practice medicine, one must practice medicine without experience; it is the task of a system of medicine to mitigate the danger these students and young doctors pose to their patients and to their own reputations. Additionally, for physicians competing for the most wealthy and influential patients there is a need to be able to know what the competition does not know and to heal what the competition cannot heal. Both student and master physicians faced the ethical dilemma of finding patients upon whom it was safe to try new things, and the Roman beneficiaries of Greek advances in medicine were well aware of the dark side of medical virtuosity.

The opening of Plinius's 29th book of the *Naturalis Historia* has already been mentioned, since it gives one of the most negative and explicit statements of what Romans disliked about Greek physicians. One charge in particular stands out among the rest, and this chapter explore its veracity and implications.
They learn from our perils and conduct experiments through deaths, and only the physician has the greatest immunity in the murder of a man. Not only that – the fault transfers to the patient and [the doctor] accuses him of a lack of restraint and as a result the ones who died are blamed.

_Naturalis Historia_ 29.18

Of course, these charges cannot have been a fair representation of the state of medical practice in the Roman empire; nobody would have ever sought medical care at all! Clearly the law recognized and punished reckless behavior in the course of treatment, and any doctor who lost business on account of the mere suspicion of having committed medical murder would be the last to say he had escaped unpunished.\(^{137}\) The passage’s context lends it to exaggerate, as Plinius himself admits when he admits that his charges apply only to individual doctors and not to the _ars._\(^{138}\) His purpose is to urge his Roman readers to pay attention and discern the good from the bad, and perhaps also to educate them enough that they can do so accurately – _caveat emptor_. But such cautions would be pointless without some basis in reality, and Plinius does indeed back up his accusations with specific examples of one Imperial physician implicated in assassinations and other physicians charging exorbitant fees.\(^{139}\) Adultery too is part of Plinius’s charges, and it

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\(^{137}\) Certainly Quintus, Galenos’s mentor forced to leave Rome due to professional jealousy and charges of patient murder, would not say he got off Scott free. _On Prognosis_, trans. Nutton, 602 and the corresponding note on page 151.

\(^{138}\) _non sint artis ista, sed hominum H.N._ 29.21.

\(^{139}\) Eudemas alleged to have plotted with Livia the younger to poison Drusus, and Charmis and Alcons for the fees. _H.N._ 29.20.
seems that such suspicions were common enough to make their way into the Hippokratic Oath and this poem of Martialis:

Uxorem, Charideme, tuam scis ipse sinisque  
A medico futui. Vis sine febre mori.

You yourself know, Charides, that your wife is being screwed  
By a doctor and you allow it. You want to die without a fever. 6.31

It is impossible to say how often a physician used his profession to cover for adultery, though the insistence in some Hippokratic writers that sex was necessary for a woman's health could very well have bothered traditionalist Romans, who wished widows to remain *univira* and relied upon the chastity of Vestal virgins to protect Rome. Soranos's insistence on the healthiness of virginity for women marks a break with older medical thought, and if it reflects the general sentiment of Methodist physicians, it could have the added benefit for physicians of that school by calming Roman men suspicious of physician-prescribed intercourse.

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140 There is also the longer poem 11.71:

Hystericam vetulo se dixerat esse marito  
Et queritur futui Leda necesse sibi;  
Sed flens atque gemens tanti negat esse salutem  
Seque refert potius proposuisse mori.  
Vir rogat ut vivat, virides nec deserat annos,  
Et fieri quod iam non facit ipse sinit.  
Protinus accedunt medici medicaeque recedunt,  
Tollunturque pedes. O medicina gravis!

Leda told her aged husband she was hysterical  
And complained it was necessary for her to be screwed.  
But crying and groaning she denied her health was worth such a price  
And she decided that she would rather plan to die.  
Her husband begged her to live and not to desert her youthful years,  
And he allowed that which he couldn't do himself to happen.  
Immediately in come the doctors and the lady-doctors leave,  
And her feet are raised. O dire treatment!
As for the charge of experimentation, one cannot discount Plinius outright, for we know that Greek doctors not only conducted animal dissections and vivisections, but did so in public as a way of proving their skill – not only that, but there is some basis in saying that they conducted experiments upon the bodies of free Romans. This chapter will explore the boundaries of such activity, the extent of which is something of a mystery buried in Roman popular culture and some very pervasive tropes in their fiction concerning the vivisection of humans in the interests of science.

**Practicing the Practice of Medicine**

Any discussion of medical experimentation is incomplete without addressing the arena in which such experimentation is not only common, but necessary: the training of new doctors. Any medical system runs the risk of young doctors making ghastly mistakes while learning how to cut into patients and how to dose safely; this risk increases sharply in an ancient system where training is regulated by tradition rather than law and the methods of medicating and operating are imprecise and prone to failure. Young physicians must practice in order to become better doctors (perhaps why it is called ‘medical practice’), and it is this process that opens up the greatest possibility for patient mortality in any medical system.

Galenos is quite forthcoming about the process by which he gained his skills, and it is from this that we extrapolate the process as best we can. He studied four years in his late teens under a master, then traveled to complete his education. Finally, he took a job treating gladiators to perfect his art, and only then did he proceed to Rome and use his
skills in philosophy and medicine to rise to the top of his profession.  His is not the only evidence for the standard learning process: The Digest in its provision for the treatment of a doctor’s freedmen suggests that many physicians had slave-apprentices trained as much to assist the physician as to practice medicine on their own. Also, one poem of Martialis 5.9, in which a physician and his retinue of apprentices practice in much the same way Galenos indicates.

Doctors with a retinue of students wishing to poke and prod patients were a standard enough feature of medical practice to make an appearance in epigrams, and epigrams are not funny unless they reference a widely experienced reality. Without much in the way of hospitals (though they did exist), medical education worked in much the same way that training in other disciplines did; apprenticeship gradated with ascending levels of independence. There is some indication that medical societies existed that could ‘graduate’ students from the level of student to doctor in an informal manner, but this was hardly a formalized process. As Martalis attests (taken with the obligatory grain of salt), doctors could be made overnight from gladiators with just a little advertisement. Of course, as this poem indicates, one could just as easily be pushed out of the business when performing poorly as enter it:

141 D. E. Eichholz, “Galen and His Environment,” Greece Rome V. 20, No. 59, 1951. 60-71. This paper argues persuasively that Galenos’s experience was that usually given to free Greek physicians meant to serve the wealthiest clientèle.

142 D. 38.1.26, Alfenus Verus.

143 Martialis 1.30. The life of Asklepiades of Bithynia, who went from rhetor to physician when he found himself in need of repositioning, bears a certain real-world resemblance to this. The difference between rhetor and doctor is, perhaps, comparable to the distance between gladiator and doctors; in medicine as practiced by elites, philosophical knowledge would be very helpful in self-promotion and understanding medical theory, whereas a gladiator who would have a first-hand knowledge of the body and wounds would be in a decent position to offer services to his social peers for a fee when his freedom was won.
Nuper erat medicus, nunc est vispillo Diaulus:
Quod vispillo facit, fecerat et medicus.

Recently Diaulus was a doctor, now he is a grave-digger:
What he does as a grave-digger, he did also as a doctor.
Martialis 1.47

Galenos maintains that it was possible in large urban areas such as Rome for quacks to prey upon new victims due to the anonymity offered by a large city, though in the rhetorical context, one must be guarded about believing this without question. The high society of Rome was certainly too small for a complete incompetent to practice unchecked for long, and even the Equestrian ranks would be able to spread news of a poor medical experience by word of mouth. It is more than likely, though, that at the level of the middle class and below a doctor could, indeed, find new prey after a disastrous treatment, and the Digest certainly suggests that many were able to make money from dubious practices before they came under the Praetor’s attention.

It stands to reason that in a large urban area, doctors did indeed get away with murder once in a while. Even if they did not, Romans were afraid that they were, and had very little at their disposal to inform them of whether or not a doctor’s practice had actually lead to death or maiming. Works like Celsus’ would have helped educated consumers overcome this disability somewhat, but for most, there was only word-of-mouth, second opinions, and faith in the system and the Greeks who inhabited it. How these physicians got so good at cutting and dosing weighed upon the minds of even the most satisfied patients.

144 “On Examinations” 1.11-13.
Vivisection and Medical Boogeymen

Vivisection looms large in the popular culture surrounding Roman medicine, and has become a surprising trope in modern historical fiction. It is hinted at, for instance, in Lindsey Davis's *Saturnalia* in the hapless person of Cleander, who murders runaways and vagrants in a series of clandestine medical experiments, and is a key plot point of Francine Rivers's *A Voice in the Darkness* where the heroine is healed by a physician who vivisects mortally wounded arena victims. It is somewhat puzzling that such novels, which otherwise show a respectable degree of research and attention to historical detail, include situations which are not found in the surviving literature outside of a few isolated passages in Celsus and Tertullian and one particularly gruesome declamation. These passages have sparked a great deal of scholarly debate over the existence or non-existence of such a practice on human patients, and this section will review the debate and add a few thoughts on the topic.

The Roman sources that mention human vivisection are not discussing contemporary practice, but refer to Herophilos of Alexandria, an anatomist and physician of late 4th and early 3rd century B.C, and Erisistratos, a slightly younger contemporary. Celsus includes this assertion that these two physicians practiced vivisection in a larger paragraph concerning the usefulness of anatomy to medical practice:

> Ergo necessarium esse incidere corpora mortuorum, eorumque viscerataque intestina scrutari; longeque optime fecisse Herophilum et Erasistratum, qui nocentes homines ex regibus ex carcere acceptos vivos inciderint, considerarintque etiamnum spiritu remanente ea, quae natura ante clausisset, eorumque positum, colorum, figuram, magnitudinem, ordinem, duritiem, mollitiem, levorem, contactum, processus deinde singularum et recessus, et sive quid inseritur alteri,

sive quid partem alterius in se recipit: neque enim, cum dolor intus incidit, scire quid doleat eum, qui, qua parte quodque viscus intestinumve sit, non cognoverit neque curari id, quod aegrum est, posse ab eo, qui quid sit ignoret; et cum per volnus alicuius visceras patfactas sunt, eum, qui sanae cuiusque colorem partis ignoret, nescire quid integrum, quid corruptum sit; ita ne succurrere quidem posses corruptis. Aptiusque extrinsecus inponi remedia copertis interiorum et sedibus et figuris cognitaque eorum magnitudine; similesque omnia, quae posita supra sunt, rationes habere. Neque esse crudele, sicut plerique proponunt, hominum nocentium et horum quoque paucorum supplicis remedia populis innocentibus saeculorum omnium quaeri.

Therefore [the dogmatists claim] it is necessary to look into the bodies of the dead, and to take a look at their viscera and internal organs; by far Herophilos and Erasistratos did this best, who cut into guilty men while they were still alive who had been taken by the kings from prison, and perused while the breathe still remained in them those things which nature had before hidden, and examined their position, color, shape, size, arrangement, hardness, softness, smoothness, attachment, and the projections and depressions of each, and whether something was inserted into something else, whether some part received the part of another organ into itself: For when internal pain occurs, neither is it possible for one to learn what hurts the patient, unless he had acquainted himself with the position of each organ or intestine; nor can a diseased portion of the body be treated by one who does not know what that portion is. When a man's viscera are exposed in a wound, he who is ignorant of the color of a part in health may be unable to recognize which part is intact, and which part damaged; then he is not even able to come to the aid of the wounded portion. Nor is it a cruel thing, as many claim, to seek remedies for innocent people of all ages with the suffering of a few criminal people.

*De Medicina, Proem. 23-24*

Many other authors mention these physicians, but only Celsus (and later Tertullianus and some late commentators) link him to vivisection. Later authors seem to follow Celsus, though with new arguments against the practice and a slightly different order of facts, and so it is likely that Celsus is the source document for later attestations. It may be significant that these authors leave Erisistratos out of the picture: Iohannes Alexandrinus, Tertullianus, and Agnellus Ravennas mention only Herophilus. Plinius certainly

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146 Von Staden *Herophilus* 187-190 includes the relevant testimonia.

147 Ibid.
mentions Herophilos, but mentions other aspects of his practice, such as his classification of pulse rhythms\textsuperscript{148} and knowledge of pharmacy.\textsuperscript{149} Galenos in particular, who had access to the writings of Herophilos and quotes him often as an anatomist and dissector, makes no mention of any vivisections performed on humans.\textsuperscript{150} Much ink has been spilled by scholars of ancient medicine over this topic, and little in the way of consensus has been reached. Earlier arguments against Celsus's claim center around the absence of Galenos's testimony: indeed, this alone was enough to convince Charles Singer.\textsuperscript{151} Others cite the humanitarian nature of Greek philosophy or simply leave the issue untouched. Arguments for the practice are somewhat more prevalent since it is by and large easier to agree with a testimonium than not, and such practices are hardly unheard of in the 20\textsuperscript{th} Century, particularly in the Third Reich.\textsuperscript{152} More recently John Scarborough, Maud Gleason, and Heinrich Von Staden have presented more specific arguments relying upon close readings of the text and a careful consideration of the political and intellectual climate of Ptolemaic Alexandria.

Scarborough in his 1976 article on the relevant passage in Celsus argues that there is no way that as shrewd an anatomist as Herophilos could fail to notice the presence of blood in the arteries of a living person. Indeed, it is perplexing that such a thing would

\textsuperscript{148} \textit{H.N.} 11.219, 29.6.

\textsuperscript{149} Ibid. 25.58, 26.11.

\textsuperscript{150} Von Staden \textit{Herophilus} – in the many testimonia given by Galenos, there is much talk of dissection but none of vivisection.

\textsuperscript{151} Singer \textit{History of Anatomy} (New York: Dover Publications, 1957) 34-5. Though Singer is now outdated, his work framed later discussions and deserves mention in the context of the vivisection debate, since some still accept his argument.

\textsuperscript{152} There is a full discussion of this in Scarborough's “Celsus on Human Vivisection at Ptolemaic Alexandria” \textit{Clio Medica} (1976) 25-38.
not be noticed in a clinical context where a doctor would be almost guaranteed to
encounter a gushing artery the minute his scalpel hit one, and not the hissing escape of
the *pneuma* thought to be contained within. Anyone who witnesses an arterial spray
would be hard pressed to chalk such a phenomenon up to bruising of the arterial wall or
leakage from a nearby vein. Scarborough maintains that it is more likely that both
Herophilos and Erasistratos worked from cadavers, in whom the cessation of heartbeat
empties the blood from arteries to veins, leaving the arteries as more or less empty tubes.
If anything, the bloodless artery is proof of cadaver dissection over vivisection of any
kind. It is for this reason that Scarborough rejects vivisection in Ptolemaic Alexandria.

Heinrich von Staden takes a different view, though his final position is one of
*aporia* more than support for human vivisection. He cites the contravention of other
Greek customs at the time, most notably the taboo against incest famously flouted by the
Ptolemies, and the fact that Greeks (and Romans) were apparently quite comfortable with
the public torture of slaves when giving evidence in law courts and some fairly gruesome
methods of execution. Therefore, it is not enough to claim that Greek taboos were too
strong to allow the vivisection of criminals. As to Galenos's silence on the subject, Von
Staden rightly points out that without the full corpus of Galenos, an *argumentum ex
silentio* is even more suspect than it usually is. Added to this, the four or so centuries
separating Galenos from Herophilos, not to mention the three between him and Celsus,
make it likely that sources were lost and works were unavailable to later authors that
might have carried the evidence of vivisection. Finally, the argument Scarborough uses –
that human vivisection would not have yielded a model were arteries contain *pneuma* –

can be countered by the frequent capacity of observers to see what they expect to see, and not notice things which challenge basic assumptions. Erisistratos's insistence that blood coming from arteries is a result of seepage is a model of this in a sense; he saw blood coming from an artery and concocted an explanation that suited his theoretical foundations. To suggest that Eristatos and Herophilos, who refined and corrected past anatomical misunderstandings far more subtle than the presence of arterial blood, would have been unable to overcome cultural conditioning while observing a vivisection is, perhaps, a little more weak an argument than Von Staden lets on. Nevertheless, while he does not exactly endorse a belief in Herophilos's vivisectory experiments, he does (correctly) muddy the issue and point out just how difficult it is to rule on the matter with any certainty. It is far easier to prove that something did happen than to deny that it did when the surviving evidence is so very scanty and removed from the original context by culture, time, and sometimes language.

The ancients certainly had the means to vivisect, since we know that animal vivisections were conducted in public successfully enough, and there was enough knowledge of head injuries to be able to pith the subject while leaving the hind brain intact to preserve breathing and heartbeat. The only situation in which a live and conscious subject would be needed (or practical) would be in an exploration of neurology, where the subject would need to report their ability to perceive pain in various locations throughout the course of the ordeal. As Von Staden points out, Herophilos's work on the nerves and their connections to the spine and brain support such procedures,

154 Kuhn's Galen, 4.706, in an *in arteriis natura sanguis contineatur*.

155 Von Staden Herophilus 139-153.
and indeed are a slight argument in their favor, since it would be difficult to determine accurately the function of these structures in a dead patient. Also, such a procedure would allow the live subject to remain alive for the extended period of time necessary to conduct a thorough examination. Though Celsus locates the vivisectory activity in the abdomen and thorax, there is a smaller gap between vivisection of the spine and vivisection of the gut than there is between vivisection and no vivisection. Galenos's own animal vivisections included a demonstration of the nervous system in monkeys, in which he was able to stop and start the hapless creatures cries by ligating certain nerves. Such experiments were not only suited to vivisection, but also yielded fairly useful information in return for the excruciating pain inflicted. The knowledge of which vertebra connects to which nerve allows a physician to treat the root of pain that does not manifest in the area of injury, and the spine can be manipulated and operated upon without the same sort of risks for infection that, for instance, abdominal surgery carries. A physician who knows his nerves is a physician who can effect dramatic relief in patients suffering from spinal injury and paralysis, and therefore such experiments are both helpful and lucrative. Similarly, a live subject would be better able to demonstrate the action of superficial anatomy like muscle and sinew and thereby show a surgeon not only the position of the anatomy (as a cadaver would) but the way in which a particular muscle's failure would affect the movement of a limb. Such knowledge would be important diagnostically and would tell a surgeon where to cut when reattaching muscle, and where not to cut. Certainly Galenos gained knowledge through such a process with

156 Celsus de Medicina proem. 40 vivorum hominum alvu atque praecordia incidi.

live subjects when treating wounded gladiators, and Celsus himself suggests such experimental medicine on gladiators at *proem*. Vivisection in its ancient context is useless for learning thoracic anatomy since there was no way to make the lungs carry on breathing or maintain blood supply to the rest of the body without a heart. Such knowledge was not remotely useful for much more than prognosis in trauma until doctors were able to cool the body into hypothermic stasis in a controlled manner, and not reliably useful until the invention of the heart-lung machine. One need not even mention the fact that the lack of sanitary operating environments and an imperfect understanding of infection would lead to death if the patient by some miracle survived the operation. Vivisection in an ancient context is only useful for perfecting one's ability to repair and diagnose injuries to superficial structures (and then only vaguely useful compared to dissection), and is slightly more useful in neurology and an understanding of how trauma to the spine results in symptoms in other locations. This in no way diminishes the egregious cruelty involved in investigating nerve pain in a live, healthy subject – a cruelty readily apparent even to the ancients, whose sensibilities in that regard were less squeamish than our own. However, to understand the motivations that would move an

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159 In such a discussion one must mention the case of the slave with the chest wound that had failed to heal. Galenos excised the sternum and the patient was cured, according to (of course) Galenos. This still does not count as thoracic surgery, though, since the membranes lining the thoracic cavity would have remained intact during such a procedure. Had the membrane been punctured, pressure would be lost and the lungs would collapse; the fact that Galenos managed to remove the tough tissue of the sternum without puncturing this lining speaks to his skill with the knife as well as his experience in dissection, which would have taught him to avoid puncturing the underlying membrane. Skillful as this procedure was, all the surgical activity took place in the superficial structures of the chest. The only relevance thoracic vivisection would have would be to warn Galen not, under any circumstances, to puncture the membranes. Galen, Kuhn ed. 2.631-632.
anatomist such as Herophilos to attempt such things, one must also take into account the rationale and rewards that would induce him to move from healer to tormentor.

Maud Gleason addresses the topic of vivisection in her working article *Shock and Awe: The Performance Dimensions of Galenos's Anatomy Demonstrations*, and not only accepts Alexandrian vivisection, but speculates whether it was done in a performative context similar to Galenos's own animal vivisections. She mentions in passing a passage that gives a certain credulity to the concept of human 'vivisectory' situations even in Galenos's day, where victims of a plague of 'anthrax' were left with muscles exposed where skin had been eaten away and medical students instructed them to move in order to observe the structure of the muscles.\(^{160}\) This kind of 'opportunistic vivisection' as Gleason terms it is partially supported by Celsus's own text, which maintains that anatomy can be learned more ethically from accidental injuries:

\[
\text{Si quid tamen sit, quod adhuc spirante homine conspectu subiciatur, id saepe casum offerre curantibus.}
\]

If there is anything which a person presents to view while still breathing, that often offers an opportunity for those whom come across it.

*De Medicina, Proem. 43*

This argument narrows the gap between vivisection and practical experience considerably – more so even than the animal vivisectory demonstrations given by Galenos – and might also provide the basis for Roman anxieties about the motivations and morbid interests of the Greek doctors who did, at least in this instance, '*discunt periculis nostris.*' It says less about what Herophilos may or may not have done than it suggests incidents that may have fueled imperial Roman suspicions about their Greek physicians. Gleason's

\(^{160}\) Galenos in Kuhn 2.224-5.
discussion of the kind of vivisection known to be practiced gives the old “did they or
didn't they” argument over vivisection a new definition – exploratory surgery.

Perhaps the best (and more fruitful) approach to the question lies in a better
understanding of the source of the accusation of vivisection in the Greek medical
tradition. To Celsus when he discusses both Rational and Empiric views of vivisection,
human vivisection means opening the abdominal and thoracic cavity of a live subject, and
other vivisection procedures involving the spine and muscles are not mentioned
specifically.\(^{161}\) It is under this framework that he finally gives his own opinion, striking a
middle ground between Rationalist and Empiricist at proem. 74ff.

Igitur, ut ad propositum meum redeam, rationalem quidem puto medicinam esse
debere, instrui vero ab evidentibus causis, obscuris omnibus non ab cogitatione
artificis sed ab ipsa arte reiectis. Incidere autem vivorum corpora et crudele et
supervacuum est, mortuorum discentibus necessarium: nam positum et ordinem
nosse debent, quae cadaver melius quam vivus et vulneratus homo repraesentat.
Sed et cetera, quae modo in vivis cognosci possunt, in ipsis curationibus
vulneratorum paulo tardius sed aliquanto mitius usus ipse monstrabit.

Therefore, to return to my argument, I think that medicine ought to be
theoretical,\(^{162}\) but be informed by observable symptoms, and that all hidden
symptoms be removed from the practice itself, but not from the thought-process
of the practitioner. And while it is a cruel and completely pointless exercise to cut
into the bodies of live people, it is a necessary thing for students to cut into the
bodies of the dead: for they ought to know the position and arrangement, which a
dead body represents better than a live and wounded person. But even the rest of
it, which can only be learned in living subjects, practice itself will instruct the

\(^{161}\) Celsus proem. 23 frames the Rationalist pro-vivisection argument in terms of viscera (qua parte
quodque viscus intestinumve sit, non cognovert neque curari id... et cum per volnus alicuus viscera
patefacta sunt, eum, qui sanae cuiusque colorem partis ignoret, nescire quid integrum, quid corruptum
sit); at 40 the Empiricist rebuttal specifically defines vivisection as “ vivorum hominum alvu atque
praecordia incidi.”

\(^{162}\) “rationalem” in this instance is burdened with expressing two ideas that do not quite map. The first
refers to “theory,” and the second to those “qui rationalem medicinam profitentur,” or the Rationalist
doctors whose arguments are outlined starting at proem. 13. It is my belief that since Celsus rejects some
tenets of “Rationalist” medicine in this passage that “rationalem” should be understood as “theoretical
medicine” rather than “Rationalist medicine.”
doctor in the cures themselves of wounded people a little more slowly, but a good
deal more gently.

In this passage Celsus specifically echoes his recitation of Empiricist arguments against
vivisection, though he concedes the Rationalist need for anatomical knowledge and the
Rationalist and Methodist insistence on theory for the treatment of patients in certain
contexts. Incidere autem vivorum corpora et crudele et supervacuum est at 74 is similar
to supervacua esse tantummodo and vivorum hominum alvu atque praecordia incidi at
40, implying his agreement with the fuller argument against vivisection given in the
passage framing Empiricist arguments. Therefore to Celsus vivisection is specifically an
act of cutting into the chest and abdomen of a live human (animals are not even
mentioned), which patently results in the subject's death (rather than paralysis and
infection), and his rejection of vivisection in humans depends on the arguments outlined
in 40ff.

Atque ea quidem, de quibus est dictum, supervacua esse tantummodo: id vero,
quod restat, etiam crudele, vivorum hominum alvu atque praecordia incidi, et
salutis humanae praesidem artem non solum pestem alicui, sed hanc etiam
atrociissimam infebre; cum praesertim ex his, quae tanta violentia quaerantur, alia
non possint omnino cognosci, alia possint etiam sine scelere. Nam colorem,
levorem, mollitiem, duritiem, similiaque omnia non esse talia inciso corpore,
qualia integro fuerint, haec tamen metu, dolore, inedia, cruditate, lassitudine, mille aliis mediocribus adfectibus saepe mutentur;
multo magis veri simile esse interiora, quibus maior mollities, lux ipsa nova sit,
sub gravissimis vulneribus et ipsa trucidatione mutari. Neque quicquam esse
stultius, quam quale quidque vivo homine est, tale existimare esse moriente,
immo iam mortuo. Nam uterum quidem, qui minus ad rem pertineat, spirante
hymine posse diduci: simul atque vero ferrum ad praecordia accessit et discissum
transversum saeptum est, quod membrana quaedam est quae superiores partes ab
inferioribus diducit (διάφραγμα Graeci vocant), hominem animam protinus
amittere: ita mortui demum praecordia et viscus omne in conspectum latrocinantis
medici dari utique necesse est tale, quale mortui sit, non quale vivi fuit. Itaque
consequi medicum, ut hominem crudeler iugulet, non ut sciat, qualia vivi viscera
habeamus.
And those things which were just mentioned they (call) beyond pointless in such a manner: And truly, moreover, it is also a cruel thing, to cut into the abdomen and chest of live people, and it is an not only makes the art that is a guardian of human health a blight upon someone, and the most savage sort of blight at that; For especially when some of these things which are sought with such violence are either not able to be understood in full, or are able to be determined without committing a crime. For the color, smoothness, softness, hardness, and all things like that are not the same when the body is sliced into as when it was whole, because even when bodies are not cut into they are often changed by fear, pain, hunger, cruelty, fatigue, and a thousand other common conditions; how much more similarly the interior, which has greater softness and to which light itself is new, is changed under the impact of the gravest of wounds and the slaughter itself. Nor is anything more idiotic, than to think that if something is a certain way in a live person, that it is the same in a dying person, or more to the point, a dead person! For the uterus certainly, though less to the point, is able to be pushed downward in a breathing person: and likewise at the moment the knife pierces the thorax and the dividing partition has been cut, the membrane that divides the upper organs from the lower, which the Greeks call the 'diaphragm,' the person immediately loses his breath: and so all the thorax and the abdomen of a dead man is given up to the gaze of the medical murderer, just like it is in (any other) dead person, and not like it is in a live one. Therefore it follows that the doctor slaughters a man cruelly, not in order to know what sort of innards we live people have.

The key point of this argument rests on the idea not of the cruelty of human vivisection, though it is a factor, but on the futility (supervacuum) of the exercise in the first place. If Celsus were aware of the practical applications of vivisection in the case of nerves and muscles, his text does not acknowledge it, and if it did, it would directly undercut this argument, though not entirely since accidental injury would indeed reveal the treatment of the relevant areas “paulo tardius sed aliquanto mitius,” as his conclusion indicates. His choice of reasoning is a critical one since an argument of futility is a far more material one than cruelty. After all, many of the surgical procedures described in De Medicina would have been painful and caused prolonged suffering; indeed, an ability to
ignore the cries of the patient is the hallmark of Celsus's ideal surgeon. The line
between surgery and cruelty is the line between intent to heal and intent to harm, and the
intent to heal must be directed toward the patient at hand, and not to posterity. In this
way, Celsus's opinions reflect the critical factors involved in Roman law, where intent in
the moment of killing defines the difference between murder (and capital punishment)
and slaying, which carries milder consequences depending on the degree of fault.

Celsus's discussion of Roman medicine provides degrees of protection against
aspiring physicians overtly based on the likelihood that a person would be harmed and in
need of emergency medical intervention. However the groups he identifies are also
groups who would be least likely to afford legal representation or matter enough to
disturb the elite levels of Roman society. These groups are those who are ripe for (as
Gleason has it) "opportunistic vivisection":

Si quid tamen sit, quod adhuc spirante homine conspectu subiciatur, id saepe
casum offerre curantibus. Interdum enim gladiatorem in harena vel militem in acie
vel viatorem alatronibus exceptum sic vulnerari, ut eius interior aliqua pars
aperiatur, et in alio alia; ita sedem, positum, ordinem, figuram, similiaque alia
cognoscere prudentem medicum, non caedem sed sanitatem molientem, idque per
misericordiam discere, quod alii dira crudelitate cognorint.

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163 Celsus 7. proem. 4 Esse autem chirurgus debet ... animo intrepidus; misericors sic, ut sanari velit eum,
quel accept, non ut clamore eius motus vel magis quam res desiderat properet, vel minus quam necesse
est secre; sed perinde faciat omnia, ac si nullus ex vagitibus alterius affectus orient.

A surgeon ought to be … fearless of spirit; merciful to the point that he wishes to heal him [the patient], but
not so that he is moved by his [the patient's] shouting or that he hurry beyond the desired pace, or that he
cut less than is necessary; but from that point he should do everything as if no emotion were aroused by the
screams of another person.

For an overview of the challenges and methods available to the ancient surgeon (and the army surgeon in
particular) Ralph Jackson's “The Surgeon and the Army,” in Doctors and Diseases in the Roman Empire,

164 As was discussed at length in Chapter 2.

165 Maud Gleason also remarks at this in Shock and Awe, pp. 3.
If there is anything which a person presents to view while still breathing, that
often offers an opportunity for those whom come across it. For when a gladiator
in the arena or a soldier in the line of duty or a traveler waylaid by bandits is
wounded in such a manner that some part inside of him is laid open, and another
part in another person; in that way an alert physician can familiarize himself with
the location, position, order, shape, and other similar things while engaging in
healing rather than slaughter, and thus learn through an act of mercy, which others
have come to learn through dire cruelty.

_De Medicina, Proemium 43 f._

The gladiators are the most obvious candidates for this sort of activity since they are
victims of a state-sanctioned combat and legally marked for permissible death in their
“occupation.” Because they are enslaved, injury-prone, and require little 'hunting' to
find, they are the ideal practice patients. Galenos himself cut his medical teeth as a
physician to gladiators, and in many ways is representative of the kind of opportunity
such a post presented to an ambitious young doctor. One would have a paid post for a
fixed term, and one in which a high mortality rate was not only tolerated, but expected.
One could make youthful mistakes and test new treatments while learning anatomy from
a constant supply of bodies not only gravely woundedbodies, but wounds make by exotic
weapons or equally exotic animals. And if one did well (as Galenos claims to have
done) the skills and reputation gained could be used by the free physician to enhance
his reputation and gain patients of higher social status.

The inclusion of soldiers and wayfarers is far more problematic since these were
free persons (or potentially free in the case of travelers), and the bodies of free people had
much stronger protections from murder than did slaves, though paradoxically a slave's

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166 If one can, indeed, use the term “occupation” to describe the non-voluntary sort of profession a gladiator practiced.
167 He claimed no fatalities in his two-or-so years as gladiatorial physician. Scarborough _Galen and the Gladiators_, Galen ed. Kuhn 13.600.
death carried a higher financial liability. But here too the sorts of victims would be lower class, and therefore 'safe' for experimentation - officers had their own experienced physicians and the rank and file (who were most likely to be injured) were drawn from the poor and unconnected. It is highly likely that many physicians with an interest in surgery did indeed offer their services to the Roman army (Dioskourides was perhaps among them), and the opportunities presented would be in some ways superior to experience gained from the treatment of gladiators. Gladiators stayed in one place, while soldiers would be expected to move about, even if there were many semi-permanent castra that functioned as de-facto cities in the relative peace of the imperial period. On the border, though, a doctor would be able to glean valuable herbal knowledge from the natives and would have the opportunity to practice treating the same sorts of injuries over and over again. Military service also carried immunities for the doctor from litigation and foreclosure of his assets while abroad, which could be a valuable escape plan after a treatment gone wrong. As with gladiators, soldiers were expected to die; casualties were the norm that the doctors were meant to mitigate. In this instance, free bodies were voluntarily given to the state, and attempting to heal them was a merciful aversion of the expected outcome – not an experiment, but an act of mercy. Of course, for the soldier himself it may have been sometimes difficult to see it that way. Particularly when fighting foreigners, being treated by Greek-speaking physicians with their own agendas for their careers and reputations would have been rather off-putting, particularly when the result would be a removed limb or some kind of new surgery to close a gaping wound. Added to this, the fact that these soldiers, unlike private citizens, neither picked their
physicians nor had the wherewithal to refuse to be treated by the practitioners provided by the state, their experience of medical care would have been a daunting one, needing the sort of stoic fortitude required of a soldier.

As for the final group of people upon whom this limited form of experimental practice was allowed, the physician would be placed at a certain amount of risk in taking on such a case where social status was unknown and the victim may not have been found in a timely manner. Such cases were at least common enough to make their way into the well-known parable of the good Samaritan, where the victim was bypassed by a priest and a Levite before the Samaritan offered basic first aid. A doctor was not called in the parable, interestingly, but lodging and food were provided. At any rate, on a busy road one would expect to find a certain number of such hapless travelers, and so long as there was intent to heal, the doctor could gain experience in the same way as he could with gladiators and soldiers. However, since the population of travelers represented a cross-section of Roman society in which the victim was not the kind of sanctioned victim provided by the state, one could expect certain legal difficulties to arise. Here too, the most common victims (excepting Clodius Pulcher for the moment) would be those too poor to afford bodyguards and a retinue, or at least those in groups small enough to be attractive to brigands. Bandits may have preyed upon the wealthy, but the wealthy would have been able to prepare themselves: the plebeian on his way to his grandmother's farm with a bag full of gifts would be far easier to waylay. Again, the unintended consequence of defining acceptable practice subjects by likelihood of injury is to place the burden upon the poor lower classes.
It is in this respect that Celsus's attempt to define the best mitigation of medical learning fails; vivisection is cruel, but one could argue that being forced to practice by treating is even more cruel to a greater number of people. Modern systems have mitigated this danger by institutionalizing the process of mentorship current in the Roman empire, but the danger of inexperienced doctors to their trusting patients remain. Anyone who has experienced treatment at a teaching hospital knows the uncertainty and inefficiency of a treatment system run by the young and inexperienced, but there is no way to avoid the necessity of that stage in a physician's career. One could argue that the pool of impoverished students who submit to student dental care as a cost saving measure provide today's pool of Gladiators, soldiers, and wayfarers; Celsus's compromise is our own.

A more interesting question to ask of ancient human vivisection is why it was that Celsus - a Latin source - relates the activities of Herophilos and Erisistratos while Greek authors who mention him do not. A declamation of pseudo-Quintilian (traditionally numbered Quintilian 8) gives a clue to the phenomenon. In this declamation, twin boys are ill and a series of doctors despair for their lives. Then one doctor says that if he could vivisect one boy, the other could be cured. The father allows this and participates in the discussion, and the other boy lives. The mother then accuses the father of murder. The declamation argues only the mother’s case, and dwells in great detail on the father’s participation in the act of vivisection. The Greek physician craftily turns the (presumably) Roman father into a participant in the act of murdering his own child, slowing and painfully; logic and cleverness overwhelm the normal sentiments of the
paterfamilias and make him into a vivisecting Greek. It is this tendency of Greek cleverness to break down the very foundations of romanitas that stories of experimental human vivisection highlight; this is the anxiety of Cato and Plinius, certainly, and can be seen even in the proemium to De Medicina, where foreign lifestyles of luxury and indolence create the need for Hellenistic medicine in Rome. The horror-movie aspect of this declamation uses vivisection as a touch-point for confronting Roman fears about losing their pietas and very romanitas to the Greeks among them, and it is for this reason that rumors of human vivisection appear in Roman texts, but not in Greek medical testimonia. Greeks medical authors are not worried about whether or not they may slip into atrocities in the name of medicine, because they are not the foreign patients whose bodies are in danger from the scalpel of a curious intellectual.

**Dissection and the Purpose of Anatomy**

Celsus’ discussion of vivisection naturally includes the option of human dissection, a kinder alternative to vivisection, certainly, but not without its own problems in the eyes of the ancients. The mutilation of bodies was felt to be unacceptable in both Greek and Roman culture from Antigone onwards, though among the Romans, at least, this sort of postmortem mistreatment was institutionalized for executed criminals dragged off the Tarpeian rock with hooks or displayed in the Forum for citizens to mistreat, as was Cicero when Fulvia famously drove pins through his tongue.\(^{168}\) Even so, Celsus’ ambivalent stance on the question of human dissection, preferring live patients injured by mischance over that option, seems to have reflected the actually practice of dissection by

\(^{168}\) Dio 47.8.
Greek physicians in the Empire. Though Herophilus and Erisistratos do indeed seem to have used actual cadavers, other medical authors in antiquity from the Hippokratics to Galen and beyond reflect the anatomy of apes and pigs in their writings, and Galen indeed recommends these animals and others when he describes his dissections. The notable exception to this is Soranos, whose description of the female reproductive system avoids the mistakes of other anatomists entirely: ironic, since Soranos is notable for his dismissive attitude toward the usefulness of anatomical knowledge. He is of particular interest as an author of the imperial Roman period whose practice was in Rome; there is a possibility that his knowledge stemmed from his own dissections, and not from Alexandrian sources. His discussion cites Herophilus at 1.10, Themison at 1.15, and Diokles at 1.14, Herophilus favorably and Diokles not quite so much.

Διοκλης δὲ καὶ κοτυληδόνας καὶ πλεκτάνας καὶ κεραίας λεγομένας εἶναι φησιν ἐν τῇ εὐρυχορίᾳ τῆς ύστερας, αὐτίνες μαστοειδεῖς ἐκφύσεις ὑπάρχουσι πλατεῖαι μὲν κατὰ βάσιν, μείουροι δὲ κατὰ τὸ ἄκρον, ἐκατέρωθεν κεῖμεναι τῶν πλευρῶν, προνοητικῶς ὑπὸ τῆς φύσεως γεγεννημέναι χάριν τοῦ τὸ ἐμβρύον προμελετῶν τᾶς θηλᾶς τῶν μαστῶν ἐπισεζόθει. καταψεύδονται δὲ τῆς ἀνατομῆς (οὐχ εὐρίσκονται γὰρ αἱ κοτυληδόνες), καὶ ἀφυσικὸς ἔστιν ὁ περὶ αὐτῶν εἰσαγόμενος λόγος, ὦς ἐν τοῖς Περὶ ζωογονίας ὑπομνήμασιν ἀποδεδεικται.

And Diokles [says that] there are also things called suckers, and tentacles, and antennae in the cavity of the uterus, which are growths similar to breasts broad at the base, tapering at the tip, lying at either side of the uterus, generated generously by nature for the purpose of the embryo practicing how to such the nipples of the breasts. But they are proven to be fiction by dissection (for the suckers aren’t found), and the urban legend about them is contrary to nature, as is shown in the books on generation.

Gynecology 1.14

The phrasing here implies, though in no way explicitly supports, the notion that Soranos himself conducted dissections of cadavers, particularly if this “Περὶ ζωογονίας” is
his own work, and not a well-known tome of Herophilos. Certainly Soranos gives his source when using Herophilos elsewhere, and this would be a perfect time to bring the voices of other authorities into a discussion in order to buttress his point. Even if Π ε ρ ἶ ζ φ ο γ ο νίας were a lost work of Soranos, though, it still does not mean that it relied upon his own dissections. It could indeed be based on the more usual animal dissections as practiced by Galenos informed by earlier work on human uteri. However, the unapologetic acknowledgment of the existence of human dissection and the authoritative tone do lend a certain amount of credibility to the suspicion that Soranos may indeed have had the opportunity to view the inside of at least one human uterus. However, even this sort of knowledge need not imply dissection, for uteri prolapsed frequently in antiquity from frequent childbearing and there is some suggestion that attempts were made to remove them surgically.\textsuperscript{169} The insides of such organs could indeed be inspected without desecrating the body of a dead person, and in the context of surgery rather than vivisection (although, as has been shown, the two are not that far apart.) However, given the fact that such uteri were removed only in dire need when necrotic, the supply would have been limited and the quality of the organ quite low. Therefore, it is at least possible that when Soranos says that his information is obtained from dissection, he refers to dissections he conducted himself on female cadavers – a remarkable thing to find in a supply of gladiators and soldiers to be sure! To imply that he, a Greek physician in Rome, was dissecting the bodies of dead women in a culture of modesty where women’s bodies were subject to protections far more stringent than those of men is a rather bold move, particularly in a work aimed at an elite Roman audience. It is probably wishful

\textsuperscript{169} Gynecology 4.39.
Since we are about to reach the section on feminine hygiene, it is first necessary to discuss the structure of the womanly areas. Of these things some can be learned from direct observation, others from dissection. Since this practice is useless, nevertheless it is taken up for learning the subject completely, we will teach those things known from the practice. For we will easily be believed when we say that dissection is useless if we first have proven that we know about it, and we will not open up room for the accusation that we put aside something considered useful through ignorance of it.

Again, the passage is open to a great deal of interpretation. Is this ἀνατομή performed on animals or cadavers? Did he do it himself, or did he read the works of anatomists? Did he attend anatomical demonstrations, perhaps, or even perform them himself when making his reputation? His firm disapproval of the usefulness of the exercise might suggest that he did it but seldom, though many people do things that they consider to be pointless in order to advance their careers. Unfortunately, we cannot use Soranos in any way as an example of a cadaver dissector in Rome, though certainly Celsus’ discussion of the practice suggests that it would have been somewhat acceptable, at least in theory.

The fact remains that our explicit knowledge of dissection performed in the Roman empire comes from Galenos’s descriptions of animal dissection, and Galenos also specifically says that human dissection was not practiced in his day, a political and
cultural environment similar enough to Soranos’ that it would be unlikely for Soranos to have had cadavers when Galenos did not. Modern scholars are at times given to dismissing ancient claims that dissection is not a useful activity, but it may be helpful to consider the question. Given that ancient physicians got their knowledge from animals primarily and their ability to practice surgery did not extend with any reliability to the viscera and thorax, knowledge of where the stomach is located and what it looks like would be fairly useless in a clinical context. Likewise, one need not know much about bone names and structure to be able to set one properly, and there is only so much that can be done with muscle repair when risk of infection is so high. Knowing the location of nerves and how not to sever them (as Galenos points out) is the sort of thing best learned from dissection, but it can also be learned (as Celsus argues) in the course of treatment. In point of fact, from the point of view of the physician, it is far more instructive to learn from a patient whether a certain way of cutting and repairing works or does not work, and a live patient is far closer to the object on which the craft is practiced. One final point often overlooked in ancient dissections is the risk of sepsis, and the inability to preserve a dead body well enough to observe structures in it. There was a very real risk that the dissector would cut himself and expose himself to the bacteria that run rampant in dead bodies, to say nothing of the diseases from which the deceased had gotten to be deceased. Dissection was not only distasteful, it was dangerous and unsanitary, particularly given the population from which cadavers would have been culled.
Needless to say, knowledge of anatomy is more useful in a system of modern medicine, where patients have a much higher chance of surviving wounds with the aid of antibiotics and antibacterial hygiene. To an ancient practitioner, even a master of both pharmacy and surgery, the knowledge of the structure of the heart would indeed be of little use for more than perhaps identifying the source of pain during certain diseases. He could not operate on it, nor could he so much as open the chest to look at it without cutting off the patient’s ability to breathe. Some smaller success might be had with the bowel, and indeed when Cato the Younger disemboweled himself, a physician was on hand to replace the bowels and close the wound, presumably with every expectation of Cato’s survival. Unfortunately, Cato was determined enough to reopen the wound himself and complete his effort to commit suicide, and we will never know if a procedure so fraught with the danger of infection would have actually succeeded.\(^\text{170}\) It is no wonder that Soranos – a man whose work set standards for gynecological treatment and surgery well into the Middle Ages – found dissection to be of little relevance to a physician’s art.

There is one final reason why Romans may have found dissection to be inappropriate to physicians, and why Methodists (who eschewed the practice) found great popularity among Roman patients. As Maud Gleason argues in *Talking Corpses* and *Shock and Awe*, dissection as a form of performance art (and vivisection as well) is an expression of power and mastery. The physician demonstrates his superior knowledge and ability by his ability to manipulate a helpless body, and by doing so engages in a ‘truth contest’ parallel to the torture of a slave in order to extract testimony at a trial. The power to disfigure, mutilate, and otherwise mistreat a body is a power legally granted to

\(^{170}\) Appian *Civil Wars*, 2.99.
the state – only the state can order a person’s death legally in battle or as a criminal punishment, and the ways chosen to do that were often brutal, ostentatious, and creative. Similarly, the other context in which animals were killed publicly was in state-sanctioned sacrifice, where the priest’s actions were a sign of his divine authority, and his complicity with the state symbolized the state’s divine mandate to control. When a physician engages in an act of public dissection or vivisection, he assumes the appearance of the state’s legal and religious authority. A Greek physician acting in such a manner, then, positions himself as the state’s equal and presents a threat to the Romans who are unable to show as much mastery as he over the bodies of animals. Galenos in On Prognosis 1.8 names accusations of witchcraft as a common slander against physicians for their ability to prognosticate and dissect, and this was a serious charge, even in the Empire. The doctor’s power was a real one, and at its most disturbing when knives were involved; patients may not have liked having physicians more clever than they. The symbolism, while not overtly challenging, may have been sufficiently unsettling to put Romans off to the practice, and physicians wishing to ensure social safety may have done better by not alarming their patients with constantly cutting up dead animals. It is doubtful whether a Roman would phrase his anxiety in quite those terms, but one need not feel a fear consciously to be affected by it. It is likely that the Greekness of those wishing to dissect had as much to do with Roman objections to the practice as did the act of dissection itself.

What about testing drugs?

It was not only experiments with knives and bodies that worried Romans, of course. Non-Romans and experiments with drugs had a long history together, and more often the experiments were aimed at developing the perfect poison rather than the perfect cure. Kleopatra VII and Mithradates of Pontos, of course, bear the lion's share of this sort of poor publicity, Kleopatra for her alleged experiments on prisoners when finding the best methods for committing suicide,\(^\text{172}\) and Mithradates for testing his famous antidote. So pervasive were these legends that they made their way into Martialis's epigrams:

Profecit poto Mithridates saepe veneno  
Toxica ne possent saeva nocere sibi.  
Tu quoque cavisti cenando tam male semper  
Ne possis umquam, Cinna, perire fame.

Mithradates often immunized himself with poisoned drink  
so that savage toxins couldn't harm him.  
You also have taken care by always dining poorly  
that you, Cinna, will never be able to die from starvation.  
Martialis 5.76

What is remarkable is that in many respects Roman patients had more faith in medication than in surgery and were more or less content to take compounds before submitting to surgery.\(^\text{173}\) To be fair, one can hardly fault such a preference since there is something far more off putting about a knife than a potion. However, as Cossinus, the hapless *eques* who took *cantharides* internally and died, can attest, not all patients came out of a course of drugs unscathed. Though most laws concerning physicians in the *Digest* assume some


\(^{173}\) It does seem to be a general principle experienced by Roman patients that medication was to be used before surgery. Soranos certainly follows this approach as does Celsus, and lay authors such as Appian (Spanish wars 14.87) Plutarchos (*Perikles* 15.3) and Dio Cassius (52.26, 55.17, and 56.6) are so familiar with this order of treatment that they use it as similes for political and military situations.
sort of surgical error, some do acknowledge the danger of drugs, most notably D. 9.2.9 which uses the example of an *obstetrix* whose drug causes death to apply to other administers of poison and D.48.8.3.2-3 which indicates the medications considered most dangerous and attempts to control their sale. Experimentation with drugs is a subject that comes up but seldom in discussions of the source of various cures; it is assumed that most are found from visiting far-off areas and exchanging information with locals rather than trials on Roman patients. Take for example this passage from Plinius's 25th book, which covers the properties of pharmaceutical plants:

Ipsa quae nunc dicetur herbarum claritas, medicinae tantum gignente eas Tellure, in admirationem curae priscorum diligentiaeque animum agit. nihil ergo intemptatum inexpertumque illis fuit, nihil deinde occultatum quodque non prodesse posteris vellent, at nos elaborata iis abscondere ac supprimere cupimus et fraudare vitam etiam alienis bonis. ita certe recondunt qui paucu aliqua novere, invidentes alii, et neminem docere in auctoritatem scientiae est. tantum ab excogitandis novis ac iuvanda vita mores absunt, summumque opus ingeniorum diu iam hoc fuit, ut intra unumquemque recte facta veterum perirent. ... culmina quoque montium invita et solitudines abditas omnesque terrae fibras scrutati invenere, quid quaeque radix polleret, ad quos usus herbarum fila pertinrent, etiam quadripedum pabulo intacta ad salutis usus vertentes.

The fame of the herbs which are here set forth, such that Tellus brought forth for the purpose of medicine, drives my mind to admiration for the care and diligence of the ancients. For nothing was untried or unknown to them, and from there nothing was hidden that they did not want to benefit posterity. But we desire to steal their discoveries from them and suppress them, and also to deprive other people's interests from life. Thus certainly those who know some little tidbit horde it, envying others, and is it the essence of knowledge to instruct no-one into a state of authority. So much are are the customs removed from thinking up new things and assisting life, and for a long time now this has been the sole aim of ingenuity, that each and every one of them take the things done well by the ancients to their graves. ...[The ancients] sought out the forbidding peaks of mountains and hidden deserts and inspected all the fibres of the earth to find out

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174 Chapter 2 n. 13.
what each root had to offer, to what uses the stalks of grasses pertained, and also
turning those things left untouched by herds of beasts to the purpose of health.

_Naturalis Historia_ 25.1

This is the same author who accused Greek physicians of experimenting on Roman
patients and turning the _ars medicinae_ to their profit; why is experimentation with herbs
suddenly a thing to be desired? The answer lies in the subsequent chapters which tout the
many beneficial herbs of Italy and treat the writing of texts on the topic first among
Roman authors, then among Greeks. Cato the Elder and Caius Valgius are mentioned in
25.2, then Lenaeus in 25.3 as the triumphal captor of Mithradates's herblore. When the
Greeks are mentioned, they are blamed not for experimenting, but for keeping their
knowledge hidden in their language (_Haec erat antiqua medicina, quae tota migrabat in
_Graeciae linguas_, 25.6). The locus for new medicinal knowledge is not Greeks and their
cleverness but the opposite:

> sed quare non plures noscantur, causa est quod eas agrestes litterarumque ignari
experiuntur, ut qui soli inter illas vivant; praeterea securitas quaerendi obvia
medicorum turba. multis etiam inventis desunt nomina, ... turpissima causa
raritatis quod etiam qui sciunt demonstrare nolunt, tamquam ipsis periturum sit
quod tradiderint aliis. accedit ratio inventionis aniceps, quippe etiam in repertis
alias invenit casus, alias, ut vere dixerim, deus.

But the reason why not many are familiar [with herbs] is due to the fact that they
are tested by those country folk who are illiterate, since they are the only ones
who live among them; besides there is an apathy for learning about them with
such a gaggle of doctors close at hand. There are many herbs found that have no
names.... But the most disgraceful cause for the rarity of herbal knowledge is due
to the fact that even those who know about them are unwilling to share the
knowledge; as though it would be blotted from their minds if they were to pass on
the knowledge to others! In addition the method for finding cures is
unestablished, and certainly for the ones we do know about some are found
accidentally, others, to tell the truth, by an act of god.

_Naturalis Historia_ 25.16
Unlike surgery, herblore is a craft well in keeping with the *mos maiorum* and respectably practiced by Roman elite. Though poisoning is a foreign cousin of pharmacy, Romans such as Antonius Castor kept herb gardens and may have even experimented with new plants. It is less than clear that Plinius would approve of testing herbs on live patients; what he does say is that the ancients discovered them (he does not seem interested in how), rural people know a great deal about them, and that making inquiries among these experts is necessary to a Roman who wishes to understand medicine.

There are two authors on drugs whose work survives from the imperial period, and fortunately one writes in Latin and the other Greek. Dioskourides of Anazarba is a physician rooted firmly in the Greek tradition, though it is possible that he had some connection to the Roman army. It is true that he traveled a great deal, and his idea of pharmaceutical research is outlined at *proem. 1.5*:

\begin{quote}
παρακαλοῦμεν δὲ σὲ καὶ τοὺς ἐνεπνευμένους τοῖς ὑπομνήμασι μὴ τὴν ἐν λόγοις δύναμιν ἡμῶν σκοπεῖν, ἀλλὰ τὴν ἐν τοῖς πράγμασι μετ’ ἐμπειρίας ἐπιμέλειαν. μετά γὰρ πλείστης ἀκριβείας τὰ μὲν πλεῖστα δὲ ἀὑτοψίας γνώντες, τὰ δὲ ἐξ ἱστορίας τῆς παρὰ συμφώνου καὶ ἀνακρίσιως τῶν παρ’ ἐκάστοις ἐπιχειρών ἀκριμώσαντες πειρασόμεθα καὶ τῇ τάξει διαφόρῳ χρήσασθαι καὶ τὰ γένη κατὰ τὰς δυνάμεις ἐκάστου αὐτῶν ἀναγράψασθαι.
\end{quote}

But I beg you and those who read these writings not to look to the power of my words, but the study through experience I have in these matters. For with the greatest rigor I came to know the majority of the substances through first-hand knowledge, and the rest from reports agreeable to the majority, and through interviewing natives of the locations of each substance I will endeavor to make use of another arrangement and to write down the substances in accordance to the powers of each.

\footnote{Whether or not this garden was experimental depends on what is meant by “contemplari scientia” at *N.H. 25.9* The many herb gardens discovered in Pompeii and their connection to modern folk traditions is well established. Wilhelmina Feemster Jashemski *A Pompeian Herbal* (Austin, TX: University of Texas Press ) 1999.}
Dioskourides's method for drug research is in accordance with Plinius's, though this “ἐμπειρίας” probably does refer to actual treatments of actual patients. He does not make a great deal out of the fact that a newly discovered plant (or even a familiar one) needs to be observed working in live patients in order to be properly understood, and that is a healthy stance for a Greek author to take. A patient would far rather believe that his cure rests on the mistrials conducted among a host of anonymous ἐπιχωρίων than know that he himself is part of an ongoing investigation.

Scribonius Largus, active in the court of Claudius, is far more willing to engage in a discussion of pharmaceutical ethics. Rather puzzlingly, he includes a lengthy discussion of the necessity for pharmacy and in it suggests that many physicians practiced without any pharmaceutical knowledge whatsoever, and others simply thought it was not useful!

Therefore I do not understand why some exclude medicine from the practice of pharmacy, unless it is to cover their own laziness. For if they have no experience remedies of this kind, they can be fairly accused of being quite negligent in such a necessary part of the ars, and if they are indeed experienced in the use [of pharmacy], but they deny its usefulness, they are more to be blamed because the are caught in the act of hatred, an evil which ought to be despised with all one's heart, and particularly in doctors, for whom unless the heart is full of mercy and

176 Pellegrino and Pellegrino discuss these issues further in “A text of Scribonius Largus.” Literature and medicine, V.7, (1988).
humanity according to the calling of the profession itself, they ought to be despised by all the gods and hated by men.

Compositiones\textsuperscript{177}, Proem. 3

Such accusations are rather shocking in a medical system so dependent on medication; of the medical texts left to us, all include some form of medical treatment in addition to diet. If anything is lacking, it tends to be surgery, perhaps in keeping with the division in the Hippokratic Oath between medicine and 'cutting for the stone.' It may very well be that Scribonius is exaggerating for rhetorical effect in the context of a prologue. He was a doctor in the imperial household, as we know from the dedication to Kallistos and the mention of members of the imperial family, but it is uncertain just how well connected he was. It is likely that this work was written in an attempt to advance his career, and when doing so, one often is keen on detracting from the competition by insulting their knowledge relative to one's own. However, one cannot make such accusations without there being a grain of truth to them, and as J. S. Hamilton points out in his translation of the prologue, Pythagoreans in particular rejected the use of drugs.\textsuperscript{178} Certainly there was a distaste for complicated compounds: that was certainly a hallmark of Plinius's objections to Greek medicine in \textit{H.N.} 29.8, and since Scribonius is writing on such compounded drugs, it may be that his spirited defense is aimed at those who find complicated medicine to be an artifact of Greek over-cleverness.

\textsuperscript{177} Compositiones, as the title suggests, is a book of pharmaceutical recipes for compound drugs.

Scribonius makes one rather cryptic remark with regards to possible testing of medications on live subjects at *proem. 2*:

> Quamobrem spernendi quidem sunt, qui medicinam spoliare temptant usu medicamentorum, non a medendo, sed a potentia effectuque medicamentorum ita appellatam, probandi autem, qui omni modo succurrere periclitantibus student.

For which reason those people must be shunned who attempt to despoil medicine by the use of drugs, not by healing, but by testing so-called drugs’ power and effect on those dangerously ill patients whom they are desperate to aid in every manner.

This suggests, if not proves, that there were some physicians who would test new medications on desperate patients – hardly a surprising event when nothing else has worked. It is clear that Scribonious disapproves of such tactics, though he declines to give his reasons: Scribonius is more fond of impassioned rhetoric at times than clear argument. Be that as it may, this is our best indication that some form of medical testing was carried out in the Roman empire, and that such activities were not approved by Romans, if Scribonius the Sicilian could be rightly termed a Roman coming from a rather Hellenized area of the core provinces of Rome.

Though the testing of drugs was not experienced with quite so much horror as the testing of surgery, it is clear that the fear of poisoning at the hands of medical professionals was thought to be a danger. However, apart from Cossinus's physician and the *obstetrix* in the *Digest*, most of these poisonings are deliberate acts motivated by political corruption at the instigation of an evil employer rather than the byproduct of a cold-blooded search for knowledge. In a way, it is more comforting to believe that a doctor will poison deliberately, because it is far more frightening to think that anyone...
might be poisoned accidentally by a doctor attempting to heal. There are several instances in which a doctor, rather than poisoning as requested, instead is so masterful that he is able to give the appearance of death: this trope features in the novel *Chaereas and Kallirhoe*, the tale of the lovesick stepmother in *The Golden Ass*, and in a historical episode given in both Plutarchos’s *Caesar* 34 and Suetonius *Nero* 2 where Domitian’s physician gives his patient a sleeping draught instead of the poison requested, earning his patient's gratitude when he awakens with a change of heart. Romans submitted to pharmaceutical care far more frequently than they went under the knife; it is hardly surprising that a partial blind-spot was reserved for the very real danger of drug-induced mishaps. This was one area in which Roman patients were willing to believe the best about the Greeks who cared for them, and forms a bright spot in the midst of a dark night of mistrust and xenophobia.

**Conclusions**

It is more than likely that Plinius's charge that Greek doctors experimented on their Roman patients is based on a reasonable amount of truth, though the situation is not nearly so dire as he makes it out to be. Clearly the physicians themselves were willing to address the ethical dilemmas posed by questions of dissection and vivisection, indicating an awareness of the problems they would make for themselves by engaging in such acts. The realities of medical practice (indeed, in the very word 'practice') necessitate a certain amount of experimentation in order for any progress to be made in the art at all, and this is nowhere more clear than in the necessary fumblings of a new physician learning his
craft. In a sense, every patient is an experiment, a new problem similar to others, but with a unique history and a new potential for disaster. It is, however, unlikely that ancient physicians maintained the same level of research that modern physicians do. There were no organized systems for acquiring cadavers, no expectation that every medical student would be trained in anatomy, and no recognized system for testing new drugs. Doctors who tried something new risked their very lives, not only their careers. It is likely that more patients met the fate of this woman mentioned in Celsus's *De Medicina Proem.* 49-50 who died from a gangrenous prolapsed uterus while physicians stood by. Here Celsus puts his finger on the drawback to excluding experimentation from medical practice: without experimentation, there is no advancement, and without advancement, people die. As always in medicine, one must weigh the cost of life involved in experimentation against the rewards of advancement, and then weigh the options for compromising between the two. For the Romans, it seems that their wariness of Greeks with knives caused them to choose a more cautious path than has modern science, and the structure of their society guaranteed that those most likely to suffer from what experimentation went on were the poor, soldiers already in danger, slaves, and foreigners. Lest modern historians take this as an opportunity to belittle the choice made by the ancients, one need only look to the Holocaust, Tuskegee, and the current health-care financing crisis in the United States to find instances where so called 'enlightened' cultures have done far worse at protecting the innocent from doctors whose thirst for knowledge and medical prowess overcomes their greater debt to humanity. We have authors such as the Hippokratics, Scribonius, Celsus, Plinius, Galenos, and Soranos (to
name a few) to thank for taking the first steps down a road we still negotiate between humanity and scientific barbarism. Our debt to Roman society for beginning to address these issues is a great one, and their debate is less removed from our own than the two-thousand year gap would lead one to believe.
Reproductive issues have been a fertile ground for explosive debate as long as there have been humans reproducing. The great risk posed to the mother – particularly in ancient contexts where women were very unlikely to survive a Cesarean section – was by itself enough to encourage the manipulation of fertility for fear of one's life. Conversely, in cultural contexts where fertility gave a woman status and clout through the presumed gratitude of her husband and the influence of her children and a large family assured aged parents of support in their old age, women who had difficulty conceiving would turn to folklore and formal medicine in order to produce more live births and improve their social standing. One cannot exclude men's motivations from a discussion of the regulation of procreation either, since they would have to support the family produced by their wives and to deal with the consequences of children produced outside of legitimate marriage. They benefited from having male heirs and daughters who could be used to cement political alliances, but they also would put the family holdings at risk by having too many children and thus dividing the estate.
Then as now, the locus for controlling fertility was primarily the woman's body, though there were regimens for men wishing to father boys over girls and healthier children. This chapter will focus on the role of Greek physicians in the controlling of Roman fertility and the ethical dilemmas posed to them in the clash between philosophical stances and real world experience. I will merely touch on the experiences of the men and women who (for whatever reason) controlled (or were made to control) their fertility since that is a topic worthy of volumes and cannot be properly addressed within the scope of a single chapter.

It is hardly surprising that few scholars have dared to touch the topic of abortion in the ancient world, since the issue is still one of the most sensitive and heart-wrenching debates carried on in modern society. The introduction of safer methods of birth control and abortion have done little to change the vehemence of the debate, or even the essence of the contention. We no longer speak of “defrauding the husband of his heirs” or “lessening the value of a female slave,” but we are no closer to answering the question of when personhood begins, even with our minutely detailed knowledge of the physical process of gestation. The question of the meaning and origin (and existence) of the soul is one that science, then as now, cannot answer.

There has been some recent work on the topic of abortion in antiquity, most notably Nardi's *Procurato Aborto*, which is outstanding for the completeness of its testimonia if not for the complexity of the argument, and Konstantinos Kaparis's *Abortion in the Ancient World*, which thankfully deviates from its stated focus on fifth century B.C. Greece to cover the development of the discourse surrounding abortion well.

179 The Hippokratic treatise *On Generation* contains such regimens.
into the late Roman empire. Kapparis does an outstanding job of treating a difficult topic with the complexity, sensitivity, and compassion that it deserves and highlights the essential components in any decision to abort a pregnancy – the pressures of society, the medical debate, the factors involved in the woman's decision and experience, and the man's feelings, reactions, and agency. The chapter will begin by expanding upon abortion in its Roman context with specific reference to the doctors involved in such procedures and proceed to the role of physicians in the prescription of contraceptives, which have been thankfully studied in great detail by Riddle in *Contraception and Abortion from the Ancient World to the Renaissance*, and include the often overlooked issue of male fertility/ masculinity involved in castration in Imperial Rome. Finally, I will examine ancient reproductive treatment in its positive sense by an exploration of prenatal and early childhood care in Soranos's *Gynecology*. It is the object of this chapter to highlight the Greek-speaking physician’s role in the process of fertility control and to tease out the political dynamics lurking beneath his participation in practices that were both officially condemned and privately demanded.

**Female Patients, Female Doctors**

Any examination of reproductive medicine in ancient Rome would be incomplete without a discussion of the female physicians who were primarily responsible for the treatment and therapy of women. Rebecca Flemming rightly points out that it is difficult to tease out a difference between a *medica* and an *obstetrix*; Galenos and Soranos certainly give to their *maiai/ obstetrices* the same range of treatment and education that a
male physician would have, and legally these women had access to the same protections as their male counterparts, and even some of the same privileges.\textsuperscript{180} The only difference between a \textit{medica} and a \textit{medicus} is in the clientèle and access to opportunity and training: women treated women as a rule, and men could be called in to take over when the case became too perilous.\textsuperscript{181} We know of at least one \textit{medica}, Metilia Donata, who became wealthy enough to act as a civic donor.\textsuperscript{182} It is uncertain whether these women would be Greek, or from what social class they would be drawn. Soranos's own stipulations give a few suggestions; along with certain physical characteristics, intelligence, confidentiality, sobriety, incorruptibility, and soft hands, there are these two passages:

\begin{quote}
Εὐχρηστος μὲν ὁ λόγος πρὸς τὸ μῆν διὰ κενὴς πονεῖν καὶ τὰς ἀνεπτιθείσιν διδάξαι προσδεχομένοις ἐπιτηδείος δὲ ἢ ἔστιν ἢ γραμμάτων ἔντος, ἄγχινους, μνήμην, φιλόπονος, κόσμιος καὶ κατὰ τὸ κοίνὸν ἀπαρεμπόδιστος ταῖς αισθήσεσιν, ἀρτιμελῆς, εὐθυνος, ὑς δὲ ἐνοι λέγουσιν καὶ μακροῦς καὶ λεπτοὺς ἔχουσα καὶ τοὺς τῶν χειρῶν δακτύλους καὶ ὑπεσταλκότας ταῖς ῥαξίν τοὺς ὀνύχας. γραμμάτων μὲν ἔντος [εἰναι], ἵνα καὶ διὰ θεωρίας τὴν τέχνην ἱσχύῃ παραλαβεῖν ἄγχινους δὲ πρὸς τὸ ῥῆδως τοῖς λεγομένοις καὶ γνωμονικοῖς παρακολουθεῖν. μνήμην δὲ, ἵνα καὶ τῶν παραδομένων ὑποκρατῆς μαθημάτων (μάθησις γὰρ μνήμης γίνεται [καὶ] καταλήψεως) φιλόπονος δὲ πρὸς τὸ ἐπιμένειν τοῖς συμβεβηκόσι [δεῖ γὰρ ἰναι ἡνδρῶδους τληπαθείας τῇ βουλομένῃ τοιούτῳ μάθημα παραλαβεῖν]

...ἄριστην δὲ τὴν προσελθοῦσαν τι καὶ πρὸς ταῖς προστασίας ἐν τοῖς θεωρήμασιν πολὺπειρον. μερικῶτερον δὲ λέγωμεν ἄριστην μάλιστα τὴν γεγομνασμένην ἐν ἀξίς τοῖς μέρεσιν τῆς θεραπείας (τὰ μὲν γὰρ διατίθεσθαι δεῖ, τὸ δὲ χειρουργῆσαι, τὰ δὲ ψαρμάκοις διορθώσασθαι).
\end{quote}

The passage is of use to prevent fruitless work and the teaching of unfit person too accommodatingly. A suitable person will be literate, with her wits about her, possessed of a god memory, loving work, respectable and generally not unduly handicapped as regards her senses, sound of limb, robust, and, according to some people, endowed with long slim fingers and short nails at her fingertips. She

\textsuperscript{180}Flemming, \textit{Medicine and the Making of the Roman Woman} 35-36.

\textsuperscript{181}As happens with Boethius' wife in \textit{On Examination} 13.6-7, for instance.

\textsuperscript{182}App. 2, no. 14., Flemming 36.
must be literate in order to be able to comprehend the art through theory too; she must have her wits about her so that she may easily follow what is said and what is happening; she must have a good memory to retain the imparted instructions (for knowledge arises from memory of what has been grasped). She must love work in order to persevere through all vicissitudes (for a woman who wishes to acquire such vast knowledge needs manly patience).

But [we call her] the best *obstetrix* if she goes further and in addition to her management of cases is well versed in theory. And more particularly, we call a person the best *obstetrix* if she is trained in all branches of therapy (for some cases must be treated by diet, others by surgery, while still others must be cured by drugs)...

Soranos *Gynecology* 1.3.2-3 and 1.4.2

The emphasis on work probably excludes elite Roman matrons, and indeed it is difficult to imagine wealthy women putting in the hours necessary to maintain the sort of all-encompassing practices that *obstetrices* carried on, let alone seeking employment of any kind. Indeed, Soranos frames the entire question in terms of picking those worth training, which suggests a situation like that found in the *Digest*, where a doctor acquires a slave for the purpose of training him or her to practice medicine. In this scenario, the *obstetrix* is either a freedwoman operating on her own (possibly with her own slave-apprentices) or the property of another physician, possibly a male physician supervising the treatment at a remove. She could also be a free Greek woman, though there is no evidence to suggest that Greek women went to Rome in search of medical ascendancy in the same way that their men did. When Galenos mentions such women, there seem to be no trainers or handlers present, but he tends to be uninterested in telling his readers about the *obstetrices* unless they are obeying his orders, or he sees an opportunity to point out their mistakes. Soranos's *obstetrix* is most definitely an intelligent woman, and must be fluent in Greek; the literature and theory he intends her to read would be written in Greek, and
she would be trained by her Greek-speaking master/physician. Indeed, she is for all intents and purposes a functioning physician in her own right, prescribing therapy, diet, and surgery just as a male physician would. The only difference is that she is meant to confine her practice to other women within an environment of modesty and (potentially) no men.

This provides great potential for women to conspire to limit or increase births without reference to the *paterfamilias*; certainly Soranos addresses this obliquely when he emphasizes the necessity for the potential *obstetrix's* moral character in the face of requests for lucrative abortions. However, the alternative of a male physician having access to his wife and daughters' bodies was felt to be the greater of the two evils, as comments made in epigrams of Martialis show, and from the wife's point of view, it was better to suffer than to subject herself to the scrutiny of male physicians. The compromise of the *obstetrix-medica* allowed the preservation of *pudicitia*, though it did little to curb the danger of Greeks in proximity to Roman pregnancies. However, the system provided upward mobility to the *obstetrix* and more comfortable treatment for Roman women, and in the process granted intelligent women the sort of prestige and occupation that they would not again achieve until women were allowed to attend medical schools in the 1800s. True, *obstetrices* confined their practice to female patients, but within those confines they were respected (even by Galenos on occasion, who seems to respect few of his male colleagues, let alone the *maiai* with whom he entrusts elements of his female patients' care), they did far more than the midwives of the intervening

183 *Gynecology* 1.3.

184 As was the case with Boethius' wife in Galenos's *On Examination* 13.6-7.
centuries in terms of general practice and care outside of childbirth, and their female patients trusted and relied upon them in a way female patients of the 19th and early 20th centuries relied upon male over female doctors. These women were by no means their male colleagues' equals, but they were definitely empowered within their domain in a real and significant fashion.

**Abortion**

To say that abortion was a concern to elite Romans of the empire would be an understatement. If anything, the concern about *sterilitas* and *abortio* becomes increasingly prominent from the first century B.C. to the second century A.D. This is not to say that older Latin authors did not know about such things, but authors of the imperial period dwell upon the topic and bring it up far more frequently. One must be cautious in making these comparisons of course; the very nature of the corpus means that we have more sources from later periods (particularly Augustan Rome), and it may simply be the case that older works in which abortion is discussed have been lost. However, given the existing works, there is a trend from Lucretius to Plinius of increasing concern with sterility and abortion. The oldest mentions of abortion in Latin literature occur in Plautus's *Truculentus* at verse 201 and Terrentius's *Hecyra* at verse 398. Given the prevalence of abortion in the Greek world from which these plays were derived, it is not so much surprising that abortion comes up, but that it comes up only twice in a reasonable number of surviving plays that tend to involve scenarios of unplanned pregnancy and prostitution. Lucretius uses “*abortu*” at 5.1243 not about women, but in the context of a discussion of why some men are unable to impregnate women: a
discussion, one might add, in which the possibility that the woman may be employing contraception or abortion is not mentioned. Cicero in *pro Cluentio* discusses a scenario in which a woman accepts money to induce an abortion in the contexts of other misdeeds perpetuated by Oppianicus.

The later works in the corpus are far less reticent. Horatius mentions it in a mythological context at *Sermones* 1.3. 46, Ovidius devotes a pair of poems to the subject at *Amores* 2.13 and 14, mentions it at *De Nuce* 22-23 and includes a description of a failed abortion at *Heroides* 11.39-46. Seneca the Elder treats the topic briefly in *Controversia* 2.5.2 and praises his mother Helvia for not aborting children, a point that resonates with Soranos's prohibition against abortion for the sake of beauty. Apparently, such abortions were, if not commonly performed, a common worry among men of the empire. When Nero needed to trump up a charge against his inconvenient wife Octavia, he accused her of procuring an abortion (*Tactius Annales* 14.63). But where the increasing worry about sterility shows best in the literary record (leaving aside various legislation aimed at increasing birthrates) is between Cato the Elder and Varro and Plinius. Cato's *De Agri Cultura* mentions neither *sterilitas* nor *abortio/ abortivus* and Varro (though he uses *sterilis*) likewise does not include *abortivus*; Plinius mentions both in the same context of farming, plants, and livestock: *abortio* and its cognates appear at 8.172.1, 8.188.5, 8.201.1, 11.50.4, 12.13.2, 14.110.6, 16.95.10, 25.112.4, and 28.32.2, a list that excludes many other mentions of *abortio* in the context of human abortion, foreign marvels, and other such things beyond the scope of Cato and Varro's subject matter. That Roman authors of the imperial period were pre-occupied with reproductive
issues is clear, and one hardly needs to reiterate the oft-cited measures put in place by the state to correct declining birthrates.

The question of why and how birthrates declined in the Empire has been thoroughly covered in other scholarship.\(^{185}\) This project is focused on the differing attitudes of the Latin sources on abortion to the Greek and the specific situations a Greek physician would face when practicing among her female patients.\(^{186}\) Also, even though exposure can be classed with abortion as a form of ancient birth control, from the perspective of the physician it is an act of killing an individual rather than the ending of a potential person. For this reason, I have chosen to include it under physician-assisted killing in the next chapter. Latin sources – including Ovidius, whose persona deliberately eschews Augustan moral norms – tend to be pro-natal, accusing women who procure abortion of loose morals and vanity,\(^{187}\) while Greek sources (Primarily Soranos in this case) are cautiously willing to abort in certain circumstances. It is admittedly difficult at times to tease out the difference in both Latin and Greek sources between miscarriage and induced abortion because the same words are used for both. Also, the mere fact that a given author mentions a substance that can cause abortion does not necessarily indicate that the author condones its use for abortion; one can just as easily avoid stepping over

\(^{185}\) Riddle *Contraception and abortion from the ancient world to the Renaissance*, and Bruce Frier's "Natural Fertility and Family Limitation in Roman Marriage."

\(^{186}\) Due to the fact that the physician in these situations would almost always be an *obstetrix* and not a *medicus*, I use the female pronoun. True, male physicians would have been asked to provide abortions as well as female, but in this case, the statistical balance is overwhelmingly in favor of the *medicae*. I am sure the gentlemen will allow one chapter full of “she” in a vast sea of “he”.

\(^{187}\) Soranos *Gynecology* 1.60, Ovidius *De Nuce* 22-23, Seneca *Ad Helviam Matrem* 16.3 for instance.
vipers when pregnant as one can go out and find vipers in an effort not to be pregnant.\textsuperscript{188}

Many have faulted Plinius for his stated refusal to include abortifacients in his \textit{Naturalis Historia} (\textit{ego nec abortiva dico ac ne amatoria quidem}, 25.25.3) next to his many entries of abortifacient substances. However, most of these are either neutral statements of information useful to avoid miscarriage or explicit warnings, and none gives detailed instructions that could be used in an abortion. When there is mention of deliberately induced abortion, there is concomitant condemnation of those who do so as disreputable women.\textsuperscript{189} There is also an interesting correlation elsewhere between love-potions and abortion:

\begin{quote}
Qui abortionis aut amatorium poculum dant, etsi dolo non faciant, tamen quia mali exempli res est, humiliores in metallum, honestiores in insulam amissa parte bonorum relegantur. \\
They who give a draught of abortifacient or love-potion, even if they do not do it without the knowledge of the imbiber, nevertheless due to the fact that the action is a bad example, let the less elite be sent to the mines, the more elite to an island far away from the company of good people.
\end{quote}

\textit{Digest} 48.10.38.5, Paulus

Both treatments produce a result that (presumably) compromises the needs of the State; abortion defrauds men of their children and love-potions deprive Roman men of their ability to choose appropriate sexual partners. In both instances, there is a subversion of male power to female domination in a sense, and perhaps that is why the two kinds of drug keep company with one another.

\textsuperscript{188} Plinius \textit{H.N.} 30.129.4 claims that women who step over vipers miscarry; one can imagine that they miscarry right before they die of snakebite.

\textsuperscript{189} For instance \textit{N.H.} 28.70 - scelera abortus, mensum piacula quaeque alia non obstetrices modo, verum etiam ipsae meretrices prodidere.
Most discussions of abortion in the ancient world (including ancient sources) assume that abortion is something a woman does of her own volition and in defiance of the father's wishes. However, as Kapparis discusses on page 162 of *Abortion in the Ancient World*, there was at least one situation in which a woman was forced into an abortion. Julia, the daughter of the emperor Titus, was forced by her uncle and lover (rapist?) Domitian to undergo a series of abortions until she finally died of one.\textsuperscript{190} Kapparis points out that the law was much harsher to the adulterer than the adulteress, and it is almost certain that such men would be likely to apply pressure upon the woman to abort rather than to expose the father. It is very likely that domestic abuse was a regular feature of these women's lives, which were tightly controlled and circumscribed at the highest levels of society. One must wonder how many of them sought abortion in order to exact an amount of control over their own circumstances or to strike back at an abusive husband.

And how did the Greek physician fit into this milieu? The best source and most frank discussion of the physician's role in induced abortion is, of course, Soranos's *Gynecology*, which includes a section on whether abortion should be induced, in what circumstances, and how. The effectiveness of the procedures discussed in the *Gynecology* has been discussed at length by Riddle and Kapparis, and it is likely that the medications and manipulative methods used would indeed be effective, though as Kapparis points out, the woman would have to be very determined and would likewise be in great physical danger, even if she eschewed the surgical options that Soranos rejects.

\textsuperscript{190} Iuvenalis *Satires* 2.36-40, Plinius *Epistulae* 4.11.6; Suetonius *Domitian* 22.
due to the danger of puncturing the uterus. Ovidius speaks best both to the riskiness of the procedures and the failure rate. In Amores 2.13 and 14 Corinna nearly dies from an abortion induced preserve her body's beauty (Scilicet, ut careat rugarum crimine venter, 2.14.7), and at Heroides 11.39-46 Candace laments in frustration that the child was too strong to be aborted (A, nimium vivax admotis restitit infans/ Artibus et tecto tutus ab hoste fuit!) Clearly there was nothing casual or certain about aborting in antiquity, but Soranos's text entirely fails to address the issue of how to manage an abortion gone wrong. It is rather difficult to imagine how such a discussion might proceed, since it is difficult enough to advocate abortion without then proceeding to undercut one's authority by admitting that the procedure might fail; Greek physicians were nothing if not confident in their literary personae. However, it is likely that many women succumbed to the dangers of abortion (just as many succumbed to the dangers of childbirth) and that just as many found to their dismay (and possibly their peril at the hands of their husbands, brothers, and economic circumstances) that their efforts were insufficient to produce an abortion.

Soranos's discussion of the ethics of abortion hinges on his disagreement with the Hippokratic oath, a document over which much ink has been spilled since it fails to reflect other Hippokratic treatises' ethics and is not referenced by any other source until it appears in Scribonius Largus in the time of Claudius. One could indeed see an

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192 The issues surrounding the dating and circumstances of the Oath's composition are discussed in Edelstein's “The Hippocratic Oath: Text, Translation, Interpretation,” questioned by Oswei Temkin in "On Second Thought." Most modern scholars – including Heinrich von Staden (in his keynote address to the Colloquium Hippocraticum in Austin, 2008) – feel the Oath is consistent with the language of other Hippokratic texts and dates somewhere between the 4th and 3rd century BC. I tend to agree with the
interesting coincidence that the Oath – which prohibits the application of “γυνακί
πεσσόν φθόριον” - surfaces in Roman sources as an authoritative reflection of
Hippokratic ethics. In an environment in which Greek doctors were seeking legitimacy
as a trusted part of a society that did not trust Greeks, adherence to an oath that prohibited
aborting Roman children, giving people poison, and molesting any member of a patient's
household would go a long way towards building trust. This is by no means meant as a
suggestion that the Oath was invented by Greek doctors in Rome; rather, a text that
garnered less attention in Greece became far more useful for doctors in Rome seeking to
gain trust and respect. Soranos's opposition to this section of the Oath are interesting
inasmuch as by doing so, he favors his construction of what is healthy for a woman over
what the culture in which he operated officially rejected:

οἶ δὲ μετὰ διορισμοῦ συντάσσουσιν αὐτά, τοῦτ’ ἔστιν οὐχ ὃτε διὰ μοιχείαν τις
βούλεται φθείρα τὸ συλληφθέν οὕτε ὃτε ἐπιτήδευσιν ὑραιότητος, ἀλλ’ ὃτε διὰ
tοκίνδυνον κολύσαι γενησόμενον ἐν ταῖς ἀποτέξεσιν, μικρὰς τῆς μήτρας
ὑπαρχούσης καὶ μὴ δυναμένης χωρῆσαι τὴν τελεί-μικρὰς τῆς μήτρας
ὑπαρχούσης καὶ μὴ δυναμένης χωρῆσαι τὴν τελείωσιν, ἢ κατὰ τοῦ στομίου
κονδυλώματα καὶ ῥαγάδας ἔχουσης, ἢ τυγχ. ἐμφεροὺς περιστάσεως ἐγκειμένης,
tὸ δὲ αὕτα λέγουσιν καὶ περὶ ἀτοκίων, οἷς καὶ ἰμαίας συναντοῦμεν. ὃθεν ἐπεὶ τοῦ
φθείρα τὸ κολύσαι γενέσθαι σύλληψιν σφαλέστερον, περὶ τοῦτον νῦν πρῶτον
ὑποδείξομεν.

But others prescribe abortive, but with discrimination, that is, they do not
prescribe them when a person wished to destroy the embryo because of adultery
or out of consideration for youthful beauty; but only to prevent subsequent
danger in parturition if the uterus is small and not capable of accommodating
the complete development, or if the uterus at its orifice has knobby swellings
and fissures, or if some similar difficulty is involved. And they say the same
about contraceptives as well, and we too agree with them. And since it is safer

Hellenistic origin theory, but since this work focuses on a time in which the Oath was accepted as
Hippokratic and authentic, questions of actual authorship are less useful. What matters in a discussion of
Roman era medical ethics is what the Romans believed about the Oath, and from Scribonius and Soranos it
is fairly clear that the Oath was canon to physicians of that time and place.
to prevent conception from taking place than to destroy the fetus, we shall now first discourse upon such prevention.

Gynecology 1.60.3-4

The passage is as interesting for what it does not say as well as for what it does. The only reasons Soranos's woman would wish to abort for considerations beyond the physical are adultery and appearance. There is no mention of economic hardship, for instance, which would be a significant consideration even for elite matrons since too many children could cause problems with inheritance. Financial worry would be even more prevalent among the well-to-do courtesans who operated amongst the elite, for they would be forced to support their child as a single parent, or resort to some form of exposure. Also absent is the father, who may have his own reasons to keep his women beautiful and childless. But perhaps most disturbing is the absence of the woman's agency in this decision, since the priority is the woman's physical health, but the woman is not the one who determines what is healthy. The decision comes from the professional whose examination takes into account non-subjective criteria divorced from the desires and priorities of the woman. One could imagine that this encompasses not only women who do wish to abort, but also those who do not! Though Soranos's text assumes a woman with an unwanted pregnancy, a narrow-hipped woman who plans to carry her pregnancy to term might also have been pressured to attempt an abortion in fear of her own life. In this case the doctor assumes the power of agency over both father and mother, though one can imagine that a determined set of parents could easily overrule an obstetrix who wishes to abort for the health of the mother.

193 As Kappris suggests in his chapter on the man's view of abortion.
For Soranos to include instructions for such procedures in his tract is remarkable, given that it was written in a political and legal climate firmly opposed to limiting family size among Soranos's wealthy clientele, and the fact that he chose to put this information into writing at all suggests two things: there was a demand for such procedures and Soranos was concerned enough about the risks posed to a pregnant woman to include them. One can easily find fault with his attitude that excludes the woman's subjective opinion on the matter, but would have to admit that his motivations are pro-woman when the choice is between woman and child. Between his attitude here and Ovidius's ability to sympathize with the plight of a woman choosing to abort, there is an indication that at least some physicians and husbands recognized and empathized with the ancient woman's dilemma – to be barren is to be without support in old age, but by giving birth one runs the risk of never reaching old age at all.

**Avoiding the Issue: Contraception**

The most obvious solution to the dilemma of the needs of the species and the needs of the individual mother is, of course, not to conceive at all, and this does seem to be the favored solution in Soranos, at least.

\[ \text{Θὲν ἐπὶ τοῦ φθερᾶται τὸ κολὼσαι γενέσθαι σύλληψιν ἁσφαλέστερον, περὶ τούτου νῦν πρῶτον ὑποδείξομεν.} \]

And since it is safer to keep (conception) from happening rather than to abort, we will first discuss these procedures.

_Gynecology_ 1.60.3
This passage follows immediately upon the discussion of the ethics of abortifacients, and therefore like that discussion, this one also eliminates the actions of the man from the equation almost entirely. Conspicuously absent is *coitus interruptus*, for instance, which has raised more than a few eyebrows among modern scholars.\(^{194}\) As Riddle points out, it is rather difficult to imagine that a culture as frank about sexual activity as Greece and Rome were would be reticent about this one method where they are perfectly willing to discuss a variety of other methods in graphic detail. Indeed, the methods discussed in Soranos include something resembling a female version of *coitus interruptus* at 1.61.1:

\[
\text{καὶ ἐν τοῖς πλησιασμοῖς ἐν τῷ κυαρῷ τῇς συνουσίας, ὅταν ὁ ἄνὴρ ἀποκρίνειν τὸ σπέρμα μέλλῃ, κατέχειν χρὴ τὸ πνεῦμα καὶ μικρὸν ψιθυλὲν ἐκαντήν, ὡς μὴ πορροτέρῳ ἐν τῷ κύυτε τῆς μήτρας τὸ σπέρμα ἱκοντισθήναι, καὶ διαναστὰς εὐθέως καὶ ὅκλυξιν καθίσασαν πταρμὸν κινεῖν καὶ περιμαξάσθαι τὸν κόλπον ἐπιμελῶς ἢ καὶ ψυχρὸν πίνειν.}
\]

And during sexual intercourse, when the man is about to ejaculate his sperm, it is necessary to hold her breath and pull herself back a little, in order that the sperm does not get hurled too forcefully into the cavity of the uterus, and she should stand up immediately and squat, then induce sneezing and carefully wipe off the vulva, and even drink something cold.\(^{195}\)

There is some independent evidence that sneezing, at least, was a common strategy to avoid pregnancy; Plinius mentions in passing “*sternuisse a coitu abortivum*” at 7.42, which certainly sounds very much like Soranos’s strategy. This advice clearly demonstrates a mechanical understanding of conception that would admit to a parallel action on the part of the man: if she can pull back and attempt to remove the semen, it could likewise occur to a man that he might do likewise. Why then does Soranos not

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\(^{194}\) Riddle in *Contraception and Abortion* summarizes the discussion in brief on pages 4 and 5, citing P.P.A. Biller, E. LeRoy Ladurie, Philippe Aries as arguing for the practice absent any evidence due to its unmentionability. Helen King offers a possible example from Archilochos. (*Hippokrates’ Woman*, 359).

\(^{195}\) Presumably the cold drink was meant to induce constriction, thus closing the os of the cervix against incoming semen.
include options for the male such as *coitus interruptus* or some form of blockage to the penis? There is, of course, the possibility that there were no other options for a man other than *coitus interruptus* or non-vaginal intercourse; the condom seems to have been unknown in antiquity. More to the point, the most obvious solution lies with the stated purpose of Soranos's work, which is written for women and not for the men who impregnate them. In the sections on promoting conception, he say nothing about what the man should do to optimize his chances for success, which suggests that for the purposes of his discussion, the only relevant patient is the woman. Since the *Gyenceia* is a handbook for *obstetrices* and not *medici*, this suggests that the only patient to whom the *obstetrix* would be giving advice would be the woman. The prospective father would, presumably, discuss his options with his male physician. Also, as Riddle suggests in the same section on *coitus interruptus* there are myriad reasons why a woman would not wish to rely on the willpower of her sexual partner in order to avoid pregnancy, not the least of which being the fact that her motives for avoiding pregnancy are likely to be far greater than his, since she would be the one enduring childbirth (or risky abortive drugs) and caring for the infant. Particularly if the father were not the woman's husband, the consequences for him if he were never caught in the act would be minimal. After all, it would be virtually impossible to determine paternity (short of confining the mother to a locked room guarded by the father at all times) and the identification of the adulterer would rest on the word of the woman – whose honor was compromised already by her branding as an adulteress. Even in the case of rape it would be difficult to prove that any given man was, in fact, the rapist. This is not to say that there is no evidence of men

196 Riddle *Contraception and Abortion* p.5, Scarborough *Roman Medicine* p. 209 n.
wishing to contracept (or, to be more accurate, men altered to prevent conception), but that topic will be treated in its proper place later in the chapter.

However inactive he is in the application of contraception, the man is not absent from these first-line procedures, since he could hardly fail to notice that his ejaculation was met with withdrawal, squatting, sneezing, and cold beverages. A woman wishing to hide her efforts to avoid motherhood from her husband would be hard pressed to do such things, and the same could be said for most of Soranos's other suggestions. The first – that she should avoid intercourse during fertile periods – could be managed by the convenient feigning of headaches possibly, but it would take a very dim husband to ignore the correlation between the time of the month and his wife's cyclical unavailability. Other substances applied vaginally would have been noticeable as well; cedar resin and balsam certainly have a pungent smell and alum and wine would have a tendency to sting sensitive skin. Soranos's discussion is framed under the logic of medical necessity, and he seems to assume that his contracepting woman is the same woman who would need a therapeutic abortion should contraception fail. In other words, the husband would have been told that his wife could not be allowed to bear children, and would therefore understand why his wife was following such a mood-breaking post-coital ritual. Soranos assumes his patient is a married woman (or so the lengthy discussion on what women one should marry for the purpose of procreation would imply), but it is just as likely that in her real-world practice the obstetrix would be called upon to treat slaves used for sex work, married women with absent husbands and present lovers, widows and

Soranos places the woman's fertile period immediately after the cessation of menstruation, which is about a week earlier than most women's fertile period. Women using this information to avoid conception would be likely to fail in the attempt, but that does not mean they did not try – Augustine mentions such practices in Morals of the Manichees, 18.65. cf. Riddle p.5-6 and 172 n.23.
young women, and courtesans whose livelihood would rely upon not becoming pregnant. The practitioner's scruples on offering abortion (and by implication contraception) only for reasons of health would be hard pressed, particularly if the master were demanding contraception for a slave (a situation that appears in Hippokrates's *On the Child* quite famously and is likely to have recurred wherever slave women were used for prostitution). In situations such as these, the man/client would expect the contraceptive actions on the part of his partner, or at least not be in a position to object.

This is not to say that none of the methods included in Soranos and Dioskourides could be applied without attracting the attention of the woman's sexual partner. The old olive oil and wool would be relatively undetectable to all but the most thorough partner, however, and the oral contraceptives would have the advantage of secrecy as well as added effectiveness. But how much would Roman men object to their women using contraception? The rhetoric against abortion rather occludes underlying discussions of contraception, but there is one passage from Juvenalis that is both tantalizingly interesting and irritatingly slippery given the genre whence it comes:

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hae tamen et partus subeunt discrimen et omnis
nutricis tolerant fortuna urguente labores,
sed iacet aurato uix nulla puerpera lecto.
tantum artes huius, tantum medicamina possunt,
quae steriles facit atque homines in uentre necandos
conducit. gaude, infelix, atque ipse bibendum
porrig quidquid erit; nam si distendere uellet
et uexare uterum pueris salientibus, esses
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though none of these substances quite equals the effectiveness of modern contraceptives, Riddle cites pharmacological studies that suggest Soranos' prescriptions would indeed be able to hinder conception or provoke early term abortion – a distinction that is incredibly vague in ancient medicine. Riddle *Contraception and Abortion*, 16-56. Helen King (*Hippocrates' Woman*, Chapter 7) has questioned some of Riddle's conclusions (and quite rightly so), but for the purposes of this discussion it is more important that these substances were thought to be effective than their actual effectiveness.
Aethiopis fortasse pater, mox decolor heres
impleret tabulas numquam tibi mane uidendus.

But these [poor] women both endure the test of childbirth
and bear all the labors of a wet-nurse which their fortuna allots them,
but scarcely does any childbearing lie upon a golden bed.
Such are the arts of this woman, so much can drugs accomplish,
which make women (or people) sterile and promote the killing of men
while still in the womb. Cheer up, unlucky one, and get her something to
drink yourself whatever it will be; for even if she were willing to grow
stretched out and torment her uterus with wriggling boys, you would
perhaps be the father of an Aethiopian, and soon an off-color heir
whom you would rather not run into by daylight will fill up your tablets.

Iuvenalis Satura 6.592-601

Iuvenalis, being a satirist, is not the firmest foundation on which to build any kind of
picture of the actual behavior of married couples during the Roman empire, however one
can make something out of the fact that such items as contraceptives are around enough
to be invoked, and there is an anxiety that in 'modern times' (as opposed to Iuvenalis's
satirized rustic past, which involves much eating of acorns and the production of
legitimate progeny by hairy people) both women and men would rather not reproduce,
and possibly that the option to avoid reproducing encourages adultery. Certainly that
concern is reflected in Soranos, who (like Iuvenalis) cites appearance and adultery as
possible and illegitimate reasons to abort (and possibly contracept as well). Nardi,
Kapparis, and Riddle all point out in their respective books on the topics that avoiding
childbearing for such reasons was at the very least a literary trope embedded in
discourses against the vices of women, and it is likely that obstetrices were involved in
some way.
Where are the obstetrices applying contraception outside of medical literature, then? If one were to read Ovidius, Martialis, and Juvenalis, these women acted alone without medical advice. However, this is probably due to the very fact that such physicians were women, like the women actively taking the drugs. Also, it is likely that the obstetrices merely offered advice – indeed, it is almost a requirement of chemical contraception and abortion that the woman actively apply the treatments with her own hand. This is reflected in the law, most notably at Digest 48.10.38.5 which has already been quoted, and also at D. 9.2.9:

Item si obstetrix medicamentum dederit et inde mulier perierit, Labeo distinguish, ut, si quidem suis manibus supposuit, videatur occidisse: sin vero suis dedit, ut sibi mulier offerret, in factum actionem dandam, quae sententia vera est: magis enim causam mortis praestitit quam occidit. Si quis per vim vel suasum medicamentum alicui infundit vel ore vel elystere vel si cum unxit malo veneno, lege Aquilia cum teneri, quemadmodum obstetrix supponens tenetur.

Labeo makes this distinction if an obstetrix gives a drug from which the woman dies: If she administers it with her own hands it would appear that she killed: but if she gave it to the woman for her to take it herself an actio in factum must be granted. This opinion is correct; for she provided a cause of death rather than killed outright. If someone administers a drug to anyone by force of persuasion, either in a drink or by injection, or rubs him with a poisonous potion, he is liable under the lex Aquilia in the same way as the obstetrix administering poison is liable.

The fact that the medical practitioner in this passage is an obstetrix is key to unraveling the answer to the question of why the culture's blame falls so squarely on the woman and not her physician; any doctor could be in this position where a drug administered could kill, but an obstetrix – who would be called upon regularly to give dangerous drugs to induce abortion or labor at the risk of the mother's life – would be put in this position far more regularly than a male physician. For this reason, the obstetrix would be far more
likely to give her patient 'do it yourself' advice rather than supervise the administration of a contraceptive or abortifacient in person, thus removing herself from the scene of the 'crime' and also leaving the patient as the active and responsible agent in the treatment. She still has some liability (indeed, one could think of circumstances that would involve legal action against her), but it is greatly mitigated. Indeed, with a dead patient, it would be nearly impossible to prove that the obstetrix was involved at all, and given the frequency of maternal death from natural causes (not to mention spontaneous abortion), it would be very difficult to point fingers.

Clearly the Greek physician/ obstetrix was working against overt Roman cultural attitudes by condoning contraception and it is perhaps illuminating that our sources that convey instructions for such procedures (and not just statements of whether such-and-such an item can cause miscarriage) are Greek: Soranos and Dioskourides.199 Greeks were certainly lurking in the background of Roman concerns about fertility, even if the brunt of the rancor fell upon the Roman women who were (at least according to our male sources) refusing to reproduce. Who knows what the women would say about it, had they written their own literature on the subject.

The Sterile Man: Greek Doctors and the Unmaking of Roman Manhood

Eunuchs, to the Romans of the imperial era, were certainly an Eastern perversion; they appear at the courts of foreign kings and go about dressed as women while worshiping the goddess Cybele, herself an Eastern import. However, there is some

199 Scribonius Largus does mention a drug that can be used to treat post-partum or post-abortion pain, but he does not specify whether the abortion is induced and the substance merely treats the outcome of such a procedure (assuming it was a deliberate abortion). Compositiones 121.13.
evidence that eunuchs were in demand in certain circles, and in enough demand to occasion a rather stern rescript that survives in the *Digest*. It gives a rare insight into the origin of these home-grown *spadones*:

Idem divus Hadrianus rescripsit: "Constitutum quidem est, ne spadones fient, eos autem, qui hoc crimine aguerentur, Corneliae legis poena teneri eorumque bona merito fisco meo vindicari debere, sed et in servos, qui spadones fecerint, ultimo supplicio animadvertendum esse: et qui hoc crimine tenentur, si non adfuerint, de absentibus quoque, tamquam lege Cornelia teneantur, pronuntiandum esse. Plane si quis adversus edictum meum fecerit, medico quidem, qui exciderit, capitale erit, item ipsi qui se sponte excidendum praebuit".

Hi quoque, qui thlibias faciunt, ex constitutione divi Hadriani ad ninnium hastam in eadem causa sunt, qua hi qui castrant.

The same deified Hadrian wrote in a rescript: “It is laid down, in order to end the practice of making eunuchs, that those who are found guilty of this crime are to be liable to the penalty of the *lex Cornelia*, and their goods must deservedly be forfeit to my imperial treasury. Slaves, however, who castrate others are to be punished with the extreme penalty. If those who are liable on this charge fail to appear in court, sentence is to be pronounced in their absence as if they were liable under the *lex Cornelia*. It is certain that if those who have suffered this outrage announce the fact, the provincial governor must give those who have lost their manhood a hearing; for no one should castrate another, freeman or slave, willing or unwilling, nor should anyone voluntarily offer himself for castration. Should anyone act in defiance of my edict – even the doctor who has cut [them] out - shall suffer a capital penalty, as shall anyone who voluntarily offered himself for surgery."

Under the constitution of the deified Hadrian to Ninnius Hasta, those too who crush the testicles of others are in the same position as those who castrate them [with a knife].

D.48.8.4-5, Ulpian, Paulus

This less than savory passage indicates a few things about the context in which these castrations were performed. *Medici* were involved, at least in the methods of castration.
that involved cutting (*medico quidem, qui exciderit*), and some of these were slaves (*et in servos, qui spadones fecerint*) which introduces an interesting situation if masters were ordering slaves to perform such procedures. All a master had to do was to deny that he had ordered the castration, and his slave would be executed while the master survived. Of course the master would have lost valuable property in his slave-physician, but the unlikelihood of prosecution in such a case (after all, what slave would have the wherewithal to sue his master for castrating him?) would probably make the benefits of a castrated slave outweigh the risk of losing the doctor ordered to perform the procedure.

There is one surviving account of methods for castration intended to be performed by a physician, and unfortunately that source is the 7th-century Byzantine physician Paulus of Aegina, a late source to be sure. The cultural and legal environment of the Byzantine empire was far more accepting of eunuchs, perhaps due to the Eastern location of its center.\(^{200}\) Linguistic resonances in Hadrian's rescript and this passage defining eunuchs in the *Digest* suggest that the methods included in Paulus were those in use during the empire as well:

> Ulpianus libro primo ad legem Iuliam et Papiam: Spadonum generalis appellatio est: quo nomine tam hi, qui natura spadones sunt, item thlibiae thlasiae, sed et si quod aliud genus spadonum est, continentur.

> Ulpian in his first book on the Julian and Papian law [says] the category of 'spado' is general: in that word are included those who are *spadones* by nature, likewise those who have been tied-off or crushed, but also if there is some other kind of spado, it is contained within the definition.

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The “natura spadones” would include men like Favorinus, who managed to have quite the public (and amorous) career despite being a self-confessed congenital eunuch. It has been suggested that he suffered from undescended testicles, which is likely why he had the characteristic high voice of of a eunuch (a consequence of low testosterone production in non-functional testicles). This failed to prevent him from having an active sexual life, though, a fact that got him into a great deal of trouble in the form of prosecution for adultery.\(^{201}\) Such men born with abnormal genitalia were classed with artificial eunuchs and were common enough to be mentioned in the New Testament at Matthew 19:12:

εἰσίν γὰρ εὐνοῦχοι οἵτινες ἐκ κοιλίας μητρὸς ἐγεννήθησαν οὗτοι καὶ εἰσίν εὐνοῦχοι οἵτινες ἐνυψίσθησαν ὑπὸ τῶν ἀνθρώπων καὶ εἰσίν εὐνοῦχοι οἵτινες ἐνυψίσθησαν ἑαυτοὺς διὰ τὴν βασιλείαν τῶν οὐρανῶν ...

There are some who were born eunuchs from their mothers' wombs, and likewise there are eunuchs who are made eunuchs by men and there are some eunuchs who have made themselves eunuchs for the sake of the kingdom of heaven.

There is much that can be said here about what is meant by making one's self a eunuch for the kingdom of heaven: monks through the ages have taken this quite literally (in the spirit of removing one's hand if it causes one to sin) and removed their genitalia in obedience to Jesus's apparent challenge\(^{202}\). But in the context of this discussion – the role of physicians in the making of infertile men – it is useful to point out that these 'natural eunuchs' were common enough to be mentioned without explanation. Absent procedures to correct the fairly common defect in newborn males, and risk factors include (among

\(^{201}\) Gleason, Maud. “Favorinus and his Statue,” Making Men. 3-22.

\(^{202}\) Sideris “Eunuchs of Light” and Mulle's “Theophylact of Ochrid's 'In defense of Eunuchs.'"
other less relevant factors) low birth weight, premature birth, and small size for gestational age. 203 In Roman mothers, nutritional problems and early age in primaparë would have increased the incidence of risk factors, and thus made such men far more common in ancient contexts than in modern, meaning that 'eunuchs' of this sort would be fairly common among Romans even absent the practice of deliberate castration.

Two methods for making eunuchs included in the Digest's definition do not require the professional assistance of a physician because they do not involve cutting. The first (thlibia) is thought to derive from the Greek θλιβεν meaning “To press hard or confine” and possibly refers to a procedure still used with farm animals wherein the scrotum is tied off at the base with a tight cord, thus cutting off the blood supply and causing the sack naturally shrivel. 204 Kuefler claims that this method merely bound the sack tightly in order to sever the vas deferens while leaving the scrotum intact, though it is unclear where it is that he gets this impression. 205 Compression would have to be tight indeed to sever the vas deferens, and it would be difficult to confirm that such a severing had taken place. Added to this, the interruption of the blood supply would certainly guarantee that the scrotum would loose blood supply and become necrotic, a condition that would prove fatal if the binding were removed and the scrotum allowed to remain attached. It is far more likely that this method intended the scrotum's removal, and it may have been rather painless since nerves do not function when pressure causes them to lose


204 Representative methods, devices, and instructions can be found (among other places) here - http://www.castrator.com/.

205 The Manly Eunuch pp. 33 discusses methods in brief without any citations other than etymology and a reference to Paulus of Aegina in a final footnote.
Thlasia would most certainly be a more unpleasant, though easier option in which the scrotum would be crushed, thus damaging the testicles and causing scaring in the vas deferens. It has the advantage of preserving the general appearance of the eunuch, though doubtless the scrotum would be misshapen somewhat with scar tissue. Both of these methods need not involve a physician unless they go horribly wrong, in which case a physician might not be able to save the victim/willing participant.

Kuefler claims that the term spado comes from the Greek “spen,” (sic) which is missing from the LSJ and for which he has failed to provide any sort of documentation. I would suggest that a more likely candidate is “σπαθω” meaning “to rip off, to tear away, to pull,” which so matches the definition Kuefler gives for his “spen” that it might be likely he meant to write “σπαθω” in the first place. He identifies this word with the complete removal of both penis and scrotum, though I am unconvinced of this and he provides no documentation to confirm his claim. It is likely that it encompasses both the complete removal used (at least at some point) by the followers of Kybele and the surgical extraction of the testicles from the scrotum, and clearly the term had come to encompass all forms of compromised testicles, both natural and man made.

These painful and disfiguring procedures beg the question of why Romans would castrate their slaves (or themselves, even!) and carry on doing so against the objections of the law. Certainly the label of ‘spado’ was not a complimentary one, and it is difficult to imagine a man so desperate to avoid offspring that he would undergo such painful and life-threatening procedures. Of course, the cult of Kybele required such a thing of its priests, and religion is indeed a powerful motivator towards unpleasant and agonizing
procedures in pursuit of some desired state of the soul. However, devotion to Kybele is hardly a reason for an owner to castrate a slave. Castration was thought of as a feminizing process, and so perhaps it was a way to produce a more pliable slave; slavery was already a sort of feminine state inasmuch as both women and slaves were subject to the *paterfamilias* and required to be submissive to his wishes. There is a suggestion, though, that an infertile man could be sought by female owners for other purposes:

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sunt quas eunuchi inbelles ac mollia semper
oscula delectent et desperatio barbae
et quod abortiuo non est opus. illa uoluptas
summa tamen, quom iam calida matura iuuenta
inguina traduntur medicis, iam pectine negro.
eposis ac iussos crescere primum
testiculos, postquam coeperunt esse bilibres,
tonsoris tantum damno rapit Heliodorus.
manconum pueros uera ac miserabilis urit
deilitas, follicque pudet cicerisque relieti
conspicuus longe cunctisque notabilis intrat
balnea nec dubie custodem uitis et horti
procucaet a domina factus spado. dormiat ille
cum domina...
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There are those whom noncombatant eunuchs and perpetually soft kisses delight and the absence of a beard, and the fact that there is no need for abortifacients. That pleasure is the highest anyhow, when loins mature with the heat of youth and recently covered with black pubic hair are handed over to the doctors. Therefore the testicles expected and ordered to grow first, just after they begin to become two weights, Heliodorus just steals them away like a barber takes hair. A true and miserable maiming burns the boys of the slavemonger, and he is ashamed of his sack and of his resulting scars. He is easily spotted from afar and enters the baths obvious to everyone and he who has been made a *spado* by his mistress calls forth the keeper of the wine-cellar and garden. Let him sleep with the mistress...

Iuvenalis *Satura* 6.366 - 378
Satire is hardly a reflection of reality, of course, but like other forms of exaggerated entertainment, there must be a grain of reality in order for the piece to excite a reaction. The procedure described for the making of the eunuch presupposes a doctor’s assistance and leaves the penis intact so that the unmanned man can have infertile intercourse with his mistress. How many women (if any) bought slaves for this purpose is a matter that is unable to be answered, but there is at least the idea present in imperial Rome that eunuchs are useful in the bedroom as well as out of it. The doctor “Heliodorus” is clearly Greek, probably a name chosen to represent the generic doctor performing the operation. It must be pointed out that the intended patient (victim?) is a slave here, and so the doctor is not unmanning a Roman citizen as such. But eunuchs were capable of becoming free persons (and therefore Roman citizens), and one can imagine that the doctors who performed such procedures were hardly the respectable sort. The fact that the operation is done for the purpose of moechia without consequence certainly makes the physician complicit in furnishing the means for illicit sex, which perhaps explains why the definition of spado in the Digest is taken from a commentary on the lex Iulia et Papia, a law meant to define the obligations of Roman men to marry and procreate and to discourage extramarital liaisons. As Kuefler points out in that same section on the kinds of spadones, the infertile male presented a problem for the marriage laws inasmuch as he could not produce the intended outcome: more legitimate Roman babies. The fact that artificial spadones are included in the definition perhaps hints at the contents of the now lost text of the law, which may have taken steps to insure that women did not use spadones to avoid pregnancy either. It could also mean that some men were willing to undergo castration in
order to avoid marriage, but it seems far more likely that there were measures aimed at limiting women's access to eunuch slaves, with whom one's libido could be exercised without fear of pregnancy. The fact that Greek physicians were involved in the process along with its associations to foreign cults and Eastern potentates (not to mention most men's aversion to having their testicles mutilated) likely had a great deal to do with Rome's resistance to the adoption of the practice, officially if not unofficially.  

Producing Healthy Children

A discussion of the Greek doctor's role in the control of fertility is only half complete with a discussion of reducing fertility. To get a more complete idea of the ways in which such physicians were used by their Roman employers, it is necessary to examine the ways in which these doctors worked to promote fertility and encourage live births. For this, the best source of information on the actual interaction of patient and physician is Soranos, though there is one insurmountable problem with doing so. The primary caretakers for women were other women; *medicae* and *obstetrices*. Ideally this section would depend on the writings of such women, some of whom Soranos implies were literate. There were such writings in antiquity: Plinius cites Elephantis, Lais, Olympias of Thebes, Salpe, and Sotira. Unfortunately, though, none of these texts survive except in testimonia, and those are rather unhelpful, beyond suggesting that some of these women

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206 Speaking of genital mutilation, decircumcisions were also in demand for those foreigners wishing to have a Roman genital appearance. In such procedures Greek physicians were able to deliberately make barbarians into Romans, literally 'making Romans'. Though this did not, strictly speaking, regulate fertility, it did blur ethnic lines. Jody Rubin “Celsus' Decircumcision Operation.” and Celsus *De Medicina* 7.25.1.

207 Soranus *Gynecology* 1.4.
(Olympias in particular) wrote on abortifacients. However, absent these sorts of sources, one is left with Soranos's *Gynecology* which might very well include the experience of female practitioners set to writing by the physician himself.

Rebecca Flemming in discussing Soranos's *Gynecology* sees Soranos' woman as a character that is “essentially reproductive, and the fact that this is often at odds with her health, but wins every time, only serves to underline its significance.” It is easy to see why it is that she takes this position, since Soranos's tone is often imperious to the point of callousness and seems, at first blush, to relegate the woman to a mere reproductive instrument. However, this reading fails to note the complex negotiations taking place beneath the surface of the text which actually favor the woman as more valuable than her child with an active role to play in her own reproductive health. This agenda is, by necessity, hidden beneath non-threatening language that overtly seems of a piece with the masculine domination of the feminine; were it written otherwise, it would not have had legitimacy in the market for which it was intended. In this section, I read more closely those sections in the regimen of pregnant and postpartum women that seem to be the most harsh and controlling, arguing that in fact these measures show a concern for the woman's health as well as her wish to bear healthy children.

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208 All in the *Naturalis Historia*: Elephantis, 1.96, 4.204; Laís 1.96, 4.304; Olympias 1.64, 70, 77, 81, 86, 89, 96, 3.366, 4.360, 362; Salpe 1.96, 109, 4.289, 304, 365, 5.94-5, 96; Sotira 1.96, 4604. Flemming *Medicine and the Making of Roman Women* 39-44. Modern scholarship is surprisingly lacking on Soranos. Even Rebecca Flemming, whose book on Roman women's medicine is quite inclusive, summarizes the *Gynecology* with only a cursory discussion of the Soranos's woman. Flemming 228-256.

209 p.254.
At the outset it is important to underscore that for the female patient, there is a vast difference between a man informing her of what she can and cannot eat and a woman doing the same thing: the man speaks from abstract knowledge, the woman from shared experience informed by an oral tradition of female culture as well as her formal training. When the patient was given instructions, she heard them from the lips of another woman with the understanding that what was being asked of her would benefit not only the child, but the mother as well. Although the male author (Soranos) is the voice we, the readers, hear the patients and (very likely) their husbands heard these instructions spoken by an obstetrix.

Soranos constructs a woman's ability to conceive as a pathology, even to the point of opposing Hippokratic thought that menstruation and childbearing is the natural and healthy state of the female body. His rationale is this:

καὶ πρὸς Ηρόφιλον λεκτέον, ὅτι βλάπτει μὲν ἡ κάθαρσις πρὸς τὸ ὑγιάνειν ἀπάσας, ἢ ὅτι δὲ τῶν μὲν εὕπαθεστέρων καθάπτεται μᾶλλον, διαλανθάνει δὲ τὸ βλαβερόν αὐτῆς ἐφ᾽ ὦν δυσπαθῆ τὰ σώματα κέκτηναι, τὰς οὖν πλευράς τῶν μὴ καθαιρομένοις εὔπονονερας θεωροῦμεν, ὃσπερ τὰς ἄνδρονίστες τε καὶ στείρας. καὶ τὰς παρηλικὰς δὲ τὸ μηκέτι καθαίρεσθαι πρὸς τὸ ὑγιάνειν οὐδὲν ἄδικεί, πάντη δὲ τούναντιόν τὰς πολλὰς θηλυτέρας καθίστησιν ἢ τοὺς ἀγαματοὺς ἀπάντλησις. ἐδει δὲ καὶ τὰς μὴ ποιο καθαρομένας τῶν παρθένων ἠπτον ὑγιαίνειν· εἰ δὲ τῆς ὑγείας μετέχουσιν ἀνελλιπτῶς, μὴ δήποτε μὲν πρὸς τὸ ὑγιάνειν ἢ κάθαρσις οὐ συμβάλλεται, πρὸς μόνον δὲ τὸ παιδοποιεῖν. χωρὶς γὰρ τῆς καθάρσεως σύλληψις οὐ γίνεται.

Against Herophilus it also must be said that on occasion and in certain women menstruation may be harmful, for some enjoy complete health while not menstruating, and often on the contrary when menstruating they become paler and thinner and acquire the beginnings of disease. Sometimes, on the other hand, menstruation may be advantageous in certain cases so that women formerly pale and meager, later on after menstruation have a good color and are well nourished.  

Gynecology 1.29

Soranos's argument hinges on the difference between that which is good for gestation and that which is good for the woman. But what is his idea of 'good for the woman'? Physical health comes quickly to the forefront. Menstruation cannot be said to benefit a woman's physical health, and therefore it is neither good nor bad for her, though it does assist in conception, and is therefore useful for the child's health and existence. Defloration was a process clearly felt to cause anatomical changes to the entire reproductive system (ignoring the puzzling insistence on the hymen's non-existence), and so was a significant point of medical transition with or without the issue of childbearing. Soranos's discussion makes it clear that virginity is the most preferable state from a perspective of health, but not from a perspective of childbearing.211

This is the first point at which the necessity of childbearing forces a compromise in the health of the woman, and pathologizes the process of conception from the woman’s point of view. Therefore, the defloration is an intrinsically unhealthy event allowed for the benefit of the propagation of the species, and the time given for such activity likewise rests on the biological ability to conceive. Conception needs menarche, therefore menarche is the best time to transition the female body from virginity to motherhood, if one has to do it at all. This attitude is a break from Hippokratic medicine, certainly, and in the context of the imperial Roman avoidance of childbirth it is an interesting strategy for gaining the trust of the female patient. Certainly if Soranos's opinion reflects that of other Methodist physicians one can see why that sect was so wildly popular during the imperial period, when enough couples were avoiding pregnancy to cause a population drop among the elite.

211 *Gynecology* 1.16, 30-33.
This brings us to the three facets of the regimen for the pregnant and postpartum woman that seem to modern eyes overly restrictive if not detrimental to the woman's health; restriction of activity in early conception, restriction of food intake during pregnancy, and the 20 day moratorium on mother's milk. Not only do these seem counter-intuitive, but they also appear, at first blush, to be prioritizing the needs of the child over the health of the mother. In the case of the latter two strictures, even Soranos acknowledges that his opinion differs from that of other physicians of his day, and in all three he is clear in his reasoning in a way that reveals the active negotiation of maternal vs. fetal health. It is readily apparent that the classic koinotes of Methodism are not the sole model Soranos uses to understand and treat his patients' birth process. There is also a mechanistic model for the formation of the fetus – the process of gestation is like “setting a limb” or “constructing a building” which can be disrupted by shaking as much as it can be by things that counteract the constriction necessary to maintain the woman's pregnant state.\(^{212}\) The twin priorities of preserving a healthy level constriction and mitigating physical disruption of the pregnancy underpin Soranos's method.

Conception is, to Soranos, an act of constriction; it is experienced as a “grasping or shuddering” sensation followed immediately by the palpable clenching of the cervix and the contraction of the uterus around the congealing seed.\(^{213}\) One can imagine that orgasm was often confused with early conception, if this was indeed the way in which conception was explained to women by their obstetrices. It is likely that many women believed they were pregnant when they were not, and consequently experienced a lost

\(^{212}\) Gynecology 1.46.5, 1.47.2.

\(^{213}\) Gynecology 1.44.1.
pregnancy when menstruation appeared after a few weeks. This understanding of the
experience of conception doubtless explains why Plinius in his *Naturalis Historia*
believed that abortions could be caused by sniffing smoke or walking over roots,\(^\text{214}\) and
also why Soranos treats his recently impregnated patient as if she were made from glass.
She is relegated to bed rest after the act of intercourse, restricted in her bathing habits,
and condemned to a very bland sort of diet. Though the dullest stage of the process lasts
only a few days, it must not have been the most pleasant of experiences, particularly if
repeated every month until conception finally occurred. There is a hint of this at the end
of the section where Soranos takes care to provide for psychological support as well as
physical.

καὶ διὰ τοῦτο περιαρεῖν μὲν, εἰ τις σωματικὴ κίνησις, παραμυθεῖσθαι δὲ τὴν
ψυχὴν, εἰ βιωτικὰ φροντίδες συνετάκινησις, παραμυθεῖσθαι δὲ τὴν ψυχὴν, εἰ
βιωτικὰ φροντίδες συνετάραξαν αὐτήν, τονοῦν δὲ τὰ μέρη μετὰ τῶν ὅλων, εἰ
περὶ τὴν ύστεραν ἢ ἀτονία.

And to this end, if there is any bodily agitation, one must completely remove it;
one must appease the soul, if the worries of life have troubled it; and if atony
exists in the region of the uterus, one must strengthen these parts together with
the whole body.

*Gynecology* 1.47.3-4

Most of these treatments – including the “diverting of the mind” are primarily aimed at
the health of the fetus, since the fetus is at greater risk than the mother in the early
months of pregnancy. One cannot say, however, that such fetus-centered treatment
neglects the priorities of the mother, for it requires her co-operation to succeed. A woman
in this position goes through this dull and restricted ritual of bedrest and bland diet month
after month because, for whatever reason, her priority is to maintain what she experiences

\(^{214}\) *N.H.* 7.43, 25.115, 27.110, 28.79, 30.124, and for the converse, an amulet that prevents miscarriage by
simply being worn,**N.H.* 28.139.
as a pregnancy. The fact that Soranos does allow for women whose health is threatened to flout these regulations in pursuit of an abortion means that his treatment here is aimed at the opposite demographic – women motivated to use his method to maintain pregnancy. The fact that the woman is intended to self-enforce the regimen is indicated by the language.

One ought to keep the woman who has conceived quietly in bed for one or two days when she should use anointments in a simple fashion in order to strengthen her appetite as well as to aid the assimilation of the food offered her. But at the same time she should not allow massage of the abdomen lest through the associated movement in that region the attaching seen be torn off. (emphasis added)

Not only the maintenance of pregnancy is intended, but the optimization of the final product. Soranos is clear on the point that even if a failure to follow the rules does not result in abortion, the fetus is weakened, and as his passage on infants worth rearing shows, a weakened fetus would be not worth rearing and therefore represent a great deal of wasted suffering on the part of the mother. In that sense, Soranos's extreme caution on behalf of producing a healthy fetus is a pro-woman policy that takes into account her wish to carry a healthy baby to term and trusts her to follow the rules and insist that others co-operate with the regimen. Not only that but it invests her with the agency to influence the outcome by her active obedience to the doctor’s orders. Of course, with this agency comes a certain implication of responsibility if something should go wrong, but that is the price of any course of treatment that acknowledges the mother’s role in
guarding the health of an unborn child. Either she has the power to produce a healthy baby, or she does not – and Soranos gives her a great deal of power.

The most disturbing aspect of the regimen for the pregnant woman to a modern reader is the limitations put on food intake right up to the end of the third trimester. Modern physicians know that pregnant women need a sharp increase in caloric intake to maintain both fetal and maternal health, and even ancient authorities held to the 'eating for two' paradigm. This passage represents the most lengthy discussion of Soranos's reasoning for not only limiting the gravida to 'eating for one', but even restricting her intake further in the hope of reducing 'pica' – a term encompassing morning sickness and cravings as a whole rather than its modern meaning that refers to cravings for inedible items.

μηδὲν εὔλαβούμενον, ὥς οἱ πολλοὶ λέγουσιν, ὅτι δυσὶν ζῴους ὄσηνδητος δεῖ παραθεῖναι τροφήν. ἢ γὰρ οὐκ ἔπιτηδεῖος τῷ σῶματι διδομένη τροφή φθείρεται καὶ οὐ μόνον οὐ τρέφει, ἀλλὰ προσκακοὶ καθάπερ τὰ τέλεια τῶν σωμάτων οὕτως καὶ τὰ νεοπαγή σπέρματα. διόπερ ἄνατάσει χρηστέον, καὶ γὰρ οἱ πλέοντες συστολῇ χρησάμενοι πρὸ μιᾶς ἡμέρας τῇ ναυτίᾳ οὖχ ὑπομένουσιν ἤ οὖκ ἔπὶ τοσοῦτον.

And one must not pay attention to the popular saying that it is necessary to provide food as for two organisms. For food which is not given to the body suitably decomposes and not only does not nourish but, in addition, harms the recently congealed seed just as it does the adult body. One must, therefore, fast. For those setting sail also, if they fast the day before, do not suffer from seasickness or not to such an extent.

Gynecology 1.49.1-2

Here, Soranos's model of digestion has significant consequences for his patient, since he believes that the stomach can only absorb a set amount before it begins somehow incorporating rotten leftovers. As Celsus tells us, physicians in no way agreed on the

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215 To avoid confusion, the ancient pica will be italicized and the modern pica left in a Roman font.
mechanism for digestion, but Soranos does not even acknowledge the dubious factualness of his rationale for digestion, even though he would almost certainly be aware that others would disagree.216

One can only imagine telling a pregnant woman that she cannot eat what she wants, let alone as much as she wants; it would take a brave man to do so and it cannot have been a pleasant discussion! This is one situation in which an obstetrician would definitely have a far better chance of convincing the patient to comply. Still, one must remember that modern gravidae are made to restrict consumption of alcohol and raw fish based on modern models of fetal development regardless of their inclinations on the matter, and are routinely told to choose reasonable servings of healthy food over more attractive empty calories. Soranos cannot be faulted for using his beliefs on digestion and his understanding of beneficial and harmful foods to intervene on behalf of the pica

216 Ex quibus quia maxime pertinere ad rem concoctio videtur, huic potissimum insistunt; et duce alii Erasistrato teri cibum in ventre contendunt, alii Plistonico Praxagorae discipulo putrescere; alii credunt Hippocrati per calorem cibos concoqui; acceduntque Asclepiadis aemuli, qui omnia ista vana et supervacua esse proponunt: nihil enim concoqui, sed crudam materiam, sicut adsumpta est, in corpus omne deduci. Et haec quidem inter eos parum constat: illud vero convenit, alium dandum cibum laborantibus, si hoc, alium, si illud verum est: nam si teritur intus, eum quaerendum esse, qui facillime teri possit; si putrescit, eum, in quo hoc expeditissimum est; si calor concoquit, eum, qui maxime calorem movet: at nihil ex his esse quauerendum, si nihil concoquitor, ea vero sumenda, quae maxime manent, qualia adsumpta sunt. Eademque ratione, cum spiritus gravis est, cum somnus aut vigilia urguet, eum mederi posse arbitrantur, qui prius illa ipsa qualiter eveniant perceperit.

Among these natural actions digestion seems of most importance, so they give it their chief attention. Some following Erasistratos hold that in the belly the food is ground up; others, following Pleistonikos, a pupil of Praxagoras, that it putrefies; others believe with Hippocrates, that food is cooked up by heat. In addition there are the followers of Asklepiades, who propound that all such notions are vain and superfluous, that there is no concoction at all, but that material is transmitted through the body, crude as swallowed. And on these points there is little agreement indeed among them; but what does follow is that a different food is to be given to patients according as this or that view is true. For if it is ground up inside, that food should be selected which can be ground up the most readily; if it putrefies, that which does so most expeditiously; if heat concocts it, that which most excites heat. But none of these points need be inquired into if there be no concoction but such things be taken which persist most in the state in which they were when swallowed. In the same way, when breathing is labored, when sleep or wakefulness disturbs, they deem him able to remedy it who had understood beforehand how these same natural actions happen. Celsus, De Medicina Proem. 20-22.
patient when modern treatment does much the same thing, though it does show the
degree to which a foreigner would be allowed to dictate the activities of a Roman matron.

It was not only the issue of digestive models that led him to this course of
treatment. When conception is maintained by regulating a chronic state of constriction,
the vomiting and indigestion of pica becomes a disruptive flux. Therefore Soranos
restricts the intake of food since it will only induce further vomiting, thus perpetuating
the flux state and exacerbating the chances of abortion and maternal distress. Likewise,
toning exercise and massage are included in the range of treatment options, as well as
binding the extremities in a sort of forced constriction to offset the harmful flux in the
digestive tract. Since vomiting and diarrhea are both included in the list of conditions
likely to produce abortion, it is essential to treat this aspect of pica as a threat to the fetus,
and not just a risk to nutrition. Keeping the load of food on the stomach light and
digestible is a standard method for stemming vomiting in other conditions, as Soranos
points out.

One would think that this pattern of fasting and light eating would be relaxed as
the vomiting of morning sickness waned, but to the contrary it was restricted further in
the third trimester due entirely to Soranos’ limited-absorption model of digestion.\textsuperscript{217}
However, there are some concessions to the woman’s misery in the midst of cravings for
harmful items, which could be anything from pickles to chalk – and in an age were iron
deficiency was not understood, there was probably a great deal of craving for non-food

\textsuperscript{217} Gynecology 1.48.3.
If she craves something not on the list of approved foods, there is a multi-tiered approach to first convincing the woman to resist the craving, then mitigating the effects if the woman refuses to do so.

Iron deficiency anemia, the cause of cravings for non-food items, was rife among Mediterranean populations due to grain-rich diets. Such diets contain phytate, which inhibits iron absorption. Frequent signs of such deficiencies (primarily cribra orbitalia) have been found on ancient skulls. For phytates, Carina Iezzi’s article on the health of Mycenean women of East Lokris, p. 184. Ample evidence of the prevalence of cribra orbitalia in Greece (and presumably Rome, where diet was similarly grain-based) is given throughout the Hesperia supplement in which Iezzi’s article appears.
portions, for the greater the portion the more the harm, and in between the other food, not before, or it will affect the bare stomach, nor later, for by lying on the surface it spoils the rest of the food too.

*Gynecology* 1.53

The fact that Soranos acknowledges that not every woman will be willing to be thwarted in her cravings indicates a certain sympathy with the unpleasant nature of the process and hints at the tense negotiation involved in persuading a woman to forgo the very biological imperative to obey pregnancy cravings and increase her diet to compensate for the fetus’ needs. It also means that the women had enough control over their own pregnancies to refuse to bear a restriction so unpleasant and counter-intuitive; there is a negotiation between practitioner and *gravida* that is assumed and provided for.

Though we now know that extreme caloric restriction in pregnant women is a very bad idea, we also know that overeating during pregnancy makes for larger and harder to deliver babies and increased risks to the mother’s health. Overeating of carbohydrates can overload the pancreas, inducing gestational diabetes and fetal obesity or macrosomia. Soranos may have erred on the side of underfeeding, but he was by no means completely off-base in keeping the mother from eating as if for two. His wealthy patients would certainly have access to a large amount of rich food and be unlikely to exercise enough to offset the intake. He sympathized with the plight of his patient, but adhered to the essential underpinnings of his system of medicine – to do otherwise would be to overturn everything it was to be a Methodist physician. To allow a woman to eat something believed to incite flux would be unethical, even if she wanted it very badly – just as it would be unethical to allow a male patient with chronic constriction to deviate from his diet. Likewise, to allow a patient to eat too much and flood the system with 'rotten food'
would be not only unethical, but uncaring since it would make the patient even more miserable. Soranos shows a great commitment to his beliefs and training in his firm stand against maternal overindulgence, and though we can easily gasp at the maternal malnutrition and fetal retardation that might result, we should not take him to task for behaving in accordance with his understanding of the human body. He acted in the mother's own interest when he restricted her food, and it is likely that he did so with the patient's understanding and cooperation, if not enjoyment.

Finally, one must examine Soranos' insistence that mother's milk could not be drunk until 20 days after the birth. Soranos, like the majority of physicians in ancient cultures, believed that colostrum was not the healthy antibiotic-laden boost that we now know it to be. However, he went beyond other authorities in his similar rejection of mother's milk before the twentieth day after parturition. In this I agree with Temkin's reading, which rejects editorial corrections from the 'twenty days' preserved in the manuscript and Caelius Aurelianus to 'three days'.

From the second day on after the treatment, one should feed with milk from somebody well able to serve as a wet nurse, as for twenty days the maternal milk is in most cases unwholesome, being thick, too caseous, and therefore hard to digest, raw, and not prepared to perfection. Furthermore, it is produced by bodies which are in a bad state, agitated and changed to the extent that we see the body altered after delivery when, from having suffered a great discharge of blood, it is
dried up, toneless, discolored, and in the majority of cases feverish as well. For all these reasons, it is absurd to prescribe the maternal milk until the body enjoys stable health.

Gynecology 2.18.1

Of course, as with the dietary issue, this flies in the face of what modern physicians now believe about the importance of beginning breastfeeding immediately after birth, but we cannot leave the discussion there. Soranos's reasoning shows again his concern not only for the child's best interests, but also the mother's.

If, however, a woman well able to provide milk is not at hand, during the first three days one must use the honey alone, or mix goat's milk with it. Then one must supply the mother's milk, the first portion having been sucked out beforehand by some stripling (for it is heavy), or squeezed out gently with the hands, since the thick part is hard to suck out and also apt to clog up in newborns.
children on account of the softness of their gums. But if the circumstances allow a choice of women able to suckle, one must select the best, and not necessarily the mother, unless she also shows the attributes characteristic of the best nurses. To be sure, other things being equal, it is better to feed the child with maternal milk; for this is more suited to it, and the mothers become more sympathetic towards the offspring, and it is more natural to be fed from the mother after parturition just as before parturition. But if anything prevents it one must choose the best wet nurse, lest the mother grow prematurely old, having spent herself through the daily suckling. For just as the earth is exhausted by producing crops after sowing and therefore becomes barren of more, the same happens with the woman who nurses the infant; she either grows prematurely old having fed one child, or the expenditure for the nourishment of the offspring necessarily makes her own body emaciated. Consequently the mother will fare better with a view to her own recovery and to further childbearing, if she is relieved of having her breasts distended too. For as vegetables are sown by gardeners into one soil to sprout and are transplanted into different soil for quick development, lest one soil suffer by bother, in the same way the newborn, too, is apt to become more vigorous if borne by one woman but fed by another, in case the mother, by some affliction, is hindered from supplying the food.

Childbirth is the very definition of major flux, and acute flux at that. Since childbearing for Soranos is a pathology of first chronic constriction and then acute flux detrimental to the mother but necessary for the species, it is unsurprising that he treats the postpartum woman as an acutely sick flux patient. The moratorium on breastfeeding is meant not only to provide the child with better food, but also to eliminate an additional source of flux – the expulsion of enough breast milk to feed a child. The twenty days of rest allows the body to expel the lingering uterine blood and contract back to a pre-parturition state, and the expressed aim is to spare the mother the wasting effects of breastfeeding after pregnancy. Considering that this mother was half-starved through most of her pregnancy, possibly in her teens, and recuperating in the household of her in-laws, wasting due to maternal illness and stress is a reasonable concern. One must also
remember that childbed fever was a regular part of the birth process where a sterile environment was impossible, prolonged labor was normal, and the mother was weakened by malnutrition. In that context, breastfeeding a new baby would rank well below survival on the new mother's list of priorities. One does wonder how the mother kept her milk from drying up altogether if she planned on breastfeeding after the twenty days of rest, but Soranos alludes to the expression of breast milk when discussing his contingency plan for situations where a wet nurse is unavailable, so perhaps small amounts of breast milk were expressed in order to preserve the flow while limiting the severity of flux in the recuperating mother. Certainly the act of suckling can stimulate lactation in women who have not given birth, so it is possible that lactation could resume after the twenty day rest even without regular expression. Given the general tenor of the section on breastfeeding, however, it is entirely possible that Soranos expected very few of his patients to breastfeed their own children.

The insistence on hiring a wet-nurse whose milk has been flowing for more than three months supports this reading of the text for the twenty-day waiting period, and in a sense allows women to share the massive burden of early childcare by giving each other respite between birth and the resumption of breastfeeding. Though the explicit reason given for having several women share the task of breastfeeding is to guard against infant mortality in the case of the wet nurse’s death, there is the added benefit of providing relief care for the primary breasfeeder, and an added bonus for a first time mother if she intends to nurse. She would make her first attempt at breast feeding when she had recovered from childbirth, and her infant would have had practice suckling with

219 Gynecology 2.20.3.
experienced professional lactators – given the difficulty modern mothers have learning to breastfeed, there is something to be said for the arrangement.

As with the other two issues, there is a balance struck between maternal needs and the child's. Indeed, in the case of breastfeeding the preference is given to the mother! Soranos not only allows the mother to spare her looks and youth by delegating breastfeeding to others, but encourages it. Of course, there is a bit of a double standard, since the wet nurse is expected to give birth \textit{and} expend herself breastfeeding, but the mother of higher social status is not. However, when the nurse shares her duty with several other nursing women and has a physique believed to be conducive to the demands of milk production, the damage to her is mitigated somewhat. After a long and restricted pregnancy, the new mother has a reprieve while she heals, and is guaranteed the support of women who can care for and feed her child, and then assist her if and when she is well enough to breastfeed. Breastfeeding is left to those believed to have the best chance at enduring the rigors of the process with the least amount of damage, and there is no guilt in seeking help during the frantic first weeks of motherhood. Given the extreme mental and physical fall-out from pregnancy in any era, one cannot help but envy these mothers in an age where the postpartum woman is left largely to fend for herself after she leaves the maternity ward.
Conclusion

It is somewhat puzzling that the physician's role in regulating fertility was not one of the many things of which Plinius accused physicians of his day (given the pervasiveness of physicians' involvement in abortion), and it is very likely that it was because the *obstetrices* who oversaw the majority of such treatments were not felt to belong to the same group as the male physicians whom Plinius and Cato denounced. It is also the case that the lion's share of Roman ire fell upon the women who procured the abortions, and not upon those who satisfied the demand. It is, instead, within the community of physicians that questions of the physician's ethical obligations toward the fetus were explored as well as his or her obligation to the mother's health.

If the popularity of Soranos even past the time when Galenos's works gained ascendancy over other medical authors is any measure of common practice in Roman pregnancies, one could argue that there was a strong bias toward the woman's health over the child's. Although Hippokratic medicine certainly allowed for contraception and abortion, it was far more likely to encourage 'therapeutic' pregnancy and intercourse than Soranos does. Roman women who could afford Soranos's *obstetrix* could expect to be treated as more than a vessel for the next generation of Romans, and the *obstetrix* (so long as she avoided killing her patient) could quietly aid in the regulation of pregnancy and childbearing without attracting the sort of negative attention a male physician who operated in the male sphere might. Though the regulation of fertility was by no means safe or reliable, it was possible to obtain a certain degree of control with the help of a willing physician, and Romans who objected seem to have chosen to focus their ire not
on the Greek physician/ obstetrix, but on their own women. It seems in the final evaluation that women were more worrisome a threat to Romanitas than Greeks.
An ancient physician's role at the end of a life is vague in the same way as it is in life's beginnings; the concept that the physician is meant to preserve and not end a life is certainly present, but is by no means shared by all physicians nor enforced by law or custom. Unlike the issues of abortion and contraception, however, there is far less debate surrounding the physician's role in ending life. This is not to say that there were not schools of thought that would claim a physician should never under any circumstances end a life: there most certainly were, from Apuleius's fictional physician who substituted a sleeping potion for poison, to Hadrian's physician who (at least in the *Scriptores Historiae Augustae*) committed suicide rather than give poison to the emperor. This tradition would be the same alluded to by Scribonius Largus and Soranos as those who adhered to Hippokrates's injunction in the *Oath*:

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\text{Οὐ δῶσω δὲ οὐδὲ φάρμακον οὐδὲν ἀιτηθεῖς θανάσιμον, οὐδὲ ὑφηγήσομαι ξυμβουλήν τοιήνδε. Ὑμοίως δὲ οὐδὲ γυναικὶ πεσσὸν φθόριον δῶσω.}
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I will by no means give a deadly drug to anyone asking for it, nor will I advise such a plan. Similarly, I will never give an abortive pessary to a woman.

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\[220\]This story of Hadrian's physician is rather tangled. In Cassius Dio he is named as 'Hermogenes' and far from committing suicide to avoid being ordered to assist in Hadrian's suicide, he goes so far as to show the emperor a point on his ribcage where it would be best to strike with a sword. Cassius Dio 69.22, SHA *Hadrian* 24.8.
It does seem, though, that those who opposed physicians assisting in the commission of a suicide were in a minority in ancient Rome, given the cultural glorification of suicide. Suicide was, after all, Kleopatra's redemption in Horace Ode 1.37 and was the glorious death chosen by the heroes of the lost Republic – Brutus, Cato the younger, and Cassius.  This was no less true in the empire: Seneca the younger and Gaius Petronius both redeemed themselves from sycophancy to Nero by their stylish and stoic suicides. Particularly for aristocratic Romans of the empire, the necessity for preemptive suicide in the face of treason trials and proscriptions made it necessary to have some plan for ending one's own life efficiently, and for this reason there is a strange break in the usual balance of the Roman doctor-patient relationship. Instead of worrying that their physicians may kill them with their foreign knowledge, patients instead solicited that knowledge in order to die reliably, quickly, and without undue pain. This is not to say that all Romans were comfortable with the thought of willing Roman patients being deliberately killed by their physicians, or even that a physician would want to be known for assisting in a suicide (particularly if he were a slave), but by and large physicians are a casual footnote in the story of a Roman suicide, present in the same way the knife or poison is present, in order to allow the Roman master to exit his life. This is, perhaps, a beginning to the cultural merging of Greece and Rome that reached its fruition in the Byzantine empire – a strange place to find such reconciliation to be sure. It could also represent the place where Romans' central fear about Greek physicians – namely that Greek physicians kill Roman patients – lost its ability to terrify. Of course to Romans

221 Cato the younger, Brutus, and Cassius did not, to our knowledge, consult physicians in their suicides, although one was called to replace Cato's entrails and thus reverse the suicide.
who were not actively seeking to end their own lives, an actual physician who was known to have killed a Roman patient for whatever reason would be unlikely to earn as much respect as Apuleius's principled physician who refused to assist in the suicide of a man he was told was mortally ill, which is perhaps why authors like Scribonius Largus take great pains to assert the physician's duty to preserve and not end life. Apart from the positive affirmations, though, there seems to be no overt hostility to a physician who would be willing to end a patient's life when asked to do so. It is not the same as approval, but it is something short of condemnation.

Modern scholars have wrestled with the dissonances between ancients whose writings claim that it was normal, even expected, that a physician assist in ending a suffering patient's life and others (two of them medical authors\textsuperscript{222}) who claim that such actions are anathema to the essence of the medical profession, namely (as Scribonius quotes Hippokrates) \textit{“scientia enim sanandi, non nocendi est medicina.”}\textsuperscript{223} Oswei Temkin in his essay “The idea of respect for life in the history of medicine” locates the core of the dilemma over “respect for life” in the situation of a mother unable to deliver her child. Absent safe Cesarean section, the physician would be forced to choose between the life of the mother and the life of the child, or do nothing and allow both to die. On this point, Romans seem to have favored the mother, cutting to deliver the fetus only after she had expired, and crushing the fetus's head if it was suspected that the mother would not survive. Though this is not immediately relevant to the question of physician-assisted suicide, it does point to the ancient willingness to take a life when

\textsuperscript{222} Hippokrates in \textit{the Oath} and Scribonius Largus at \textit{proemium} 5.

\textsuperscript{223} Ibid. “Medicine is the art of healing, not of harming.”
circumstances demanded it. Life was not sacrosanct simply because it was life.\textsuperscript{224} William K. Frankenda in a companion article to Temkin's highlights the various issues left vague by phrases such as “respect for life.”\textsuperscript{225} Taking Scribonius's “\textit{non nocendi, sed sanandi},” for instance, one could argue that in the case of a terminal patient suffering extreme agony “\textit{nocere}” could refer to allowing the pain to continue and the only way to “\textit{sanare}” would be to end the suffering by killing the patient. Though not immediately relevant to the context of this chapter, Frankenda's disambiguation of “respect for life” into more specific categories (prolongation of life vs. preserving quality of life, palliative care vs. euthanasia) is useful when discussing where the ancients located the essence of a physician's art in situations where a patient was suffering in some way that only death could relieve. These two pieces together form the conceptual basis for this chapter, which attempts to find physician-specific points of ethical crisis in cases where the physician is compelled by some ethical or social pressure to end a life and discuss those points in the context of Greco-Roman relations.

Most modern scholars do agree that there was great diversity of opinion on the subject of suicide, at least in philosophy. Indeed, there is no one issue on which ancient philosophers ever seem to have agreed. John Cooper surveys the highlights of this most rarefied sampling of ancient opinion with much the same conclusions followed in other modern sources. Pythagoreans stood alone in opposing any sort of suicide, where Stoics seem to have been the most tolerant of the practice, although with qualifications on the appropriate circumstances for suicide. Most ancient philosophies allow that self-killing is

\textsuperscript{224} Frankenda in \textit{Respect for Life in Medicine, Philosophy, and the Law}. (Baltimore: Johns Hopkins UP) 1975.

\textsuperscript{225} Ibid.
acceptable for a very good cause and differ merely on what those causes may be.

However, philosophy cannot be used as a textbook for the opinions held by the average Roman of means.

The most in-depth coverage of the spectrum of ancient suicide is Anton J. L. van Hooff's “From autothaanasia to suicide: Self-killing in Classical Antiquity.” In this encyclopedic gem of a book van Hooff has gathered a substantial list of suicides which he subsequently examines for anthropological trends from Greece to Rome, myth to 'reality', male to female, and so on. He most clearly demonstrates that suicide existed in both cultures, but that Romans (particularly of the late Republic and early Empire) embraced an extremely tolerant and, in some cases, supportive attitude toward self-killing, sometimes with the help of doctors. While his book unfortunately glosses over the specifics of cases in which doctors were involved and focuses more on the suicide than those who assisted him or her (which is reasonable considering the focus of his inquiry), it does provide a solid context for further work on those situations where the suicide wanted expert help in leaving life quickly and effectively.

The Obligation to Preserve Life?

Modern scholarship has come to a general consensus that the physician's duty to preserve life is not a concept present in antiquity. To be clear, this refers to the obligation to preserve life, not the obligation to refrain from taking life. For this reason, a doctor was not obliged to remain with a patient when the case was desperate unless he

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was the patient's slave or (perhaps) freedman. The importance of prognosis from Hippokrates to Galenos was as much about knowing when to cease attempts to treat a condition as being able to amaze prospective clients with the physician's ability to predict the next stage in the disease. The conflict for the free Greek physician in Rome was whether or not to adhere to the Oath's prohibition against advising a patient to kill himself, not (as is the case in modern medicine) whether or not to elongate the life of terminal patients at the expense to their quality of life.

Though during this period the Oath was known and accepted as canon, physicians as prominent as Soranos felt free to diverge from Hippokrates on the subject of abortion, and so others could have likewise disagreed with the prohibition against suicide. Indeed, had suicide been a more contentious issue, there might have survived medical texts wrestling more directly with situations where the desire to relieve suffering and the desire to take no life are in direct conflict. One cannot help but return to Temkin's haunting example of the woman unable to deliver her overlarge infant: in this case it is fairly clear (crystal clear in Soranos) that the obstetrices and any physician called upon to intervene in a complicated delivery were willing to perform embryotomy in order to save the mother, and in addition they would not resort instead to Cesarean section on a live mother (thus favoring the child's life over the mother's).\textsuperscript{227}

\textsuperscript{227} Soranos \textit{Gynecology} 4.9  In the cited passage, Soranos indicates that a male physician would be performing the embryotomy, which may indicate that when matters reached the point where such decisions had to be made, a male physician would be brought in. Although there is no reason to say that the \textit{maia} would never have performed the procedure herself, the practice of calling the \textit{medicus} is consistent with cases in Galenos's writings when he was called to assist after the \textit{maial} reached a point of desperation.
Danielle Gourevitch in her 1969 article “Suicide Among the Sick in Classical Antiquity” correctly points out that physicians regularly participated to some extent in the suicides of their terminal patients, and that this practice was considered by the Romans fairly acceptable.\textsuperscript{228} This is not to say that the physicians had no qualms about such advice, particularly if they were slaves who could be charged with murdering their owner and thereby lose their own lives. By this account, the prohibition against using one's knowledge to kill was one often stated, but more often broken, particularly in the environment of imperial Rome where the doctor was in many respects at the mercy of his Roman patrons.

In Roman literature physician-assisted suicide appears quite frequently, from Hadrian consulting his physician on the best location to kill one’s self with a sword to Kleopatra’s request to Olympos for advice on poisons.\textsuperscript{229} The idea of doctors as euthanizers had been known in Rome for quite some time – Plautus’ Charinus in \textit{Mercator} speaks casually about going for the physician in order to end his life.\textsuperscript{230} This practice seems to gain a good deal of popularity under the Empire, though, presumably due to the increased need for suicide as a political tactic in order to preserve one’s legacy for one’s heirs or to anticipate an emperor’s execution order. Though many sought their


\textsuperscript{229} Plutarchs \textit{Antonius} 82.

\textsuperscript{230} \textit{cur ego vivo? cur non morior? quid mihist in vita boni? certumst, ibo ad medicum atque ibi me toxico morti dabo.}

Why do I live? Why do I not die? What good is life to me? For sure, I will go to a doctor and there I will give myself a toxin of death. \textit{Mercator} 471-2.
end through exsanguination and falling on a variety of weapons, poison seems to have
been thought to be the most tolerable way to end one’s life. As Plinius puts it at 2.156:

It can even be thought that (Nature) created poisons as a mercy to us, so that when life becomes a burden hunger, a sort of death most foreign to the best intentions of the earth, will not consume us with a slow hunger, and so that cliff faces will not slice our lacerated bodies to bits, and so that the undignified punishment of a noose not torture us by shutting off our breathing as it struggles for an exit, or that our graves in the ocean not become a source of food when we seek our death there, and so that the body not be sliced when tortured with a sword. So it is that Nature, taking pity on us, brought forth a thing easily taken with a sip and by which we can be put to death with all our blood intact, with no work, perhaps something like thirst, the sort that causes neither vultures nor wild beast to touch the dead, and those who have perished by their own hands in such a fashion are preserved for the earth.

To use poison, unlike swords and the like, one needed some degree of expert knowledge. This is not to say that one did not need some form of knowledge to use a sword for suicide (Marcus Antonius's botched self-impalement can attest to that), but there is more knowledge needed to mix drugs than to drive a pointed object into a vital area of the body. An incorrect dosage could mean injury rather than death, or an unpleasant bout of nausea. Likewise, the wrong poison could cause horrible suffering on top of dying, which would be similarly undesirable. Generally speaking, though, a physician seems more likely to be involved in suicides by poison, whereas the sword is a more do-it-yourself method, occasionally with the assistance of a trusted slave holding the blade.
steady, as Nero did. Death by exsanguination seems to occupy a middle ground where one can involve a physician if one has not got the sort of nerves necessary to make the kinds of precise cuts necessary, though Petroniarius seems to have managed well enough on his own.\textsuperscript{231} 

The physicians themselves seem reticent to include instructions for such poisonings in their writings, keeping their remarks on the subject to warnings against toxic doses. Dioskourides warns his readers that a substance can be poisonous, but gives no instructions for using drugs in such a fashion.\textsuperscript{232} Celsus likewise gives instructions only for antidotes, and Soranos has little mention of poisons at all. Plinius is, of course, slightly less reticent about listing poisonous plants whose only functions are to be poisonous; however, he clearly demarcates the sorts of potions which are not acceptable at 25.24-25 – love potions and abortifacients. However, clear instructions on how to kill a patient would be unnecessary to a physician whose clinical experience would include implicit knowledge of what would bring about swift death. Particularly in the case of surgical killing, one would need to know only where to cut, and this he would learn in the course of experience. For poisoning there is a greater danger of failure, of course, particularly if one wishes to kill without leaving visible signs. However in the case of suicide where one is not trying to escape detection, the visible effects of an overdose of hemlock or opium would hardly need to be hidden. In any event, it is unlikely that any

\textsuperscript{231} Tacitus does not mention physicians in his description of Petronius's ostentatious suicide, but that does not necessarily mean they were not present. The narrative focus is on Petronius, and not on his assistants. Seneca at Annales 15.63 seems to perform his own venesection together with his wife (\textit{post quae eodem ictu brachia ferro exolvunt}), but later calls upon his physician Annaeus to speed him along with poison (most likely hemlock - \textit{venenum quo damnati publico Atheniensium iudicio extinguerentur}, 15.64).

\textsuperscript{232} Hemlock at 4.79, for instance, is labeled poisonous in passing, but no instructions are given for a death-dealing dose.
physician wishing to build his reputation as a respectable practitioner would put into writing instructions for killing patients. Such knowledge would by necessity need to be gained discretely and possibly from a Martina or Locusta, female poisoners who may represent an oral tradition of poisoning lore.²³³

It is clear that physicians did assist in patient killings, even though there was a strong school of thought that they should never do so. It is not the sort of black or white situation that some scholars make it out to be (either Greek physicians were pro-suicide or they were not²³⁴); as with modern physicians, there are competing desires to end suffering and refrain from taking life. It is more helpful to the person wishing to gain a better understanding of the physician's role in Roman suicides to identify the sorts of situations in which such a service might be requested and the pressures under which the physician would answer the desperate requests of his patients.

**Not Worth Rearing**

Most modern treatments of the physician's role in ending life centers around the suicide of adults, who can consent to the process and participate. This is perhaps due to the fact that often such discussions are relocations of modern controversies to an ancient arena, there to be fought by moderns in the costume of ancient physicians. This is by no means a criticism of such work, since in most instances the aim of the article is to clarify modern debates by correcting key misperceptions of ancient medical ethics that have

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²³⁴ Gourevitch, for instance, dismisses Apuleius's fictional good physician entirely when arguing for pro-suicide physicians and von Hooff likewise glosses over the complexities involved in the assisting physician's presence.
been used as precedent for modern legal decisions and to justify modern practices.\textsuperscript{235} It is vitally important both to forge connections between antiquity and modernity and also to correct errors in modern generalizations, but in this project it seemed fitting to group with physician-assisted suicide the following passage from Soranos, which illuminates a facet of ancient medicine that modern medicine has relocated to the abortion debate due to advances in imaging technology and better methods for detecting fetal defects and diseases. Disabled infants (and possibly female infants, if one accepts the evidence such as the letter from Oxyrhynchos from a husband bidding his wife to expose her newborn if it is a girl\textsuperscript{236} and the fictional father in the \textit{Golden Ass}\textsuperscript{237} ) could be allowed to die if the \textit{paterfamilias} so chose, and possibly illegitimate infants as well. The intimate and painful nature of the decision perhaps explains why explicit descriptions of the process outside of mythology are rather difficult to come across, and the high rate of infant mortality from natural causes obscures the extent to which deliberate exposure or infanticide was


\textsuperscript{236} Oxyrhynchus papyrus 744. G

\begin{verbatim}
 XMRTG NTX 2 PIKATI HAPRTI KAI WPRH TIP KURH MNO KAI APOLLOSTPRH. GINOSKE WZ
 ETI KAI VYN EN ALLEPONERE<4>4<4>-SEMHN: MI HAYNIzx EYN DLOWS EKSPREHTHANNTA, EGHW EYN
 ALLEPONERE<4>4<4>-MENH. EREPW SE KAI PAPAIIKH SE EPMELH<7-7|=9-9 TIP PAIDH KAI EYN EUTHZ
 OSYNON LAPOWMEN APOSTELLH SOI DNO. EYN POLLA POLLOWN TECZ KSE EYN HN APESENOV DROS,
 EYN HN DHLEA EKBALE. ERMHKA DAEFRODISIADI AFRODISIATI OTI MH ME EPIKHUTHZ: PZW DUNAMHSE
 EPIPLAITHN; EREPW SE OUN TNA MH HAYNIzOHZH.
\end{verbatim}

Hilarion to Alis his sister, joyous greetings, and to my dear Berous and Apollonarion. Know that we are still even now in Alexandria. Do not worry if when all the others return I remain in Alexandria. I beg and beseech of you to take care of the little child, and as soon as we receive our pay I will send them up to you. If -and I wish you the best of luck! -you give birth, if it is a male, let it live; if it is a female, expose it (lit. 'throw it out'). You told Aphrodisias, 'Do not forget me.' How can I forget you? I beg you therefore not to worry.

\textsuperscript{237} Apuleius \textit{Golden Ass} 10.23 \textit{\"ut, si sexus sequioris edidisset fetum, protinus quo esset editum necaretur\"}
practiced.238 There is, however, a passage from Soranos that provides a glimpse into what may have befallen a child born with visible defects:

(238) Simon Hillson “The World’s Largest Infant Cemetery and Its Potential for Studying Growth and Development,” in New Directions in the Skeletal Biology of Greece, p. 137-154. Maria Liston's unpublished work on the so-called “baby well” in the Athenian Agora (a well-shaft filled with the skeletons of infants and one adult) records a high prevalence of pathological changes in the skulls of the infants buried in a mass-grave that suggests many such infants died as a result of disease and infection.

238
respect. This we may recognize from pressing the fingers against the surface of the body, for it is natural to suffer pain from everything that pricks or squeezes. And by conditions contrary to those mentioned, the infant not worth rearing is recognized.

Soranos *Gynecology* 2.10

If Soranos expresses the sorts of criteria in general use during the imperial period, this would exclude from rearing children with profound and obvious disabilities as well as otherwise healthy children with club feet or underdeveloped eyes. Oddly enough, there seems to be no test for hearing in the otherwise thorough battery of sensory and motor tests, which would allow a deaf child to grow to be quite old before his defect became apparent. The criteria (healthy mother, strong cry, normal body, response to stimulus) are quite similar to those used in the modern APGAR score (Appearance, Pulse, Grimace in response to pain, Activity, Respiration). All that is missing from the ancient criteria is skin color and pulse, which indicate the same sorts of problems that weak cries would.

There is no discussion in this passage of children who are 'borderline' – they are either perfect, or a wasted effort. There is nothing said about what to do with a child who does not meet the *maia's* criteria or how to communicate the information (as was done with the announcement of sex), or even an indication that the *maia* may perhaps be overruled by the parents. Roman custom already provided for the father to accept or reject his newborn infant, and it may be that the *maia*'s opinion was one of several factors he would take into account before making a final decision.

There is no way of knowing how frequently parents would be told by their *maia/* *obstetrix* that their child was not healthy enough to be raised. Presumably with severely deformed infants, the parents would be easily able to see the issue and make the
judgment, and in the case of the weakly crying infant, the underlying condition of underdeveloped lungs or a heart defect would cause the infant's death well before a final decision would need to be made. But in the case of weak but determined infants, there could be a situation in which the *maia* would be called upon to make a prognosis that would spell death for the unlucky child. Doubtless she did not have the final authority to make such decisions, but her expertise gives her the power to tip the balance one way or the other.

Unfortunately Soranos is silent on what one should do if the unfit infant fails to die quickly enough and whether the *maia* should hasten him along. What the passage on unfit newborns does indicate, though, is that a medical opinion was required by some to decide the fate of ill and disabled children and that the physician's dilemma between ending suffering and refraining from taking life was not confined to his adult patients. The matter-of-fact tone Soranos uses here speaks to the cool-headed resolve necessary in an emotional situation, and also hints at the frequency with which the *maia* was forced to decide whether to recommend an infant for exposure (or infanticide). It is difficult to say how many infants were rejected at birth, and even more difficult to say how many of those were genuinely inviable. The best that can be done is to say that the situation was common enough to make its way into a surviving (and therefore often copied and therefore consulted) manual and represents one of the more difficult decisions a Greek-speaking physician would have to make in the course of his or her practice.

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239 Paul Carrick in *The problem of Abortion* (“Medical Ethics in Antiquity” D. Reidel Publishing: Dordrecht) 1995 claims that common methods included smothering, drowning, strangling, crushing, and stabbing, but fails to give any citations to support this. They may exist, but this author has yet to coax them out of the corpus.
Methods of Suicide in Imperial Rome

For this section, I rely without any reservation on Van Hooff’s analysis, which I find to be reliable in its details. Among the lower classes (and in particular slaves) the lack of weapons made jumping, hanging, and drowning the methods of choice since they required no special skill or equipment. However, these methods are unpleasant for the suicide and subject to failure; one can choose too low a building, too fragile a rope, too shallow water, and of course there is the distinct possibility that rescue might intervene between attempt and completion. For the purposes of this chapter, though, slaves are excluded since they would lack the means to afford a physician's assistance. Only the reasonably wealthy could afford such a luxury (or at least someone who knew how to prepare hemlock), and so it is their suicides that deserve the most attention. Romans— including Roman women - preferred to die by weaponry. Fewer of them preferred poison than Greeks (20 Romans, as opposed to 23 Greeks and 10 barbarians, which van Hooff believes to be statistically significant enough a gap given the nature of the sources.

Greater attention will be given to those methods in the appropriate sections.

One methods that does deserve some attention, albeit not as much as weapons and poison, is inedia or willful self-starvation. On the surface this seems a process where a doctor is unnecessary, though one wonders at the will-power involved. However, as early as the Hippokratic corpus there existed a medical awareness of self-starvation

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240 Van Hooff, “Modi Moriendi,” in From Autothanasia to Suicide, 40-78.

241 Van Hooff 60.

242 Or not-so willful starvation, in the case of Livilla wife of Tiberius's son Drusus and Drusus the brother of Caligula. Her mother Antonia locked Livilla into a room until she starved (Dio, 58.11.7) and Drusus starved to death in prison, resorting at the end to eating his own mattress (Annales 6.23).
suicides as well as strategies to manage such a course of 'treatment.' Honey and milk preparations were sometimes used to allow someone to starve to death less painfully than he would by neither eating nor drinking.\textsuperscript{243} Of course this would mean a slower death, but it would also be easier to bear since the suicides would wean themselves from food gradually, then have something to stave off the pains of hunger while their bodies wasted to death. This method of suicide was used by older Romans particularly, and though there is nothing to indicate that there was a standard regimen used in the Roman era to facilitate the process, it is likely that Greek doctors would still use the Hippokratic texts to ease their patient's pains. This was perhaps the least morally challenging method a physician would encounter in his practice, since he could do little to force his patient to eat. The choice and method was clearly the patient's, and the physician's palliative measures could be seen as a way to prolong the situation in order to allow the patient to give up and carry on living.

\textit{Romana Mors with a Greek Scalpel}

Van Hooff argues in "From Autothanasia to Euthanasia" that well-to-do Romans greatly preferred death by sword or knife, related as such a death was to the Roman military ethos of dying in open combat for the good of the \textit{patria}. It was something recognized by the ancients as well, who referred to such a death as \textit{Romana mors}.\textsuperscript{244} Falling on one's sword certainly was a way to snatch back one's \textit{dignitas} in the face of defeat, though Marcus Antonius could well attest that one had to take care to fall properly

\textsuperscript{243} Hippokratic corpus \textit{peri diaites oxeon} 15.

\textsuperscript{244} Van Hooff 47-53, Martialis's epigram 1.78 explicitly identifies death by blade as \textit{Romana Mors}.
in order to avoid a very painful death. Perhaps it is for this reason that Hadrian, when suffering from dropsy and looking to end his struggles consulted his physician on the best location to stab himself. There are two versions of Hadrian's attempts at suicide that in combination present an interesting evolution in the tradition of Hadrian's wishing for death. Dio Cassius's version survives in the epitome of book 69 at chapter 22:

By certain charms and magic rites Hadrian was relieved of his dropsy for a time, but soon after he was filled with water again. Since, therefore, he was constantly growing worse and was dying day by day, he longed for death; and often he would ask for poison and a sword, but no one would give them to him. As no one would listen to him, even though he promised money and immunity, he sent for Mastor, one of the barbarian Iazyges, who had become a captive and had been employed by Hadrian in his hunting because of his strength and daring; and partly

245 Antonius's death doubtless formed the inspiration for Dido's lengthy suicide, which Vergil dwells upon at length in Aeneid 4.663-705.

246 Hydropsy is now understood to be a symptom of a variety of underlying illnesses including congestive heart failure. The modern term is 'edema'. It is water retention and swelling, particularly around the lower extremities, and can cause shortness of breath and abdominal pains, particularly when caused by heart failure. Nicholas Petrakis has suggested that Hadrian's condition was very likely to be heart failure as a result of arteriosclerosis and hypertension, a diagnosis given some credence from the diagonal ear-crease on his surviving portrait busts which is a clinical indication that a person has a tendency towards congestive heart failure. Diagonal earlobe-creases, type-A behavior and the death of Hadrian. (Medicine in Perspective). West J Med 132:87-91, Jan 1980.
by threatening him and partly by making promises, he compelled the man to promise to kill him. He drew a colored line about a spot beneath the nipple that had been shown him by Hermogenes, his physician, in order that he might there be struck a fatal blow and perish painlessly. But even this plan did not succeed, for Mastor was afraid of the business and drew back in terror. The emperor lamented bitterly the plight to which his malady and his helplessness had brought him, in that he was not able to make away with himself, though he still had the power, even when so near death, to destroy anybody else. Finally he abandoned his careful regimen and by indulging in unhealthy foods and drinks met his death, speaking and shouting the popular saying: "Many physicians have slain a king."

The other account is given in the *Scriptores Historiae Augustae* (SHA) and is generally thought to date to the 4th century A.D., more or less a century after Cassius Dio.

Although the questionable veracity of the SHA is well-known among modern scholars, this passage and not Dio is cited when discussing Hadrian's suicide attempts and is treated as an entirely reliable account.²⁴⁷ It is easy to see why the SHA is more interesting than Dio's version; the SHA give a sensational account with the tantalizing picture of a doctor committing suicide rather than helping a patient to kill himself which understandably intrigues scholars more than Dio's simple consultation. However, to understand the full scope of the SHA account, one must read it next to Dio and in its literary context as anti-Hadrian polemics. The passage comes in the *Vita Hadriani* at chapter 24:

> Hadrianus autem ultimo vitae taedio iam adfectus gladio se transfigi a servo iussit. quod cum esset proditum et in Antonini usque notitiam venisset, ingressis ad se praefectis et filio rogantibusque ut aequo animo necessitatem morbi ferret, dicente Antonino parricidam se futurum si Hadrianum adoptatus ipse pateretur occidi, iratus illis auctorem proditionis iussit occidi, qui tamen ab Antonino servatus est. statimque testamentum scripsit nec tamen actus rei publicae praetermisit. et post testamentum quidem iterum se conatus occidere subtracto

²⁴⁷ Van Hooff 158, Gourevitch does mention Dio's version, but it is the SHA whom she cites as primary source. "Suicide among the sick," p. 512 and n. 88.
pugione saevior factus est. petiit et venenum a medico, qui se ipse, ne daret, occidit.

Hadrian however, now weighed down by the final weariness for living ordered that he be stuck through with a sword by a slave. Which when it was divulged and had come all the way to the attention of Antoninus, the prefects came to him with his son and asked that he bear the constraint of disease with a calm mind, while Antoninus was saying that he would be a parricide if he allowed Hadrian to be killed after he had been adopted by him, but Hadrian was angry at them and ordered the person responsible for betraying him to be killed, but that person was saved by Antoninus. And immediately he wrote out his will, though he did not give up public duties. And after his will he again tired to kill himself with a drawn dagger, and was made ever more savage. He even sought poison from a doctor, who killed himself so he did not have to give it.

In the earlier version Dio is far more pro-Hadrian than the SHA, and this alters the thrust of the story a great deal. Dio's Hadrian is a sympathetic figure in unbearable pain and SHA's is a moody bloodthirsty crank. In both instances there is a slave with a sword and a physician appealed to for advice. Dio's Hermogenes seems to have given the advice matter-of-factly without any sign of duress, and since he is named it is likely (though by no means certain) that he was a free man who could theoretically refuse to kill his patient, although when the patient is also emperor there is less of a difference than there would be otherwise. After all, a free-born doctor can refuse to assist or give a sleeping potion to an employer, as did Ahenobarbus', but refusing an Imperial order is an entirely different act. Dio has it as a single story where doctor, slave, and sword are all part of the same plan, and the slave's refusal end's the matter altogether. Hadrian is not overpowered by his lack of help (as he is in SHA), but finds a way to kill himself by ignoring his regimen in an odd reversal of the more usual inedia practiced by old Roman men (and some women) when they wish to die. Hadrian's misery does not make him into a monster, nor is he helpless in the face of his own disease. In any event, the fact that a physician needed to
be consulted to show how to fall on one's sword effectively points to the unreliability of such a method when practiced without some kind of help. If one were to do it without another person to hold the sword, the fall would have to be angled in such a way as to pierce the heart—hardly an easy task when, say, falling onto a sword wedged into the ground. This is most likely why many sword suicides (such as Nero's) were accomplished by a stab to the throat or an edgewise slit to the area, which (while far less instantaneous than a well-aimed blow to the heart) would at least guarantee success, so long as the stroke was deep and sure. Without help such precision would be very difficult, and even more difficult for a person who was not himself suicidal, but was committing the act in order to protect his family and his heirs.

SHA as the later author(s) may have relied upon a variant version of Hadrian's suicide attempts, or they could have taken Dio's version and rewritten it to suit their less favorable impression of the emperor. In this account, Hadrian's impotence in finding a way to kill himself verges on ridiculous: would a slave have time between the order and the intended sword-thrust that he could run off to find Antoninus? Why did the doctor not find Antoninus rather than kill himself? Could Hadrian really not be able to get his hands on any means of death? The rancor of the tone leads one to believe Dio over the SHA, at least with the same degree of credulity one can give any author of history.

However, the later version is interesting inasmuch as it highlights the doctor's dilemma in refusing to give an emperor poison. Even if Hadrian granted immunity, Antoninus could

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248 Corpus Hippokraticum peri sarkon 18 illustrates the possibility of a failed throat-slashing. “Εἴδον δὲ ἡδὲ οἱ, σφάξαντες ἐκεῖνοὺς, ᾐπέσαμαν τὸν φάρυγγα παντάπασι· οὕτως ἦσαν μὲν, φθέγγονται δὲ οὐδὲν, εἰ μὴ τὶς συλλάβῃ τὸν φάρυγγα· οὕτως δὲ φθέγγονται – And I have seen that those who have, in an attempt to kill themselves, have slashed their throats completely open, but such as are still alive, and yet make no sound, if someone does not close up the pharynx then they can speak.”
not have been relied upon to do likewise. The physician could give a harmless poison, but the irascible princeps could just as easily have had him killed. Though the SHA are more likely to be showing Hadrian's bloodlust by leaving a trail of good men in his wake, their portrait of the doctor who refuses to give poison is important so far as it shows that the ideal physician (if not the perfectly acceptable one) was he who would kill himself rather than kill another person.

Van Hoof identifies the slitting of veins as the domestic answer to falling onto one's sword, and there is a great deal of merit to that statement. The glorification of the vein-cutting ritual in Tacitus's Annales is eerily similar to the heroic suicides of the late Republic, and the protracted death of Petronius, who binds and unbinds his wrists as the mood strikes him, is as much an act of defiance. The doctors in many of these scenes are invisible (if present at all), noticed only in the idiom venas praebere excolvendas or venas porrigere. This is perhaps a function of the narrative, in which the politician-hero paradoxically defies the order to suicide by committing suicide with resignation and style. The story is not about the doctors who are brought in to assist, but about those flinty (and not so flinty) men and women who were to become visible martyrs to an evil regime, in the same way that the story is not about the knife or the veins or anything else used in the physical action. Danielle Gourevitch suggests that in such circumstances the Greek physician was bound to follow the orders of their Roman masters, and this may indeed be the case for slaves and freedmen. In the public spectacle of the political vein-opening where one's friends were present to witness the suicide, such doctors would

249 Tacitus An. 6.38.4 and 16.35.2 respectively.

250 Suicide Among the Sick cited above.
be free from suspicion of murder and could expect to gain a certain amount of publicity, although it is doubtful whether it would do much to promote a free doctor's practice unless one of the guests found himself facing prosecution. Given the climate during the reigns of certain emperors, this might not be far from the truth. That doctors were part of the process is best illustrated by this passage in Suetonius:

Mori iussis non amplius quam horarum spatium dabat; ac ne quid morae interveniret, medicos admovebat qui cunctantes continuo curarent; ita enim vocabatur venas mortis gratia incidere.

He gave to those who had been ordered to die no more than a few hours; and so that no delay would intervene, he ordered doctors be sent to the who were to 'take care of' those who delayed immediately; for so it was called to cut the veins for the purpose of death.

Suetonius, Nero 37.2

These were presumably slave physicians, although Nero was perfectly capable of ordering free physicians to do the deed. However, slaves would be far easier to come by and much more convenient. One hardly need be a specialist to know how to bleed a person to death.

Although this preferred method of Roman death did not need a physician's aid, it certainly did involve professional help. It is difficult to uncover what the motivations and conflicts were for these doctors, but one can make an educated guess that they too were forced by some necessity to kill an otherwise healthy person (on many occasions) in order to prevent a certain and less favorable death. Perhaps it is a stretch to classify such assisted suicide as 'mercy killing', but one can see where the physician would be motivated by loyalty to a patron to do what must be done. In the case of those who took their own lives to save their estates, there would be an added incentive for the physician.
Should the *patronus* be executed, there would be no heir and no bequests. The doctor would get nothing, and might even (if he were a slave) remain a slave, sold off to bring more gold to the public coffers. There was very little for this hypothetical physician to lose, and much to be gained. This may have increased his eagerness to assist in his patient's death for less than pure motivations, true, but this would have also given the *patronus* added leverage should his physician be obstinate. In any event, in an atmosphere of arbitrary executions and money-hungry politicians many principled doctors have been coerced into acts they would ordinarily find repugnant. For these ancient doctors, loyalty to Hippokrates would have been hard pressed to compete with the loss of fortune, status, patronage, and perhaps (should the emperor be in a vicious mood) his own life.

**Apuleius's Physician and Giving Poison**

It is rather ironic that those Romans who preferred a death that involved neither strangulation nor bloodletting resorted to the very substance so reviled by Roman authors, chosen by foreign monarchs, and brought in from foreign countries to be mixed by foreign professionals – that is to say, they took poison. Despite Plinius's enthusiastic endorsement of poison for relieving patients of an unbearable life, most Romans preferred blades. This had benefits both for doctors and for patients, since poison could exchange hands and end up killing the wrong victim, whereas an open vein is an open vein. Also, a patient can be tricked into drinking poison, but cannot mistake an opened vein for what it is. Even absent documents from the deceased indicating suicide, slit veins imply suicide since the patient would have to hold still in order to have them slit.
For this reason, it is hardly surprising that when doctors are accused of killing rather than assisting in suicides in the *Digest*, the instrument of murder is nearly always poison.\textsuperscript{251}

This is the crux of a scene often cited when historians of medical ethics discuss ancient prohibitions against assisting in a suicide. In chapter 10 of the *Golden Ass* there is a trial recounted where a physician not only refuses to give poison to a dying man, but takes steps to prevent another physician from doing so.

Tunc medicus: "Non patiar" inquit "hercules, non patiar vel contra fas de innocente isto iuvene supplicium vos sumere .... Nam cum venenum peremptorium comparare pessimus iste gestiret nec meae sectae crederem convenire causas ulli praebere mortis nec exitio sed saluti hominum medicinam quaesitam esse didicisset, verens ne, si daturum me negassem, intempestiva repulsa viam sceleri subministrarem et ab alio quopiam exitiabilem mercatus hic potionem vel postremum gladio vel quovis telo nefas inchoatum perficeret, dedi venenum, sed somniferum, mandragoram illum gravedinis compertae famosum et morti simillimi soporis efficacem.

Then said the doctor: ‘I will not allow, indeed, by Hercules, I will not allow you to condemn that innocent young man there contrary to all that is good and decent to punishment.... For although that most evil of men undertook to buy prophylactic poison\textsuperscript{252} and though I believed that it was not appropriate for my sect to offer to anyone the means of death nor offer death itself, but had learned that medicine is to be sought for the health of mankind, because I feared that if I were to refuse to give it, I would provide with my ill-considered refusal a path for crime and that this man would purchase from some other person a death-dealing drink or later would finish the unspeakable deed at last with a sword or some kind of weapon, I gave him the drug, but it was a sleeping draught, that mandragora famous for its discovered strength and its effect of sleep most similar to death."

\textit{Golden Ass} 10.11

As Gourevitch points out, this is a courtroom speech, and so the physician would hardly admit to a belief in physician-assisted suicide. However, the doctor is described in the narrator's voice as a respectable old man \textit{( unus e curia senior prae ceteris compertae fidi)}

\textsuperscript{251} This excludes death in surgery due to incompetence, which would be an entirely separate issue.

\textsuperscript{252} i.e. poison meant to be taken to cut short painful death.
atque auctoritatis praecipuae medicus – one older man from the jury, a doctor of known trustworthiness before the other [doctors] and extreme authority 10.8), which suggests that he is meant to be taken as sincere when he voices the position that health is “nec exitio sed saluti hominum.” When this fictional prae ceteris compertae fidi medicus voices such an opinion, it can be argued that he states what Apuleius expects his audience to expect from such a character. In a sense, it says more about the desired beliefs of a doctor than would a doctor in a work of history, for the novelist is free to construct the ideal physician to his standards. And although one might object that this work, though in Latin, is a reworking of a Greek original and thereby betrays not a Roman bias, but a Greek, one has but to look to the context. The author goes to great pains to point out the Athenian custom of the white and black pebbles, but the laws and structure are very Roman, down to the cocks, snake, dog, and ape used to execute Roman parricides. The language choice too is not insignificant, since it indicates that the author is writing to a Roman audience and assuming a Roman (not Greek) values system. In that case, the doctor's measures are not some kind of Hellenistic anomaly, but represent what the Roman reader would hope his ideal physician would do. The truth-contest (as Gleason names it in Talking Corpses) proves the physician not only crafty, but wise and the wicked woman and her accomplice get what they deserve.

This first physician (who will be referred to as senior medicus) should be read next to a second physician (medicus notae perfidiae) who appears in the same book, but does not appear in modern discussions of the Senior medicus's ethics. The passage shows
him as a near foil of the prominent *senior medicus* and illuminates in a nearly parallel case what the evil physician would have done:

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Sed uxor, quam iam pridem nomen uxoris cum fide perdiderat, medicum convenit quendam notae perfidiae, qui iam multarum palmarum spectatus proeliis magna dexterae suae tropaea numerabat, eique protinus quinquaginta promittit sestertia, ut ille quidem momentarium venenum venderet, ipsa autem emeret mortem mariti sui.
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But the wife, whom the name of wife had long since deserted along with her *fides*, went to a certain doctor of known nefariousness, who for years had directed wildly successful battles and could account great trophies to his own right hand [i.e. he had killed a lot of people], and to him she unhesitatingly promised him fifty sesterces to sell her poison, and she herself therefore bought death for her husband.

*Golden Ass* 10.25

Clearly this *medicus notae perfidiae* does the opposite of what the *senior medicus* did, and in the worst way possible. He asks no questions, but for the sake of money (much as Soranos's unfit *obstetrix* or the drug sellers of *Digest* 48.8.3 and 48.9.2) he assists a wife in parricide. The reader is clearly meant to find this *medicus* an odious man and be horrified by the fact that this is not his first medical murder. Of course, he is not solicited for a mercy killing as such, but beside the first doctor he presents a neat juxtaposition of what is best in medicine and what is worst: the *senior medicus* who refuses to kill even a terminal patient and the *medicus notae perfidiae* who does not even care whom his potion may kill.

The Athenian setting unfortunately makes it difficult to apply this poisoning as an instance of Roman acceptance of physician-assisted poisoning as a fit way for a terminal patient to die, but the audience allows us to draw some conclusions about the expectations for the ideal physician in a perfect and unfettered world. He abstains from
mercy-killing, takes measures to prevent other doctors from doing so (as they could be expected to do), and has control over drugs enough to fake a death and (in a sense) bring back a dead boy.

Post Mortem

In the event of a suicide – particularly a suicide with an heir and a sticky legal situation – there was need for expert opinions in determining whether the death was self-inflicted or cover for murder. Surviving documents from Roman Egypt indicate that physicians were consulted on such matters, and it is likely that the same was done in Rome as well. This may well have been the case in Greece as well, given the Hippokratic mentions of how one can tell if a hanging victim has been cut down in time to save him, although such knowledge could just as easily have come from frantic calls to attend to a suicide attempt. Unfortunately the evidence for this happening in Rome is scanty to non-existent, possibly relegated to the sorts of sources that survive in warm, dry Egypt but not in Italy.

In many ways (perhaps paradoxically) the issue of physician assisted suicide is the bright spot in an otherwise suspicious and hostile climate for the Greek physician in Rome. Here alone Romans seem to want to believe that their doctors can be trusted to kill them when they wish to be killed, and not kill them when they wish not to be killed. It is odd that Plinius's chief complaint about doctors becomes, in a sense, their position of greatest trust in Roman society. Though Roman clearly wished to believe that

253 cf. Van Hooff 72, Hippokratic corpus peri topon 39, aphorismi 2.43.

254 As did Domitius Ahenobarbus's physician, who gave a sleeping potion rather than a poison and thus earned his patron's thanks. Suetonius Nero 2.
their doctors would not just kill anyone, when they were suffering and facing certain death, it is to these professionals that they turned for swift relief and painless oblivion. Perhaps it is because in this respect, Greeks did what Romans always suspected them of doing – namely killing Romans – but because they did it at the behest of their Roman masters, death (in this case) lost its sting. If one must die, the power to choose a less painful death is a comfort. All moral questions aside, the fact that doctors were a casual agent in such doings speaks to the inroads they had made into imperial society and also that, when it mattered the most, Romans were willing to trust their doctor with suicide.
CONCLUSION

Although the system governing Roman medical care was neither written into the law nor administered by a single professional association, there were cultural conventions at play which functioned as controls on the activities of physicians and protection of a sort against disgruntled patients. The situation was a far cry from Plinius's portrait of physicians running amok without let or hindrance upon their experimentation and assassination for money. Instead, the law and the demands of the Roman marketplace did a great deal to constrain – and indeed hinder – the activities of Greek-speaking physicians.

When a physician entered into the medical marketplace of Rome, he had several concerns that needed addressing. First, he had to position himself as an educated man in order to attract wealthy clients, and educated men spoke Greek - a language he would need to have in order to study medical texts and be ready to give answers, should a prospective patient quiz him. Then he would have to be aware of his legal responsibilities and view every patient as a lawsuit waiting to happen. So long as he took care to appear attentive and honest, he might escape persecution, but not always. Quintus, Galen's mentor, can well attest to the fact that litigation can ruin any physician. Finally, this hypothetical doctor would have to jockey for intellectual ground, proving himself at demonstrations and bedsides and gaining wealthy patronage. Indeed, the best
patron would be the one who would do all this form him through referrals and legal
counsel, which is doubtless why many physicians (as Galen maintains) spent so much
time toadying to the wealthy and elite. If this physician managed to do all these things,
he could expect a comfortable living with freedmen and pupils of his own so as to spread
his practice further. With an eye toward allaying Roman fears and business savvy, his
road would be easy enough.

For the Roman patient, one could simply "walk with the feet of others" and pay
for whatever physician his friends recommended. He could purchase a bright slave and
train him to be the perfect doctor and be secure in relying on that person well after
manumission. He could read Hippokrates and gain enough knowledge to judge
physicians, and even practice some medicine on his familia, if he so wished. But when
his physician came to treat him, there would always be an added anxiety to that
experienced by modern patients. Would this physician poison him out of anger at
Romans? Would this physician lie in order to extend treatment and maximize profits?
Would this physician assist his wife in shirking her duty to provide heirs? Would he, the
powerful Roman, abdicate his power to that of a foreigner? All of these things were not
unreasonable concerns. It is, in a way, remarkable that despite the rhetoric and dark
humor Romans did work past these anxieties in order to obtain that treatment which was
perceived to be the best in the known world.

Romans relied heavily upon these foreigners to facilitate their births and their
deaths and created opportunities whereby physicians could become reliable sources of
information and therapy. This is not to say that Romans entirely trusted these Greeks at
their bedsides, but they did turn to them when necessity forced their hands. In a culture of mistrust and xenophobia, Greek physicians and Roman patients found ways to co-exist and in doing so built the foundation upon which modern medical risk management has been built.
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