

Medical Thinking of the Educated Class in the Roman Empire : Letters and Writings of Plutarch, Fronto and Aelius Aristides

This communication consists of three main parts. The first is an attempt to define the term « medical thinking » in relation to Imperial Rome, esp. the 1st and 2nd centuries A. D. The second part deals with the role of medicine in Roman educated life, while the third one presents three characteristic attitudes towards medicine and medical practice by touching upon writings of three outstanding representatives of Roman history.

Before I attempt to define Roman medical thinking in general, I should like to explain in a few words in what sense I apply the term « Roman ». I use this word in the broadest possible – and perhaps retrospective – sense, simply to express that certain characteristic intellectual approaches existed simultaneously in the given period within the Roman Empire ; so I would not touch now the problem of cultural identity.

I.

By Roman medical thinking, in a wider sense, I mean an approach of four important aspects.

The first treats medicine as a profession and/or a social status (Seneca, *De beneficiis*, 6.16.1-4 ; Plinius Secundus, *Naturalis historia*, 29.8.15-16).

The second deals with diseases in general ; mainly as contrasted to health, happiness, freedom etc (Cicero, *Cato maior*, 11.35-36).

The third describes and analyses certain diseases and symptoms.

Hypochondric attitude and diligent self-observation can stimulate this approach. This is the particular characteristics of Aelius Aristides, as I attempt to point out below.

Finally, the fourth enlarges upon medical treatments and healing powers (Cicero, *De divinatione*, 2.59.122-123).

All of these four features occur mostly in treatises about philosophy, rhetorics or history.

In addition to discussing the broader sense, it is advisable to take into consideration the strict sense of medical thinking as well.

From this respect we could discern four traits :

1. to define and to describe certain symptoms as particular signs of a disease ;
2. to be able to separate certain groups of symptoms as certain diseases (Celsus, *De medicina Prooem.*, 18-20) ;
3. to look at the symptoms as consequences of functional and/or organic disorders ; this, however, does not mean that « disease » in general is also looked upon like that (Longrigg, 1989, p. 6-7) ;
4. to give treatment in order to restore health — as a best possible condition adapted to the physical, mental and social status of the patient.

This kind of reasoning can be found mainly in treatises dealing strictly with medical questions, but one can feel its influence and logic by reading the most open-minded authors of Roman philosophy (Marcus Aurelius, 2.2 ; 2.17).

II.

Medical theories were not closed to laymen in Rome, especially not in the 2nd century A.D. Medicine was considered as a part of education — and no longer as a consequence of the « parter familias » attitude : but partly as a suitable subject for philosophical discussions and partly as a condition of self-knowledge, self-control and independence.

On the other hand, medical theories and professional medicine itself had close connections with philosophy : medical schools were mainly results of philosophical thought and so even the approach of practical problems were under strong philosophical influence. This attitude goes back to the Hippocratic tradition even to earlier times (Albutt, 1921, p. 74-75 ; Scarborough, 1969, p. 35-36). But Hippocrates, while on the basis of philosophy, treats medicine as a separate branch of knowledge (Celsus, *Prooem.*, 2.10-11), this dynamic equilibrium is not entirely characteristic of Roman medical thinking (not even if we turn to Galenos himself).

Here we should make a short reference to the influence of rhetorics on Roman medical life ; this was especially important among physicians of the upper class (Hippocrates, *Περὶ φυσίος ἀνθρώπου*, 2.20 and *Περὶ ἀρχαίης ἰητρικῆς*, 2.14).

It is no wonder, then, that the educated Roman felt entitled to study medical literature and to discuss medical problems.

Before I turn to the authors specified in the title of my communication, let us take a short turn to A.C. Celsus.

His Prooemium to *De medicina* clearly demonstrates the Roman synthesis: the adaptation of Hellenistic medical theories, combined with the attitude of the educated Roman rhetorician (*Prooem.* 6.6-7). Celsus deserves our attention for two reasons. The first is his historical attitude to medicine. He discusses, analyzes and considers the main theories of medicine from Asclepios up to his own days. He also tries to answer the following questions: is the knowledge of the effecting causes necessary for healing the diseases? Is it useful for a physician to study philosophy? The second reason is that his approach is not entirely that of a layman. According to him, if treatments based on completely different theories can restore «the same health» — «... ad eandem tamen sanitatem homines perduxerint ...» — then it is more suitable to concentrate on the practice of healing. Practice can be the only possible control among the different medical theories, and even theories should start from medical practice (*Prooem.*, 6.1-2). This he considers to be the only right course and the principal trend of medical thinking (cf. Hippocrates, *Παροργεῖλαι*, 2.4-7 and 1.2-4).

This opinion is not particularly characteristic of medical thinking of laymen in general.

Celsus in his Prooemium wrote with respect about Aesclepiades. The success of Asclēpiadēs and the — often distorted — theories of the Methodists are to be mentioned here only for one reason. Rejecting all medical generalities they stated that treatment should be based mainly upon the individuality of the patient. This theory suited the scepticism of the practical Romans — and encouraged the educated ones to deal not only with medical theories but also with their own health status from a medical point of view.

Meanwhile the popularity of this aspect led to abuses as well. So the original mistrust in — mainly Greek — physicians became aggravated by disillusion with doctors in general while the claim to an individualistic medical approach remained. This disillusion and intellectual interest led to the home-learned medical knowledge of the educated Romans.

I should like to illustrate three characteristic examples for this phenomenon in the final part of my communication.

III.

Plutarchos of Chaironeia (ca 46-127) evidently had a deep knowledge of medical literature. As one of the most open-minded, best-trained and most-travelled men of his age, he was receptive and a keen observer of human

nature. His *Moralia* is a perfect kaleidoscope of the Roman way of thinking. Medicine is often touched upon, since he considers it as an important subject for an educated man to study. So he feels entitled to ponder upon any kind of medical questions, from physiology to medical ethics (in this respect his view is opposite to that of Celsus: *Prooem.*, 6.9-11 and 11.7-8; Ὑγιεῖνα παραγγέλματα, vol. 3, p. 146). There is an other consequence of his attitude, namely, that he does not regard medicine as a separate branch of knowledge, but rather as a part of natural philosophy. On this basis he divides medicine in two – active and passive – parts (Περὶ τοῦ βίου καὶ τῆς ποιησέως Ὅμηρου 101 – though Dübner does not consider this treatise as authentic, vol. 5, p. 157-158).

Plutarch has a strong belief in the healing power of intellect: this is why everybody is responsible for knowing himself best and for getting the mastery of conscious self-control (Περὶ τῶν ἀρεσκόντων τοῖς φιλοσοφοῖς 23; Ὑγιεῖνα παραγγέλματα 136E, vol. 3, p. 162; Περὶ τοῦ κάθε βιωσᾶς 1128E, vol. 4, p. 1380).

He forms judgement of medical treatments or of curability of diseases, and does not think that only a physician could cure or – especially – prevent illness (Περὶ εὐθυμίας, vol. 4, p. 563; Περὶ φυχῆς, vol. 4, p. 7).

Plutarch's attitude to medicine is that of an educated person of encyclopaedical knowledge and probably of subtle psychological sense. He is deeply interested in human nature and human relationships in general – that is why he takes interest in medicine – but does not seem at all to care for his own diseases.

Marcus Cornelius Fronto (ca 100-166), the honoured tutor of Marcus Aurelius was an orator to the core. Reading his letters one feels that every moment of his life was but an impulse to turn it to rhetoric and to write about.

So illness, too, was for him of outstanding significance. He does not seem, however, to take interest in it as such: rather he was anxious to illustrate his symptoms and emotions as precisely as he could (Fronto, *Epistulae ad Marcum Caesarem*, 5.27, 5.32, 5.33, 5.40, 5.55, esp. 5.63, 5.71, 5.73; *ad Antonium Imperatorem*, 1.2.10, 1.8.1; *ad Verum Imperatorem*, 1.6.4, 1.8.1, esp.; *ad amicos*, 1.14, esp. 2.3).

Fronto – as I see – is not the real hypochondriac; he only describes and makes hidden and unseen causes visible with the whole-heartedness of the true rhetorician (one of his most interesting, hidden opinions about medicine: *ad Marcum Caesarem*, 3.10.1).

Aelius Aristides (118-119), an other greatly admired orator of his age was perfectly overloaded by his pains and sufferings. The very beginning of the Ἱεροὶ λόγοι (1.4) expresses the « tempests of Aristides' body » by

a marvellous metonym on the storming sea (about Galen's diagnose on Aristides : Behr, 1968, p. 162. Galen's sentence is in his Commentary on Platon's Timaios : Schröder, 1934, p. 33).

He turned to medicine for help for himself. His approach is so deeply individualistic, that in his Ἴεροι λόγοι he is by no means an outsider from the medical point of view : he is perhaps the most eloquent patient of Ancient Times. A particularly characteristic example of his individualistic attitude could be the description of a plague in 165 A.D. 2.38-40, lacking any kind of scientific interest.

Probably he had the same kind of medical knowledge as Plutarch. But Plutarch, owing to his keen intellectual interest (and perhaps his better health status) was very perceptive to problems of medical thinking in the strict sense as well. Aristides, on the other hand, was worrying about his own health, in fact, his life.

He had numerous contacts with physicians, but did not hold a high opinion of most of them. Nor did he attach great expectations to scientific medical theories (Schröder, 1986, p. 11). He was the kind of patient, for whom intimate care and personal contact was much more important than any kind of theories or drugs.

The ideal physician for Aristides was Asclepios, the god. I do not touch here the problem of Asclepios himself, though one cannot preclude the possibility of his being a real physician. Schröder, 1988, p. 377). He often calls him « Saviour » and obeys him as if Asclepios would be his family doctor (cf. 2.17, 2.24, 1.61, 4.11, 2.73 ; Schröder, 1988, p. 380). He keeps contact with the god in his dreams, which Asclepios – says Aristides – ordered him to write down (Meier, 1985, p. 113-114 and 123-124). While registering the dreams, Aristides described his symptoms as well. He did it with joyful precision and eloquence, and was careful – as Behr has pointed out – to use a separate nomenclature (Behr, 1968, p. 164-166, 2.5-7, 2.56-59). He is not at all eager to explain not even to understand the causes of his symptoms.

He commits himself and healing as well to the trust of the god. All the physicians around are estimated by Aristides only as consultants in interpreting the orders of Asclepios. His attitude to medicine is that of the educated patient, for whom pondering on medical problems means mainly to analyze the changes of his own health status and his contact with his doctor.

In summary : I hope that even in this sketchy description I could make my point clear. That is, medical thinking in the Roman Empire of the educated class strictly belongs to the Roman history of medicine itself, and forms the basis of a modern, complex European approach to the ever controversial human mind and body relationship.

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