Abstract

This study examines the knowledge and use of medicine in the writings of Augustine. An initial overview of Roman medical culture highlights that ancient medicine was both a practical and intellectual activity, that it was culturally linked with rhetoric, philosophy, and faith, and that many aspects of medicine were performed in a public setting. Knowledge of medicine formed part of the intellectual background of the well-educated Roman citizen, through autodidactic studies. Roman medicine underwent a minor renaissance in North Africa during Augustine’s lifetime; he would have obtained his knowledge of medicine through access to a range of textual and non-textual forms of information. Augustine’s interest in and knowledge of medical topics was more comprehensive than has been previously credited: he employed a sophisticated medical terminology; he was fascinated by aspects of human physiology, particularly the function of the senses; and he understood the philosophical divisions which separated the various medical sects.

His greatest use of medicine was in the area of figurative language. His employment of medical metaphors, particularly that of *Christus medicus* (Christ the physician), was extensive, far exceeding that of other Latin patristics writers, both contemporaries and those who followed him. Various reasons can be adduced for the attraction which medical metaphors held for Augustine, including the popularity of the figure of *Christus medicus* in North Africa, the use of medicine and medical metaphor in Manichaean texts, and Augustine’s relationship with the physician Vindicianus. Augustine’s own experience with ill health was also a significant contributing factor. A painful illness in 397 likely provided
an impetus to his writing of the *Confessions*, a work filled with medical metaphor, in which he confesses as a patient to a physician. Augustine expanded this medicalization of the self to the body of Christian sufferers through reference to the pain which ancient therapeutics inflicted. He used the metaphor of the sick bed to oppose the Donatist schism, by creating opportunities for ordinary Christians to turn their illnesses into martyrdoms. This allowed them simultaneously to reject unacceptable forms of healing and obtain full participation in the church.
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Abbreviations

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Abbreviations used in the text for classical authors and their works, with the exception of Galen, are taken from the list of abbreviations found in the *Oxford Classical Dictionary*, edited by Simon Hornblower and Antony Spawforth (Oxford: Oxford University Press, 1996).

Abbreviations used in the text for Galen’s works are taken from the list of abbreviations found in the *Greek-English Lexicon*, edited by Liddell and Scott (Oxford: Clarendon Press, 1968). Abbreviations which do not appear in the dictionary are given below.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ANF</td>
<td>Ante-Nicene Fathers</td>
</tr>
<tr>
<td>ANRW</td>
<td>Aufstieg und Niedergang der römischen Welt</td>
</tr>
<tr>
<td>ATA</td>
<td>Augustine Through the Ages</td>
</tr>
<tr>
<td>CCL</td>
<td>Corpus Christianorum, Series Latina</td>
</tr>
<tr>
<td>Chron.</td>
<td>Tardae sive chronicae passiones, Caelius Aurelianus</td>
</tr>
<tr>
<td>CMC</td>
<td>Codex Manichaicus Coloniensis</td>
</tr>
<tr>
<td>CMG</td>
<td>Corpus Medicorum Graecorum</td>
</tr>
<tr>
<td>C.Th.</td>
<td>Codex Theodosianus</td>
</tr>
<tr>
<td>Comp.</td>
<td>Compositiones, Scribonius Largus</td>
</tr>
<tr>
<td>Ep. ad Val.</td>
<td>Epistula ad Valentinianum, Vindicianus</td>
</tr>
<tr>
<td>Ep. Pent.</td>
<td>Epistula ad Pentadium, Vindicianus</td>
</tr>
<tr>
<td>FC</td>
<td>Fathers of the Church translation series</td>
</tr>
<tr>
<td>GVI</td>
<td>Grieschische Vers-Inschriften</td>
</tr>
<tr>
<td>Gyn.</td>
<td>Gynaecia, Soranus or Vindicianus</td>
</tr>
<tr>
<td>IG</td>
<td>Inscriptiones Graecae</td>
</tr>
<tr>
<td>IGR</td>
<td>Inscriptiones Graecae ad res Romanas pertinentes</td>
</tr>
<tr>
<td>LS</td>
<td>A Latin Dictionary, Lewis and Short, eds.</td>
</tr>
<tr>
<td>Med.</td>
<td>De medicina, Celsus</td>
</tr>
<tr>
<td>NPNF</td>
<td>Nicene and Post-Nicene Fathers</td>
</tr>
<tr>
<td>Phaen.</td>
<td>Phaenomena, Theodorus Priscianus</td>
</tr>
</tbody>
</table>
Abbreviations for works of Galen which do not appear in the *Greek-English Lexicon* are as follows:

- **Anat.**
  - *De anatomicis administribus*
- **Opt. corp.**
  - *De optima corporis nostri constitutione*
- **Cognosc.**
  - *De cognoscendis curandisque animi morbis*
- **Usu puls.**
  - *De usu pulsuum*
- **Hipp. et Plat.**
  - *De placitis Hippocratis et Platonis*
- **Sanit. tuend.**
  - *De sanitate tuenda*
- **Alim. fac.**
  - *De alimento facillitatis*
- **Pisana**
  - *De ptisana*
- **Dign. insomn.**
  - *De dignitione ex insomniis*
- **Morb. diff.**
  - *De morborum differentis*
- **Caus. morb.**
  - *De causis morbis*
- **Meth. med.**
  - *De modo medendi*
- **Ven. sect.**
  - *De venae sectione adversus Erasistrateos Romae degentes*
- **Cur. ratione**
  - *De curandi ratione per venae sectionem*
- **Puer epil.**
  - *Pro puero epileptico consilium*
- **Simp. med.**
  - *De simplicium medicamentorum temperamentis ac facultatibus*
- **Comp. med.**
  - *De compositione medicamentorum secundum locos*
- **Antid.**
  - *De antidotis*
- **Ther. Pis.**
  - *De theriaca ad Pisonem*
- **Praecog.**
  - *De praecognitione*
- **Nat. man. comm.**
  - *In Hippocratem de natura hominis commentarius*
- **Ep. comm.**
  - *In Hippocratis epidemias commentarius*
- **Hipp. artic. comm.**
  - *Hippocratis de articulis liber et Galeni in eum commentarii quatuor*
- **Med. exp.**
  - *De experientia medica*
- **Opt. med.**
  - *De optimo medico cognoscendo*
- **Subt. diaeta**
  - *De subtiliante diaeta*
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For my father,

Donald Eric Reid (1924 – 1989),

whose unfulfilled dream

of making a journey down the Mississippi

inspired me to my studies.
Chapter 1

Introduction

*Venit Christus, sed primo salvare, postea iudicare.*
The first dispensation of Christ is medicinal, not judicial.  
*Jo. ev. tr. 36. 4* \(^1\)

The initial impetus for this study arose from reading a very brief passage in Augustine's *Confessions*:

*Diligebat autem illum virum sicut angelum dei, quod per illum cognoverat me interim ad illam ancipitem fluctuationem iam esse perductum per quam transiturum me ab aegritudine ad sanitem, intercurrente artiore periculo quasi per accessionem quam criticam medici vocant, certa praesumebat.*

She revered that man as an angel of God, for she realized that it was thanks to him that I had meanwhile been brought to my present point of wavering; and she foresaw with certainty that I would have to pass through a still more dangerous condition—a crisis, as the physicians call it—on my way from sickness to health. \(^2\)

The place and time is Milan in 385 AD, and the “she” of this passage was Monica, the mother of Augustine, a woman of great Christian faith who was had accompanied the future Bishop of Hippo in his move from their native North Africa to Italy; the man whom she

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\(^1\) Translation by Browne, *NPNF* 7.

\(^2\) *Conf. 6. 1. 1.* See the bibliography on editions and translations used in this study; all translations are from the list of those provided. On the occasions in which I provide my own translation, for reasons of clarity or for lack of an English translation, this will be indicated. The Latin or Greek titles of works will be used in the text, with an English title provided in brackets upon the first appearance of a given work. The exceptions to this are two treatises from the Augustinian corpus: both *Confessiones* (the *Confessions*) and *Civitas Dei* (*City of God*) will be referred to with their English titles as these are so well known outside the field of patristic studies. For abbreviations used in the footnotes, please refer to the List of Abbreviations on p. vi – vii.
esteemed at the time was Ambrose, the Bishop of Milan, one of those responsible for contributing to Augustine’s eventual conversion to Catholic Christianity. This passage appears at the beginning of Book 6 of Augustine’s *Confessions*, his account of his early life, from his birth to his full commitment to his new faith, which was written a decade or so after these events. Although born and reared a Christian by Monica, he had forsaken it for Manichaeism, a form of Christianity which Catholic Christians, such as Monica and Ambrose, considered heretical. He had remained a follower of Manichaeism for over nine years, but had finally renounced it while living in Milan.

At this moment in his life Augustine found himself in a spiritual quandary, unsure about where he would place his religious alignments. He is still two full books away, so to speak, from the moment of conversion, but he is nevertheless at a decisive turning-point in his own story. He knows, in retrospect, that his next decisions will mean salvation or damnation. To describe his state of wavering vacillation, Augustine could perhaps have likened himself to a traveller who is faced with choices at a crossroads ("Do I choose this path, or this one, or this?"); he could have chosen the metaphor of a soldier, a general perhaps, who must decide how and in which direction to deploy forces, or even that of a potter at a wheel, contemplating the shape he will impose upon clay. The range of possible metaphorical expressions for a decisive moment in one’s life is wide. Augustine elects, however, to employ a medical metaphor, that of a sick man who must come through a worsening of his illness before he arrives again at health.

This admittedly minor passage in the *Confessions* interested me for several reasons. To begin with, I was struck by the metaphor employed. To many a modern reader, myself included, the medical analogy which Augustine employs at first glance seems to be an odd
one: how could a moment of decision compare to the experience of illness? Subsequent reading in the medical literature of the classical world, however, has confirmed that this metaphor was indeed apt and fully consonant with the Roman understanding of medicine: Augustine describes this crucial moment in his life as an accessio, the Latin term for the critical moment of illness. It is the time of an illness in which the symptoms, such as fever, vomiting, or sweating, actually increase and grow acutely worse. It is a moment when life is held in the balance: the patient with worsening symptoms may grow better or may further sicken and die. The accessio critica, as Augustine describes it, is a time both of potential change and potential danger.

The reader, such as I was, who lacks a full understanding of the ancient medical concept of a crisis contained in the phrase accessio critica would fail, however, to grasp the complete meaning of Augustine’s metaphor. Physicians who practise modern orthodox western biomedicine may refer to “a medical crisis,” but both they and their patients understand the term differently than did Augustine and his audience. To the former, it signifies a crucial failure in treatment, an emergency which must be responded to with swift clinical intervention, a moment in the process of a disease which must be rigorously guarded against and prevented.3 To Augustine and his audience, however, a crisis was in fact a natural and even necessary event in the course of an illness; the ancient physician actually expected illness to have a crisis.4 Thus, Augustine’s use of this medical metaphor reveals that his understanding of his spiritual crisis in Milan in 385 included the expectation that a stage of doubt and intellectual suffering before he would reach spiritual health and safety was

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3 Personal communication with E. M. Perri, M.D., January 2007.
4 See En. in Ps. 72. 20 for Augustine’s own explanation to his audience on crisis in healing. The belief in a medical crisis in this sense was part of western medical thought into the nineteenth century, and some modern alternative medical systems, such as homeopathy, subscribe to the concept.
not only predictable but actually essential. The language of Augustine’s chosen metaphor deftly establishes for his audience that, in his own mind, he saw order, purpose, and meaning behind his spiritual and intellectual grappling at the time.  

Augustine’s imagery is apposite, therefore, but my own struggle to understand his use of this imagery demonstrated for me that modern ideas about medicine cannot be applied to the ancient world. I began to see that medical knowledge, as well as more general ideas about health and illness, are as dependent upon cultural and social interpretation as other forms of knowledge and belief, and that their application, literal or metaphoric, must be viewed from within that culture.

The second issue which arose from this passage came indirectly from the pen of James O’Donnell, who, in his erudite and immensely useful Commentary on the Confessions, notes that the term critica, a Latinized form of the Greek medical term, is highly technical, and muses very briefly on how familiar the word would be to Augustine’s audience. O’Donnell does not answer his own question, but it prompted me to wonder not only what Augustine and his audience may have known about medicine, but also where he himself would have picked up a knowledge of medicine sufficient to allow him to use such technical vocabulary. Medicine was not part of the educational curriculum of the ancient classroom, and there was nothing in Augustine’s biography which would on the surface indicate an opportunity for, or even an interest in, obtaining knowledge about medical issues. Initial research in the limited scholarship done on this point found little more than the suggestion

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5 Even the non-technical term for the medical crisis, accessio, has semantic overtones to which at least some part of Augustine’s audience would respond, for it is the rhetorical term employed by Cicero (Acad. 2. 35. 112; Fin. 2. 13) to indicate an additional term which would complete a definition. Thus Augustine’s personal accessio is seen to form part of his search for the wholeness of health (salus).

6 O’Donnell 1992: supra 6. 1. Neither Courcelle nor Pellegrino discuss the medical language of this work in their commentaries on the Confessions.
that he had obtained his medical knowledge from Vindicianus, a physician with whom he
had contact while living in Carthage prior to his conversion. This proposal seemed to rest on
thin evidence at best; it also placed a considerable weight on a single source for Augustine’s
knowledge.

The third aspect which arose from this otherwise insignificant passage was a
heightened awareness of the degree to which Augustine employs medicine and the language
of healing in his work. The vocabulary and imagery of medicine permeates the Confessions,
for example, and, in a work which is so highly selective about the events and people which
are included by the author, illness and medicine figure prominently. Health, illness, and
medicine are also pressed into service with consistency throughout the Augustinian corpus,
and Augustine frequently uses very specific, and often technical, medical terms.

That there is extensive use of medical imagery throughout his works is not an original
observation; the use of the metaphor of Christus medicus (Christ the Physician) in
Augustine’s works has long been noted. The scholarship has tended to dwell, however, only
on this single metaphor, to the exclusion of all other uses of the language of medicine and
health, be they literal or metaphorical. I could find no scholarly comment, for example, on his
frequent portrayal of the sick bed as an arena of Christian martyrdom, nor on his use of the
theories of medical sects.

This study will attempt to address the three issues raised by my reading of this brief
passage from the Confessions. To begin with it, it will try to provide a framework for
understanding Roman medicine as Augustine understood it. This seemed at first to be a
relatively straightforward exercise, but as I researched further it became increasingly obvious
that my understanding of what the phrase “Roman medicine” encompassed was too narrow:
readings in the literature of medical anthropology opened avenues of thought and discussion which considerably expanded the idea of Roman medicine into that of Roman medical culture, that is, of medicine as one aspect of the larger social and intellectual activities of a society. Medicine became a circle in a Venn diagram for the ancient world, intersecting with its literary and rhetorical culture, with its various philosophies, with many aspects of religious thought and practice, as well as the daily routines of life. The questions which medical anthropologists have asked, such as how a society defines health and how it explains illness, brought new light to my conception of ancient medicine, which had hitherto been limited to the Hippocratic and Galenic traditions. I hope to show that medical knowledge in the classical world was not as elite and esoteric as has often been portrayed.

Secondly, and leading naturally from the previous point, the study seeks to assess what Augustine knew about medicine and how he garnered that knowledge. I will challenge the notion, so frequently expressed in the scholarship, that he relied solely upon what he could glean from Vindicianus. I will demonstrate that Augustine, who was living in a time of a minor medical renaissance in North Africa, had several avenues open to him for obtaining medical knowledge.

Lastly, I will argue that medicine played a significant role in Augustine’s writing: he knew and used its language; he drew upon its authority as a body of knowledge; and he employed it consistently throughout his Christian career in potent metaphors. His use of medical metaphor was not limited, however, to Christus medicus, as will be explored in the final chapter. The reasons why Augustine may have been so attracted to medicine and its metaphors will be considered there as well, including a discussion of Augustine’s own
experience with illness, particularly as it relates to the content and composition of the

*Confessions.*

As a final note, while this study is based on a reading of the entire Augustinian corpus available to date (several newly-discovered sermons have yet to be published and so were not included), it does not pretend to be comprehensive on the subject of medicine in Augustine’s writing.
Chapter 2

Roman Medical Culture

“Medicine was religion. Religion was society. Society was medicine.”
Anne Fadiman, *The Spirit Catches You and You Fall Down*

The quotation from Fadiman above may seem an odd epigram for a chapter which will explore the medical culture of Rome, for it stems from her account of the cultural clash experienced by a group of American physicians and the Hmong immigrants to whom they provided medical care. But Fadiman’s words, though removed in time and space from the topic at hand, do evoke a shared underlying theme. Unlike the modern, western experience of medicine as a “thing apart” from everyday society, the Roman concept of medicine was similar to that of the Hmong, in that medicine was tightly intertwined with many aspects of the general culture, in ways which may seem incongruous to us. This chapter will consider certain aspects of medicine within the framework of the larger Roman culture. Such a vast topic cannot be encompassed in any single chapter, and thus the focus will be restricted to four areas of inquiry: medicine as an element of Roman literary and rhetorical culture;

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6 Fadiman 1997 examines the settlement of Hmong refugees from Laos in 1980s California, particularly the challenges faced by a family with a daughter who suffers from multiple seizures. The author explores the assumptions which both the Hmong and the American medical personnel who interact with them bring to their meetings with each other: the American physicians work upon a diagnosis of epilepsy caused by neural misfirings, while the Hmong believe that their daughter’s seizures are caused by the flight of her soul from her body (in Hmong, “the spirit catches you and you fall down”).
biomedicine’s relationship with ancient philosophy; medicine as an aspect of religious faith; and medicine as the regimen of health. The chapter will begin, however, with a brief consideration of the methodologies which have been employed thus far in the scholarship of ancient medicine, as well as a survey of the sources upon which the chapter will largely draw.

**The Scholarship on Graeco-Roman Medicine**

All cultures and societies must come to terms with sickness: how to avoid it, how to cope with it when it happens, and how to explain it. Analyzing the means by which a culture addresses the critical questions of health and illness can provide an avenue for understanding its social and cultural values. Until relatively recently the standard theoretical model employed by historians of Graeco-Roman medicine, many of whom are not classicists but rather physician-historians, had been that of the *Great Man*, a model which focusses on the theories and methods of various ancient physicians to the exclusion of much else. This body of scholarship, while admittedly worthwhile in some ways, has some significant limitations. It has tended, first of all, to portray medical knowledge as teleological, as a natural evolution from “superstition,” as it is usually termed, to scientific “rationality.” One need not go as far back as 1924, for example, to Fielding H. Garrison, who scorned the “primitive” beliefs of

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7 Settling on neutral terms with which to discuss medicine in the ancient world is problematic. Many scholars have opted for “rational medicine” as the term for healing as it is exemplified in the Hippocratic and Galenic corpora, a term which unfortunately generates its pejorative opposite—“irrational medicine”—for all other forms of healing. See van der Eijk 2004: 5–7 for a critique of the application of the term “rational” to Graeco-Roman medicine. Gordon 1995 employs the extremely useful term “school medicine,” which draws attention both to the more formalized nature of this style of healing as well as to the various medical sects which developed in the Graeco-Roman world. For purposes of simplicity I will generally use the unqualified term “medicine” in this chapter to refer to this “school medicine,” but when it is necessary to differentiate between healing which has a biological orientation and that which does not, I will use “biomedicine” to identify the former.
pre-historic "savages," or even to Arturo Castiglioni's 1958 laudatory description of medicine's "struggles against superstition and charlatanism;" a prominent and recent example can be found in the introduction to medical historian James Longrigg's 1993 monograph, *Greek Rational Medicine: Philosophy and Medicine from Alcmaeon to the Alexandrians*, in which he extols what he terms the "emancipation of medicine from superstition."

One of the most impressive contributions of the ancient Greeks to Western culture was their invention of rational medicine. It was the Greeks who first evolved rational systems of medicine for the most part free from magical and religious elements and based upon natural causes. The importance of this revolutionary innovation for the subsequent history of medicine can hardly be overstressed.

The most obvious danger of this historical-determinist approach is that it can mislead one into examining ancient medical ideas with an eye which assigns an inevitable superiority to modern Western medical theories and ideas. The superior tone adopted by medical historian Ilza Veith in her 1965 study of the history of hysteria, for example, is not unusual. After outlining the Hippocratic notion of the "wandering womb" as the source of some female illnesses, she notes:

The anatomical difficulties in the way of such free and extensive migrations [of the uterus] were apparently of no concern to these writers. This may in part be due to an overwhelming ignorance of bodily structure and particularly that of the female generative system.

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8 Garrison 1924: 21f; Castiglioni 1958: 11. Neither of these men were classical scholars, but the Cambridge classicist W. H. S. Jones, translator of Hippocrates for the Loeb series, attributed many of the medical beliefs of the Romans, for example, to the persistence of primitive beliefs and superstition. He chides some of the folk remedies of Scribonius Largus in particular: "a physician, one would think, would know better." Jones 1957: 468. Often the titles of earlier histories of medicine speak for themselves, such as Howard W. Haggard's 1933 monograph *Mystery, Magic and Medicine: The Rise of Medicine from Superstition to Science*.

9 Longrigg 1993: 1. See Brieger 1993: 24f for a brief review of histories of medicine designed to show this "march of the intellect," many of them written by medical doctors themselves. See also van der Eijk 2005: 1–4 for a critical assessment of this approach.

10 Veith 1965: 11.
Although Veith goes on to acknowledge that Hippocratic medical theory was perceived as rational by the scientists and philosophers of the time “because it was thoroughly compatible with their all-inclusive concept of nature,” it is obvious that she is in agreement with the tradition which definitively polarizes the concepts of “superstition” (and/or “magic”) against “rationality.” 11 The tone and vocabulary of this scholarly approach is difficult to abandon. Even Audrey Cruse’s recent survey of Roman medicine, which acknowledges, for instance, the psychological context and power of incantations in the process of healing, describes early Roman medicine as a mixture of “religion, folk medicine, magic and superstition,” while medical historian Richard Durling sniffs at Plutarch’s “somewhat naive remarks” on human physiology.12

A rather different approach to understanding health and illness in antiquity which some scholars have taken has been to concentrate on retrospective nosology, the identification and classification of diseases, in an attempt to shed light on the everyday life of the inhabitants of the ancient world. *Les maladies à l’aube de la civilisation occidentale*, the 1983 work of Croatian-French medical historian Mirko D. Grmek, is the classic work of

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11 Veith 1965: 15.
12 Cruse 2004: 51 – 4, 59. Durling 1995: 313. See as well Cilliers 2003: 283 on what she terms the “irrational taboo” against human dissection in Greek medicine. van der Fijk 2004 summarized the collective observations of the classicists, Assyriologists and medical historians who considered the concepts of “rationality” and “magic” in ancient medicine at a conference in 2001. Their comments on the application of the term “rational” to Graeco-Roman medicine are worth noting here: the aetiological principles of Graeco-Roman medicine—humours, qualities, corpuscles—are not inherently "rational," as they lack empirical evidence and result in therapies which are not necessarily more effective than any other forms of healing; *logos* is possibly more accurately translated in a medical context as “the account” or the “coherent story” rather than as “reason;” it is inappropriate to distinguish the natural from the supernatural in the Graeco-Roman world; “rational” is a term associated with a modern, positivist line of thinking, and it ignores the medical experience of the non-elite as well as the presence of the “irrational” in the writings of Hippocrates, Galen and other biomedical writers. These scholars argued that instead of looking for the “rational” in ancient medicine, historians should be concerned with the “rationale” inherent in the system. See also the remarks of Barton 1994b: 8 – 17 on the historiography of science and the use of the term "pseudo-science."
nosology for the ancient world. His research and that of other nosologists largely bypasses the theoretical ideas of ancient physicians to concentrate instead on the case histories which physicians and other ancient writers provided of various diseases. They seek to obtain a medical picture of the past through a combination of these case histories with archaeological evidence. It is important work, although it has at least two obstacles.

To begin with, ancient diseases often resist modern interpretation. It can be very problematic to correlate ancient descriptions of diseases with modern classifications. Thus, attempting to understand the medical world of antiquity by determining the diseases with which ancient peoples coped may be generally useful but may be misleading in particular instances. More pertinent, however, is the objection that using nosological investigation as the means of understanding health and illness in the ancient world implies that it is even possible to make a direct link between the modern experience of illness and the experience of illness in the past.

Anthropologists have shown that as the locus of disease the body is not a universal entity, but is rather a social construct, “a physical and cultural artifact.” The conceptualization of the body is not easily transferable from one society to another. The

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13 Translated into English in 1989 as Diseases in the Ancient World. See also Jackson 1988 which places emphasis on ancient disease. Grmek has coined the term *pathocoenosis* to represent “the ensemble of pathological states present in a specific population at a given moment in time,” and he analyzed these states by the frequency and distribution of each disease in relation to all other diseases. See Grmek 1991: 2 – 3.

14 Witness, for example, the continuing speculative scholarship concerning the identity of the Athenian plague of 429 BC, based upon both Thucydides’ information and archaeological investigation. The various suggestions put forth by scholars for the identity of the plague include up to 27 different diseases, including ergotism, Lassa fever, Ebola virus, and toxic shock syndrome. See Longrigg 1989 for a survey of the various diagnoses. A recent microbial DNA study from a mass grave in the Kerameikos section of Athens now suggests that it was typhoid fever, or a typhoid outbreak concomitant with another as yet unidentified agent; see Papagrigrorakis et al. 2006. Another example of the difficulty of nosological identification is the translation of the Biblical term *Zarā‘at* as “leprosy,” since the disease which bears that name in modern nosology (Hansen’s Disease) did not appear in the mid-East until after the completion of the Hebrew Bible. The general opinion is that Biblical “leprosy” was in fact one or more of any number of other disfiguring skin diseases. See Grmek 1991: 152 – 176. See Leven 2004 for a critique of retrospective nosological diagnosis.

German sociologist Barbara Duden has written eloquently about the frustration she encountered, for example, when she attempted to gain a physical understanding of the illnesses faced by female patients of a 18th century German physician, Doktor Storch, by reading the case histories in his diary:

I wanted to learn from the [doctor’s] diary how and what women [in his care] felt. However, each time I tried to map the complaints of Storch’s patients onto the grid of my own body, I was frustrated. I had to give up. I either missed the point or did violence to the context. Because the suffering body about which Storch’s women complain has no point to point correspondence with the body I was taught to have.

The Graeco-Roman body unquestionably was composed of the same physical elements—flesh and blood, organs and glands, bones and joints, hormones and other biochemical compounds—as the modern, Western body. But while the structures of the human body are indubitably the same, the experience of those structures as the body differs from culture to culture. In the modern, Western imagination and experience, for example, the body is essentially a Cartesian one: it is a machine which must have its “furnace stoked” with food; it is a mechanical system complete with a “pump” (the heart), “plumbing” (uro-genital system) and “wiring” (nervous system), a functioning system with parts which can readily be removed, repaired or replaced (with artificial parts, if necessary) if they malfunction or simply wear out. This mechanical metaphor, a potent and pervasive one for our culture, is one which the inhabitants of the Graeco-Roman world likely could not have understood (nor indeed would most Europeans until the scientific and philosophical changes of the eighteenth and nineteenth centuries); for them, the body was almost exclusively understood in terms of

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16 Duden 1990: ix.
17 The analogy of body as machine even extends to psychology; it was the nineteenth-century’s experience with steam engines which produced the Freudian concept of psychological “pressure” which must be allowed to vent properly to avoid destructive explosion. The current century models both the human body and brain on the computer; we talk naturally about mental “input” and “output” and of the body being “hardwired” for certain functions.
fluidity and change, and not of solid structure and stasis. The theory of humours, for example, which was only one medical theory in the classical world, was predicated upon the philosophical paradigms of some of the Pre-Socratic philosophers. It produced a body which was composed of solid bones and fluid-filled vessels, the muscles and organs; the quantity, movement and discharge of the fluids formed the basis of health and illness. The physical and psychological experience of illness in a body constituted from various fluids could be expected to differ from that of a body structured as a mechanical device. This kind of cultural difference in physical perception partly explains Duden’s failure to comprehend the physicality of the symptoms of those long-deceased patients of Doktor Storch. The women in his case histories simply inhabited a different construction of bodily experience than Duden presently does. Using nosological research may allow one to reach conclusions about the *diseases* with which ancient people coped, therefore, but it has limited value in understanding the *illnesses* which they experienced as they themselves understood them.

In sum, both the teleological approach of many earlier medical historians and the nosological methods of scholars such as Grmek have produced some fruitful work but have failed to provide a culturally-appropriate picture of ancient medicine. Within the last several decades, however, scholars such as G. E. R. Lloyd, Lee Pearcy, Helen King, Gillian Clark, Philip van der Eijk, Nancy Demand, and, in particular, Vivian Nutton have largely abandoned these approaches and have striven instead to illuminate the social and intellectual

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19 Medical anthropologists and sociologists draw a clear and useful distinction between the two terms which has relevance for inquiries into issues of health and illness in the ancient world. A *disease* is an abstract, biomedical conception of pathological abnormalities, consisting of symptoms which are both measurable and analyzable. An *illness*, on the other hand, is wholly experiential; it is a culturally-mediated response to a negative state of body or mind, which may or may not involve a pathological process. Paradoxically, therefore, one can be ill without having a disease, and one can have a disease without being ill. Illness, in other words, is usually but is not necessarily a biological event; illness is always, however, a social, cultural, psychological and, depending upon those involved, even a spiritual event. See Eisenberg 1977; Brown, Barrett and Padilla 1998: 11; and Kleinman 1980: 72.
environments of ancient medicine. They have attempted to do what Werner Jaeger had advised, which is to view medicine as a force which was not isolated from the greater Graeco-Roman culture. Many of them have also consciously endeavoured to “acknowledge the strangeness of ancient medical thought and the difficulty of fitting it to our [modern medical] categories.”

A good number of scholars have chosen to “acknowledge the strangeness” by using the insights of medical anthropology to produce a more nuanced understanding of ancient medicine. As one example of the value of anthropological perception, consider the traditional classification of ancient medical ideas under the antithetical rubrics of superstition and rationality. Medical anthropologists have demonstrated that it is dangerous to analyze medical beliefs as inherently right or wrong; it is far more useful to understand them as expressions of the way in which a society attempts to order and conceptualize the cosmos. As an illustration of this ordering and conceptualization, consider cross-cultural beliefs about disease aetiology. The range of causal agents for disease is extensive; it includes agents as diverse as weather and climate, physiological imbalances, the Evil Eye, Karma, fate, and germs. In essence, however, disease aetiologies can be sorted into two distinct groups: personalistic or naturalistic forces.

In the personalistic sphere lie those causal agents which draw a direct link between the sick person’s character, behaviour or personal circumstances and the illness; this aetiological realm involves human, supernatural or divine intervention (a witch, ghost or

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20 Jaeger 1944: (vol. 3): 293 n. 2.
22 Both King 1997 and Nutton 2002 provide concise and extremely useful accounts of the transformation of academic studies in the history of ancient medicine in the twentieth century, noting in particular the insight provided by the methodologies of social historians, anthropologists and feminists on the subject. See, for example, the work of King 1998, 2005; Demand 1999; and Flemming 2000.
23 Foster 1976.
divinity). The sufferer suffers precisely for who he is or what he has done. When illness is perceived to be caused by these personalistic forces, focus is placed squarely upon the sufferer and meaning for the illness is sought in the sufferer’s actions or in those who may have wished him harm: “Why did this illness happen to me in particular?” the sufferer asks, or “Who did this to me?”

In contrast, naturalistic aetiologies do not situate the sufferer in the explanatory model of the illness, except as the physical locus for the illness. Naturalistic causal agents are deemed to be purely impersonal, natural and impartial. The sole question asked by those who ascribe illness to naturalistic agents is “How did this happen to me?” The meaning for the illness is sought in a systemic failure, whether it be external (climate, for example) or internal (genetic mutation, for example) to the sufferer.

No society subscribes exclusively to either personalistic or naturalistic aetiological explanations for disease, but societies, and the individuals which make up those societies, do tend to lean strongly to one or the other model, and their leanings reflect the way in which they comprehend and articulate the cosmos. Those who opt for personalistic aetiologies, for example, assume that the forces which shape and guide the world are themselves malleable and subject to change depending upon the will of an agent; in order to avoid illness, one must avoid disturbing the balance between oneself and the agent. By contrast, those who consider illness to be the result of naturalistic forces understand the rules which guide the cosmos as fixed, the vectors of disease lacking either the will or ability to change the rules.24

24 Plutarch seems to have anticipated the anthropologists: at Mor. 168B – C he divides humanity into two groups, those who seek a biomedical explanation—overindulgence in food or drink, changes in routine, air or locality, or over-exertion—for illness, and those who look to external causes such as spirits and divinities as causal agents.
Medical anthropologists have demonstrated that ideas about health, illness and healing are not evidence of “rationality” or “irrationality,” but that such ideas are based within a culturally-coherent framework. Contemporary Western medical ideas, lay and professional, are as culture-bound as the ideas of any other society; roles, definitions, and metaphors for health and illness are specific to us and our age. It is ill-advised to assign them arbitrarily to other societies and other times. The term “medical culture” will be employed throughout this chapter’s examination of Roman medicine in order to emphasize that the purpose is not to consider Roman medicine in a vacuum but to set it within the social, intellectual and cultural architecture of Roman antiquity.

Textual Sources

Diachronic approaches to ancient medicine incline to the teleological, triumphalist models of history, and thus this examination of Roman medical culture will not approach the topic chronologically but instead will maintain its focus on the latter part of the second century, the time in which the physician Galen was actively working and writing in the imperial capital.25 The period is a convenient juncture at which to stop and survey the medical landscape, not least because of Galen himself: his literary output was enormous; his subsequent influence on medical thought pervasive; and it is through Galen’s eyes that modern scholars are forced to view much of the medical experience of the Roman world. Equally useful is the availability of other informants who were either roughly contemporaneous with or who immediately preceded Galen. Additionally, the life of Galen

25 All dates are AD unless otherwise indicated.
roughly defines an era of medical literature, for after his death authors who throw light upon medical culture largely disappear, not to reappear for another hundred years or so.

Literary sources provide the majority of the evidence, and the sources fall into two general categories: those writers whose extant works are exclusively or largely about medical issues, and those for whom discussions about medicine and health are more incidental and are incorporated into their discourse on other issues. A useful catalogue of the extant corpus of Latin medical texts has been produced recently by David Langslow, a Latin philologist whose work, *Medical Latin in the Roman Empire*, undertakes a linguistic analysis of the medical terminology of the empire. There remain approximately forty works covering the first six centuries of the Roman empire, in which number are included Latin translations of Greek texts, including those of Hippocrates and Galen, and collections of pharmaceutical texts. It is a surprisingly small body of literature, often fragmentary in nature, and the preponderance of it was produced in the late empire, in the fourth to sixth centuries. The relative scarcity of extant medical works is not unique to Latin: a great percentage of the medical works which were written in Greek, the language in which the majority of the medical texts were written, has also vanished. The fragmentary and comparatively limited nature of the extant medical writings forces one to appeal to all available resources, including a number of non-medical texts which have only incidental references to medicine. This should not obscure the genuine utility of examining non-

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26 See the bibliography of primary sources for details concerning the editions and translations employed. As this study is concerned with Roman medical culture, Latin literary sources will naturally predominate, but there are Greek writers who provide significant information and insight into Roman life and thought, specifically those Greeks who spent a substantial portion of their lives in Rome.

27 Langslow 2000: 60 – 75. Note that there are no Latin medical texts surviving from the Republican period.

The historical Hippocrates appears on several occasions in Plato (see *Phdr*. 270C, for example) and while it is recognized that the works assigned to him were the product of a number of writers writing at various times, it is convenient to refer to Hippocrates as the figurehead writer. Nutton 2004: 60 – 62 outlines the history of the corpus of texts which circulated under Hippocrates' name in the ancient world.

medical sources and authors, of course. These writers are often as important to our knowledge of medical culture as are the medical writers. While the non-specialist writers not only frequently demonstrate a thoroughly competent understanding of medical and health topics, they also provide social and cultural contexts which might otherwise be lacking by complete reliance upon ancient medical writers alone.

A brief sketch of the biographies and bibliographies of the sources for this chapter will be given, both because these details will elicit material for discussion further on in the chapter and because some of these writers will be unfamiliar even to many classical scholars and so require proper introduction. We begin with Galen for two reasons: his prolix writings provide more biographical detail than almost any other medical author in the ancient world, and his subsequent influence on medical thought justifies giving extended space to him.

Galen was a native of Pergamum in the Greek-speaking East, born there probably in the fall of 129, the son of a wealthy architect who was ambitious for his son and so provided him with the very best education. After receiving his medical training, Galen worked for several years as a physician in a gladiatorial school at Pergamum, but in 162 he decided to leave his provincial life and career for the sake of advancement in the imperial capital. He made the journey to Rome, where he lived and worked for the remainder of his life, with the exception of a three-year hiatus in Pergamum. He died circa 210.

Galen's career in imperial Rome was impressive: although only one of many provincial doctors thronging the capital, he eventually became part of the corps of imperial

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29 See Nutton 1973 on Galen's chronology. There are two useful biographical accounts of Galen in English: Nutton provides a generous treatment in Chapter 15 of Ancient Medicine (2004), and Singer's introduction to the Selected Works of Galen (1997), though considerably briefer than Nutton, is still of great assistance. An older monograph on Galen which merits study is Temkin's Galenism: Rise and Fall of a Medical Philosophy (1973). See also García Ballester 2005 and Bowersock 1969: 59 – 75.


physicians tending to the health of several emperors—Marcus Aurelius, Commodus, and Septimius Severus—and their families, as well as to that of other leading members of the city.\textsuperscript{32}

The extant Galenic corpus comprises twenty-two volumes in the standard nineteenth-century German edition by Karl Gottlob Kühn, and Nutton estimates that Kühn’s edition could be expanded by as much as thirty percent in light of works of Galen which subsequently have come to light in Arabic and Syriac texts.\textsuperscript{33} The majority of his compositions were medical treatises: anatomical and physiological works; commentaries on Greek medical writers, particularly Hippocrates, whom he held in high esteem; and books on therapeutics and prognosis. He also composed treatises which discussed medicine and health in broader, more philosophical terms, some of which were polemical diatribes on the theories and practices of the various contemporary physicians and medical sects. There are, as well, a handful of philological studies and a substantial number of philosophical works. Galen wrote treatises which expounded both logic and moral philosophy and discussed Platonic, Aristotelian, Stoic and Epicurean ideas. Of specific interest for this chapter are three of Galen’s later works with strong biographical elements: \textit{De praecognitione (On Prognosis)}, which was written around 178 and which, despite its apparently clinical title, was Galen’s account of his first years in Rome; and \textit{De libris propriis (My Own Books)} and \textit{De ordine librorum (The Order of My Own Books)}, which respectively summarized Galen’s writings

\textsuperscript{32} See Bowersock 1969: 62 – 66 on Galen’s career at Rome and on court doctors in the Roman empire in general. See also Mattern 1999 on imperial patronage. Korpela 1987 examines the literary and epigraphic evidence for doctors at Rome.

\textsuperscript{33} \textit{Opera omnia Claudii Galeni} 1821 – 1833. Nutton 2004: 390 n. 22. He further notes that almost ten percent of all extant Greek literature written before 350 AD belongs to the Galenic corpus.
and the order of reading recommended by the author. These three works in particular provide illuminating glimpses into the social and intellectual life of Rome in his day.

The immense size of the Galenic corpus, both in real and relative terms, contributes to an understandable tendency to overvalue his prominence in the field of Graeco-Roman medicine, a situation which is exaggerated by the scarcity of other medical texts in general. His has often become the voice of medical thought and opinion from the Roman empire. Scholars frequently must rely upon his compositions to hear even the echoes of the voices of others. Much of his work is polemical in nature, and therefore relying upon them exclusively to establish the medical culture of second-century Rome can distort the historical reality.

One must consequently approach Galen’s works with some measure of caution.

The significance of Galen’s influence on medicine in Byzantium, in the Arab world and eventually in the Latin West is indisputable. Medical thinking for the next millennium and a half would largely be Galenism, particularly the theory of humours which he vigorously championed. His impact on the Greek (later Islamic) East was immediate and ongoing, and although in the Latin West Galenism left its permanent mark only after AD 1000

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34 Galen wrote exclusively in Greek, but the titles of his works are given customarily in Latin.
35 Nutton 1998: 242 feels compelled to caution his fellow medical historians that “medicine in antiquity cannot and should not be equated solely with that of Hippocrates and Galen.”
36 Conversely, however, it is risky to assume from either his prolificity or his notorious prolixity that there is only self-aggrandisement at play and thus that his contemporary influence was much less than even he himself portrays. There is scant mention of Galen by his social contemporaries, but comparatively few works have survived from that period so that silence is not particularly significant. Both Bowersock 1969 and Nutton 1984a, moreover, have dexterously shown that at the time of his death Galen had secured a weighty reputation as both physician and philosopher at Rome itself and in the Greek world at large. Interestingly, Nutton cites Christian sources, one of them Eusebius (Hist. Eccl. 5. 28), as well as secular sources in support of his argument. Eusebius recounts that a small group of heretics at Rome had abandoned the scriptures for study of Euclid, Aristotle and Theophrastus. He further writes:  
Γαληνός γάρ Ἰατρὸς ἐπὶ τῶν καὶ προσκυνέται  
(Perhaps Galen is also worshipped by some of them.) Although there is no reference to him at all in Latin medical texts until Cassius Felix in the fifth century, he is mentioned with great admiration by fourth-century Greek medical writers, such as Julian’s personal physician, Oribasius; Galen also surfaces in the role of one of the dinner guests in Athenaeus’ Deipnosophists (1E. 26C – 27D, 115C – 116A).
by way of Arabic influence, it was not without earlier impact. Galenism can be found in fourth and fifth-century Latin medical compilations or in Latin translations of Greek medical writers such as Oribasius. The bulk of Galen’s works survive in their native Greek, though a considerable number are known only from Latin, Arabic and Syriac translations. His works were not translated into Latin to any wide extent within his own lifetime or in the two centuries immediately following his death, but this had only a limited effect upon the reception of his thought among those of the educated class of Latin-speakers who were interested in consulting medical texts. Pierre Courcelle, for example, notes the inclusion of Galen’s *Therapeutica* in Cassiodorus’ list of medical texts in the library in the monastery at Vivarium in the sixth century.

The most comprehensive extant Latin medical text was the work of a certain Aulus Cornelius Celsus, whose work *De medicina* (*On Medicine*) comprised eight books covering dietetics, pharmacology and surgery. In contrast to the detailed picture which can be painted of Galen, biographical elements for Celsus are sparse. He gave few hints about himself in his work, and it is only with reference to a few outside sources that Celsus’ origins can be determined and *De medicina* dated, but even then only with caution. Celsus was probably writing during the reign of Tiberius (*De medicina* may date to the year 21), and there are indications that he resided in either Italy or Gallia Narbonensis. All other biographical details are missing, although Bruno Meineke deduces from his name that he was of patrician

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38 Temkin asserted that even in the late twentieth century Galen’s influence could still be felt in parts of Europe and the Middle East where traditional medicine continued to hold some sway. See Temkin 1973: 1.
39 Translations of the Galenic corpus into modern languages has been relatively slow as the works have suffered from “respectful neglect” by classicists, but his most important works, such as those on the humours, on prognosis, and on Hippocrates’ *De natura hominis* (*Nature of Man*), are readily available. Nutton 1972: 50.
41 Langslow 2000: 43 – 44 outlines the evidence and tentatively suggests the specific date, as well as conjecturing his place of residence. See also Nutton 2004: 373 n. 63. The evidence upon which the dating is based is admittedly conjectural, but Celsus was certainly known to both Pliny the Elder and Quintilian, both of whom lived in the latter half of the first century.
birth and likely related in some fashion to the Cornelian gens.\textsuperscript{42} That he was well-educated can be deduced from the fact that he read widely and with apparent ease in Greek literature, both medical and otherwise.

Celsus’ work was well-known in the ancient world: it was mentioned by a number of Latin writers, and through them it is known that De medicina was only one part of a considerably larger encyclopaedic work entitled Artes. In addition to the eight books on medicine, Celsus composed five books on agriculture, seven on rhetoric, probably six on philosophy, and at least one book on military affairs. All of these other works have been lost, however, owing to the selective nature of textual transmission.\textsuperscript{43}

Celsus’ actual relationship to medicine remains a question of scholarly debate: it is argued by some that he was a practising physician and by others that he was a physician who had only limited clinical practice within his own familia, while some reduce him to the status of a compiler or translator of Greek medical treatises or to that of a layman who produced a practical medical reference text for other non-professionals.\textsuperscript{44} There is evidence in favour of each of these scenarios: Celsus wrote obviously personal accounts of patient care, frequently emphasized by the use of the pronoun ego, for example, and he had extensive knowledge of the important contemporary as well as ancient medical writers.\textsuperscript{45} On the other hand, however, he mentioned neither any formal medical training nor a particular teacher, he avoided the –to imperative generally employed by other Latin medical writers, and, most significantly, Pliny the Elder included him under the rubric of auctores (authors) rather than

\textsuperscript{42} Meineke 1941: 290 – 291.
\textsuperscript{43} Knowledge of these lost books is gleaned from Quintilian (Inst. 3. 1. 21, 10. 1. 124, 12. 11. 24); Pliny (NH 10. 150, 14. 33); Juvenal (6. 244 – 5); Columella (1. 1. 14, 2. 2. 15); and Augustine (Haer. pr. 5), amongst others.
\textsuperscript{44} Meineke 1941: 288 – 298 sums up the various arguments put forward by scholars. See also Jocelyn 1985: 303 – 304 and Pardon 2005: 403 – 412.
\textsuperscript{45} See Spencer 1948: xi – xii for a detailed summary of the arguments in favour of Celsus as medical practitioner.
that of *medici* (physicians) in his list of sources for the *Naturalis historia* (*Natural History*). The sometimes vociferous argument over Celsus' precise medical background depends upon two issues which will be discussed later in this chapter: the degree to which medicine formed part of the Roman liberal education, and the status and identification of a *medicus* in the Roman world.

The Roman physician Scribonius Largus (fl. 14 – 54) lived in the generation after Celsus; he produced a medical treatise entitled *Compositiones* (*Recipes*) which was written probably between the years 44 and 48. Scribonius apparently was, as Galen was to be in the following century, a member of the corps of physicians to the imperial family. He stated in the preface to his work that he accompanied Claudius on his conquest of Britain, which has sparked speculation that he was a military doctor, although this conjecture is doubtful. Although it is also unlikely that he was Claudius' personal physician, Scribonius clearly had strong connections with the imperial court in Rome: *Compositiones* is dedicated to Gaius Julius Callistus, a powerful freedman of Claudius who had once assisted Scribonius by submitting on his behalf some of his earlier medical treatises for the emperor's notice.

There is insufficient evidence to determine Scribonius' background and origins. Both his nomen and cognomen are rare. He may have hailed originally from Sicily or from one

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46 Langslow 2000: 46. *NH* 1 contains Pliny's index and source list; he placed Celsus among the *auctores* on twenty-four occasions. Pliny's medical authorities are virtually all Greek.
47 Sconocchia 1983: vi. See the *Praefatio v* – ix to his Teubner edition of *Compositiones* for a concise summary of the biographic information for Scribonius, including the dating of the text; refer to Langslow 2000: 49 – 53 for essentially the same information, but in English. Baldwin 1992 provides a somewhat lengthier discussion of his biography.
48 Mentioned in *Compositiones* are Augustus, his sister Octavia, Livia ("Augusta"), Tiberius, Antonia the Elder, Claudius and his wife Messalina. Scribonius briefly mentions his trip to Britain ("cum Britanniam peteremus cum deo nostro Caesare") in his discussion of remedies for snakes bites; see *Comp*. 163.
49 Scribonius, *Comp*. pref. 1, 13. Claudius' physician is known from Tacitus *Ann*. 12. 61 to have been Xenophon of Cos. Hamilton 1986: 216 n. 19 infers that Callistus was a *libellus* (secretary) to Claudius.
of the provinces of North Africa. 51 Despite the evident popularity of his treatise amongst ancient, medieval and early modern scholars alike, little additional biographical information survives about Scribonius, although a few scholars have speculated that he was a freedman and that he perhaps initially wrote the Compositiones in Greek. 52

The treatise itself consists of 271 pharmacological prescriptions, apparently gathered together during Scribonius' frequent travels about the Roman empire. It includes remedies for everything from eye infections to dry coughs, from blood in the urine to gout. In addition to recipes for imperial toothpaste, Scribonius also provided antidotes against snake and insect bites, as well as a recipe for the famed theriac of Mithridates, a daily dose of which was held to protect vulnerable princes from poisons of all descriptions. 53 The actual pharmacology, however, though worthy of attention not only for medical historiography but for social history as well, is largely only of passing interest in this study. Of greater import is the preface to the work, a dedicatory epistle to Callistus. In this dedication Scribonius discussed the state of medicine in his day, particularly the social and ethical roles of physicians, as well as the contemporary medical debate concerning the relative therapeutic merits of drugs, surgery and diet. 54

51 Baldwin 1992: 77 suggests North Africa, although not strenuously. In his preface, Scribonius speaks of being abroad, that is, away from Callistus who is presumably at the imperial court in Rome, which suggests that even if Scribonius was not a native Roman, the city was more or less his permanent home.
52 Scribonius is mentioned by Galen and is one of the major sources for the fifth-century medical compendium of Marcellus of Bordeaux. Sconocchia 1983: vii – viii argues in favour of Scribonius writing his work initially in Greek, but Langslow 2000: 51 – 53 offers valid counter-arguments.
53 Scribonius, Comp. 19 – 32 (eye infections), 88 (dry cough), 149 (blood in urine), 158 – 162 (gout), 163 – 173 (antidotes and Mithridates' theriac), 59 – 60 (dentifrices).
54 The most admired extant pharmacological work from antiquity is not Scribonius' work but that of Dioscorides of Anazarbus (c. 40 – c. 90), who wrote the five-volume Materia medica, a treatise which had an influence on both pharmacy and botanical nomenclature which lasted until the time of Linnaeus. Although Dioscorides wrote in his native Greek, he did practise in Rome during the reign of Nero, but his work, while of consequence for the history of pharmacy, is not a significant source of information for medical culture, although occasional reference will be made to his preface in this study. See Scarborough and Nutton 1982 for an introduction to the work and a translation of the preface.
Another provincial physician who is an important source for medical culture in the Roman world of the second century is Soranus (fl. 98 – 138), a citizen of Ephesus who, like Galen, spent his professional career in the capital of the empire.\textsuperscript{55} That he practised in Rome and that he wrote numerous works on medicine and medical history as well as several works of philology and philosophy is the sum of the solid biographical detail available on him.

Although Soranus is credited with numerous and diverse medical compositions, only his famed Gynaecia, a well-regarded treatise on gynecology, obstetrics and paediatrics, survives in the original Greek. Galen referred to Soranus frequently and with great respect, despite their theoretical differences. A substantial number of Latin translations and reworkings of Soranus, particularly from late antiquity, equally attest to the approbation in which he was generally held by others as well. Caelius Aurelianus' Celeres sive acutae passiones (On Acute Diseases) and Tardae sive chronicae passiones (On Chronic Diseases) are the only two of his translations of Soranus to have survived, although Caelius may have translated (or adapted) as many as eight others, nor was he the only writer to translate or adapt Soranus' work.\textsuperscript{56} Soranus, whether read directly in the Gynaecia or indirectly through his Latin translators, is the only direct witness to the Methodist sect of Roman medicine.

The medical writers named thus far have required a more detailed introduction as they are relatively obscure even to most classicists, but there is a medical writer who requires specific mention, though little introduction, that is, Pliny the Elder (23 – 79), the writer of the compendious Naturalis historia.\textsuperscript{57} Pliny wrote a number of works now lost—history, biography, works of paedagogy and grammar, even a treatise on how to shoot a javelin from

\textsuperscript{55} See Hanson and Green 1994: 981 – 987 for a comprehensive summary of the sparse biographical data on Soranus, most of which comes from limited internal evidence and the Byzantine Suda.
\textsuperscript{57} See Beagon 2005: 1 – 38 for a useful introduction to the background and scope of the work.
horseback—in addition to the prodigious *Naturalis historia*.\(^{58}\) Despite the fact that the work is not a medical text in the strictest sense, Pliny takes his place among Latin medical writers in light both of the significant space which he devoted to medical issues in his sprawling encyclopaedic work and of the subsequent influence on western medicine which his writings held.

Although the stated purpose of Pliny’s work was an examination of the natural world, from the astrology and meteorology of the heavens to the anthropology and geography of the known world, as well as all that the latter contained in flora, fauna and minerals, Pliny also recorded and commented upon the topic of medicine, both in chapters dedicated specifically to this purpose, as well as incidentally throughout the *Naturalis historia*.\(^{59}\) While it is admittedly impossible to reduce such a complex work to a single theme, one could reasonably argue that the dominating motif of his work was medicine, for he highlighted the medical aspect of nature whenever possible, even in seemingly peripheral areas such as mining and metals, for example.\(^{60}\) Although the work may not immediately be identified today by most classicists as a medical text, nor Pliny as a medical writer, the *Naturalis historia* was as much a Roman medical text as was the *Compositiones* of Scribonius, a fact which other ancient writers confirm. Pliny’s medical chapters were the source for many of the surviving Latin medical treatises which Langslow catalogues: it formed part of several late medical compendia, two of which are still extant, the fourth-century *Medicina Plinii* and

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\(^{58}\) Pliny the Younger discusses his uncle’s bibliography in *Ep.* 3. 5.

\(^{59}\) *NH 7* covers anthropology and human physiology, while 20 – 32 have specific medical topics and issues. See Langslow 2000: 62 – 63 on Pliny as a medical writer.

\(^{60}\) In his introduction to his book on mining and minerals, Pliny deplored the fact that miners had little interest in the possible medicinal uses of their work: *Et inter haec minimum remediorum gratia scrutamur, quoeto enim cuique fodiendi causa medicina est?* (And amid all this the smallest object of our searching is for the sake for remedies for illness, for with what fraction of mankind is medicine the object of this delving?) *NH* 33. 1. 2. Pliny then proceeded to report any and all medicinal applications for minerals.
the later *Physica Plinii* (from the fifth or sixth century), and his work was also a significant source for medical compilers such as Gargilius Martialis (fl. 220 – 260), of whose work, *Medicinae ex oleribus et pomis* (*Medicines from vegetables and fruit*), only fragments remain.

The remaining sources were not engaged primarily in discussing medicine and medical ideas but displayed a marked interest in the subject and provide incidental remarks which give a more rounded understanding of Roman medical culture in the second century. Two writers in particular will be drawn on: Aulus Gellius (c. 127 – 180), a minor Roman official and the author of the miscellany *Noctes Atticae* (*Attic Nights*)—which covers a diversity of topics such as grammar, history, natural history, philosophy, and medicine—and Plutarch of Chaeronea (c. 40 – c. 120). Plutarch, a wealthy aristocrat and a member of the Academy, spent most of his life in the small Greek town in which he was born, but was far from living a narrow provincial life: his circle of friends included Roman consular officials and philhellenic senators, and Plutarch himself travelled to Rome and even lived there for extended periods of time on at least three occasions. His *Moralia* is a work which encompasses almost ninety separate treatises on the widest variety of topics, including an essay specifically on the topic of health, *De tuenda sanitate praecepta* (*Rules for the Maintenance of Health*), although as his Loeb translator points out in his introduction to this

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61 See Langslow 2000: 64, 68 – 69 on these compilations.
62 See Riddle 1984: 411 – 412 on the manuscript tradition for Gargilius. Maire 2002 is the most recent edition and translation (in French). Pliny was also the principal source the *Liber medicinalis* of Quintus Serenus, which was written sometime in the second to fourth centuries, and for Marcellus of Bordeaux. See Mazzini 1986 on Pliny’s influence on ancient and medieval herbalists.
63 Barrow 1967: xv asserts that Plutarch is “imperfectly understood if he is not seen in the environment of the Roman Empire.” See C. P. Jones 1971 and Boulogne 1994 on Plutarch’s life and his relationship with Rome and the Roman aristocracy. Plutarch lived in Rome between 70 and 79, in the winter of 88/89 and again in 92 or 93, and possibly on other occasions as well. See Lamberton 2001: 19 – 21 on Plutarch’s familiarity with the Latin language and its literature, a familiarity which marked him out from many of his contemporaries.
treatise, "Plutarch had more than a casual interest in medicine," and references to medicine and health appear in abundance throughout his works.64

**Medicine and Literary Culture**

These writers—Galen, Celsus, Scribonius, Soranus, Pliny, as well as Gellius and Plutarch—are the main sources for Roman medical culture in the second century, and they have in common at least two things. Firstly, whether Greek or Roman, these men were from, or were strongly connected by their professional careers to, the highest echelons of Roman society. This is hardly surprising: it is the educated who write and read books, and in the ancient world the leisure to read and write was one of the consequences of class. It is more significant, however, that these were, with one possible exception, all free men.65

Greek medical theories and practices had come to Rome during the late Republic, mostly through Greek slaves, and even in the age of Galen the majority of physicians in Rome were Greeks, a great number of whom were slaves or freedmen who had been specifically trained for the profession by their masters through apprenticeships in the slave or military *valetudinaria* (literally, "places for gaining strength," more like convalescent wards than in any sense equivalent to modern hospitals).66 The pursuit of medicine as a career by free and educated men such as Galen and Soranus was not particularly remarkable in the

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64 Babbitt 1928: 214. Corvisier 2001: 138, noting that Plutarch’s medical knowledge was "étendues et juste," contends that his *De tuenda sanitate praecepta* was an original and thoughtful synthesis of philosophic and medical texts. See also Boulogne 1996. Durling 1995 offers a detailed list of Plutarch’s medical references, albeit with no accompanying analysis.

65 As noted above, it has been suggested by some scholars that Scribonius may have been a freedman, but that suggestion is rather tenuous and difficult to substantiate. Although little is known concerning the biographical details of Celsus, it is certain that he was neither a slave nor a freedman.

Greek world, where medicine had long been and remained an honourable profession, one which could attract members of the élite as well as those who were of lower social status.\textsuperscript{67}

The generally disparaging attitude which the Roman aristocracy traditionally displayed towards the profession of \textit{medicus}, however, is attested early on by Cicero, for example, who asserted that professions which were socially useful or which involved a higher degree of learning, such as medicine and architecture, could be undertaken honourably by Roman citizens—but only by those suited to it by their lower social class.\textsuperscript{68} Pliny, who repeated an infamous diatribe against physicians by Cato the Elder, in which he labelled them murderers sworn to kill all foreigners with their arts, was himself suspicious of physicians, whom he characterized as being in the profession for reasons of greed rather than philanthropy.\textsuperscript{69}

These are more extreme and oft-cited examples of the contempt which the profession could arouse in Roman culture; they must be tempered with Cicero’s gratitude to physicians who treated him and his \textit{familia}, as well as Pliny’s frequent use of the works of many of the same Greek physicians whom he attacked.\textsuperscript{70} That there was an apparent distaste or at least an

\textsuperscript{67} This held true in the Greek world despite Galen’s rhetorical protestations in \textit{Opt. med. = CGM (SO 4) I. 3 -- 4} that the status of the physician had declined to the point of making it worthy only of slaves and despicable men. Pleket 1995: 27 -- 34 points out that the majority of Greek physicians were not from the élite classes but still enjoyed social esteem. See also Nutton 1995: 10 -- 13 on social status of physicians, and Nutton 2004: 248 -- 271 on the range of Greek and Roman men and women who became \textit{iatro} and \textit{medici}.

\textsuperscript{68} Cicero, \textit{Off. I. 42. 151. Quibus autem artibus aut prudentia maior inest aut non mediocris utilitas quaeritur ut medicina, ut architectura, ut doctrina rerum honestarum, eae sunt iis, quorum ordini convenient, honestae.} (But the professions in which either a higher degree of intelligence is required or from which no small benefit to society is derived — medicine and architecture, for example, and teaching — these are proper for those whose social position they become.) Forbes 1955: 343 -- 345 points to the contrast between the reverence in which the Greeks held physicians and the disdain and mistrust which the Romans generally gave to the profession. Nutton 2004: 166 surmises that Celsus’ apparent unwillingness to self-identify as a \textit{medicus} owed much to the incompatibility with his status as a Roman gentleman.

\textsuperscript{69} Pliny, \textit{NH 29. I. 1. -- 8. 28}. Cato’s attack is reproduced at \textit{NH 29. 7. 14}.

\textsuperscript{70} Cicero, \textit{Att. I. 15. 1. 1.; 15. 2. 4.}; Pliny, \textit{NH passim}. 
ambiguity of feeling on the part of the Roman élite for the profession of medicus, particularly a Greek-speaking medicus, is unquestionable, however.\textsuperscript{71}

This disapproval did not necessarily extend to the subject of medicine itself, however, as Pliny made clear.\textsuperscript{72} Elizabeth Rawson points to the intellectual excitement which one of the earliest Greek physicians to spend time in Rome, Asclepiades of Bithynia, brought to the city upon his arrival there sometime in the late second century BC, but medicine had already been found to be a fit topic for Cato, who included it in his handbook on agriculture and farm management, \textit{De agricultura (On Agriculture)}.\textsuperscript{73} He interspersed a list of remedies for common illnesses amongst other aspects of farm life; some employed incantations, but most of these remedies were simple herb and wine mixtures. Cato also enthusiastically and notoriously prescribed cabbage (or in its place, the warmed urine of a habitual cabbage-eater) as both a wholesome and salubrious food and a panacea for a wide range of illnesses.\textsuperscript{74} In the following century Marcus Terentius Varro produced a similar work on agriculture, \textit{Rerum rusticarum (Agricultural Topics)}, which offered rather fewer medical remedies for the reader and markedly favoured an analytical approach toward the treatment of illness in both humans and livestock, taking pains to stress the importance of observation and recording of causes, symptoms and treatments.\textsuperscript{75} Varro was noticeably more influenced by Greek medical theories than Cato was; he must have read Hippocratic works such as \textit{De aere aquis locis (On

\textsuperscript{71} Nijhuis 1995: 49 – 67 employs the explanatory models of medical anthropology to argue that the Roman distrust for the Greek medical profession owed as much to a cultural difference in beliefs concerning the functioning of the human body and the clash of conflicting medical systems as it did to Roman ideals and politics.
\textsuperscript{72} Pliny, \textit{NH} 29.8.16: \textit{Non rem antiqui damnabant, sed artem . . .} (It was not medicine that our forefathers condemned, but the medical profession . . .)
\textsuperscript{73} Rawson 1991: 427 – 443 discusses the problem of Asclepiades' chronology and argues that he must have died by at least 91 BC. The impact of Asclepiades on Roman cultural and intellectual life is assessed in Rawson 1985: 170 – 178.
\textsuperscript{74} Cato, \textit{Agr.} 70 – 73, 102 – 103, 122 – 123, 125 – 127, 141, 156 – 160. Jones 1957 offers an overview of Roman folk medicine as found in Cato, Varro and Pliny, albeit one which is riddled with modern cultural bias.
\textsuperscript{75} Varro, \textit{Rust.} 2.1.22 – 23, 2.10.10.
Airs, Waters, and Places) or texts similar in content, which stressed the importance of geographic conditions such as climate, soil, winds, and local topography in matters of health. Moreover, despite Cato's attack on physicians, he too displayed a considerable knowledge of contemporary Greek medical theory, but he was as cautious and conservative in matters of health as he was in other facets of life. He merely preferred to opt for an orthodox, homegrown and inexpensive response to disease and illness, and in this Varro was not necessarily at odds with the elder writer. He duly followed Cato in placing the traditional virtues, including the maintenance of health, which were associated with Roman country life on a higher plane than the increasingly-Hellenized urban culture:

*Quod dum servaverunt institutum, utrumque sunt consecuti, ut et cultura agros fecundissimos haberent et ipsi valetudine firmiores essent, ac ne Graecorum urbana desiderarent gymnasia.*

So long as [the Romans] kept up this practice [of living in the countryside seven days of the eight-day week] they attained both objects—keeping their lands most productive by cultivation, and themselves enjoying better health and not requiring the citified gymnasia of the Greeks.

Varro, however, displayed much greater interest in the topic of medicine than the few snippets found in Rerum rusticae would indicate: one section of Disciplinae, his lost work on the *artes liberales*, was entirely devoted to the subject.

The interest in medicine on the part of Latin writers in the early empire, therefore, is not particularly remarkable, but the question arises as to how those Greek and Latin writers

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77 Cato, Agr. 70 – 73, 101 – 104, cf. Pliny, *NH* 29. 8. 16. Capitani 1972: 120 makes the interesting point that for the Greeks and Romans the ideas about what was "popular" medicine and what was "scientific" medicine is the reverse of today. For us, herbs and natural products would fall under the designation of "popular," while pharmaceuticals would be "scientific;" for them, herbs and natural products would have been considered "scientific," and the recourse to pharmaceuticals frequently considered with the sort of suspicion which most modern physicians reserve for herbs and other folk medicines.
78 Varro, Rust. 2. 1. 2.
79 Gellius, for example, cites Varro as a source in his discussion on the normal period of human gestation and on breech births at *NA* 3. 16, 16. 16. See Shanzer 2005: 75 – 103 for an attempt at reconstruction of Varro's *Disciplinae.*
who were not educated as physicians assumed such authority to discuss medical matters. Half of the medical sources cited above—Pliny, Gellius, Plutarch and perhaps even Celsus—were neither formally trained nor practising physicians. In which case, how did men who neither trained nor worked as physicians gain such an extensive knowledge of medicine? It is necessary to preface the answer to that question with a brief look at how those writers who were undoubtedly medici gained their professional training.

The evidence on medical training from our sources is rather sketchy; the most detailed information comes from Galen, who began his general education in Pergamum under the guidance of his father, who had first set him to the study of philosophy. After two years of philosophical inquiry the study of medicine was added to his education, and this move was precipitated by dreams in which the Greek god of healing, Asclepius, advised Galen's father that his son should receive training in the healing arts. Galen studied medicine at a school at Pergamum, and he later travelled to Smyrna and Alexandria for further medical training. Soranus likewise almost certainly studied medicine in Alexandria as well as at his native Ephesus. Pergamum, Alexandria, Ephesus and Smyrna were only four of the long-established schools of medicine to be found in the Greek part of the Roman empire. These "schools" were not formal institutions but rather centres of learning—Nutton refers to them as "loose groups of practitioners associated with particular

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80 Medical writers who were not physicians were not limited to Rome; the third-century North African medical writer Gargilius Martialis, mentioned above, was not a physician by profession but a soldier and farmer. See Riddle 1984: 410 – 411.
81 Drabkin 1944 and Kudlien 1970 together provide a comprehensive discussion of medical education in the Graeco-Roman world.
82 Galen, Cognosc. = K. 5. 41 – 42.
83 Galen, Libr. ord. = K. 15. 59, Praecog. = K. 14. 608. In addition to having divine sanction for his career, Galen was also apparently endowed with the required totovon ἄγχιστον τε ἀδιακτά καὶ μνήματα καὶ φιλόσοφον (sharp intellect, good memory and desire for hard work) for the combination of philosophic and medical studies.
86 Others were located at Ccs, Cnidos, Corinth, Elea and Tarsus (the latter being in particular a centre for pharmacological studies). See Drabkin 1944: 342 and Nutton 1995: 17 n. 80.
theories, teachers, and places"—which had achieved an unofficial yet nonetheless powerful status in the ancient world.87 Witness, for example, the fourth-century historian Ammianus Marcellinus on the ascendancy in particular of the school at Alexandria, one which was maintained from the time of its establishment in the Hellenistic era to late antiquity:

> Medicinae autem, cuius in hac vita nostra nec parca nec sobria desiderantur adminicula crebra, ita studia augentur in dies ut, licet opus ipsum redoleat, pro omni tamen experimento sufficiat medico ad commendandam artis auctoritatem, si Alexandriae se dixerit eruditum.

Moreover, studies in the art of healing, whose help is often required in this life of ours, which is neither frugal nor sober, are so enriched from day to day, that although a physician’s work itself indicates it, yet in place of every testimony it is enough to commend his knowledge of the art, if he has said that he was trained at Alexandria.88

Nutton posits that most of the training of iatroi in the Greek East occurred in small locally-known schools set up by individual doctors rather than in the larger centres.89 There were no comparably large or renowned schools of medicine in the Latin west; there were instead less prestigious schools which were more modest in size. Our Latin sources are vague, at best, about medical training. Celsus, as mentioned above, neither named teachers nor referred to any formal education. Scribonius, however, referred to several praecceptores—a certain Valens, a Trypho, and an Apuleius Celsus, the latter of whom, if he is correctly identified, may have run a small school in Sicily—but there is no way to establish definitively where or the circumstances under which Scribonius studied.90 In reality, however, most physicians, Greek or Roman, probably did not attend any medical institution (if it is even proper to apply this name). The majority of training would have occurred on an apprenticeship basis, in which students learned the necessary skills through practical

88 Ammianus, 22. 18. Alexandria was noted for training in anatomy and surgery.
89 Nutton 1995: 20 – 22
90 Scribonius, Comp., XCI (Index), 94, 171, 175. There was a physician in Centuripae in Sicily by the name of Apuleius Celsus, which has led to speculation that Scribonius studied there. See also Langslow 2000: 50 – 51.
experience gained by following a physician on his rounds, with supplementary education from lectures and textbooks.\textsuperscript{91} The poet Martial has left an amusing illustration of this practice: he jested about the frigid hands of the hundred students who had accompanied his own doctor on a housecall and had, to his discomfort, taken turns at examining the patient under care.\textsuperscript{92}

There was no prescribed education for physicians in the Graeco-Roman world: no licensing, no regulation and very limited government control.\textsuperscript{93} There was some attempt at establishing professional standards in the early Empire; guild-like associations of physicians began to spring up around the Roman world as early as the first century, including in Rome itself, and most Greek \textit{iatroi} and Roman \textit{medici} actively sought to distinguish themselves from other healers, such as magicians, iatrosophists (who employed astrology for medical diagnosis and prognosis), folk healers, root cutters and herbalists.\textsuperscript{94} But success in regulating the profession, including formalizing educational requirements for physicians, could only ever be limited. Physicians did not hold exclusive status in the sphere of medicine but rather were part of a multi-faceted system of healing which Nutton has so aptly coined “the medical market place.”\textsuperscript{95} They had to compete for patients not only with one another but with the other varieties of healers as well, although Nutton contends that there was much more

\begin{itemize}
  \item \textsuperscript{91} Drabkin 1944: 336. The propaedeutic requirements for medical students in the Roman empire will be addressed below.
  \item \textsuperscript{92} Martial, 5. 9: \textit{Lauguebam: sed tu comitatus protinus ad me / venisti centum, Symmache, discipulis. / Centum me tetigere manus aquilone gelatae: / non habui febrem, Symmache, nunc habeo.} (I was feeling unwell, but you, when you promptly came to see me, were accompanied by a hundred students. A hundred hands chilled by the north wind touched me: I had no fever then, Symmachus, but I do now.) Trans. mine.
  \item \textsuperscript{93} Compare Hippocrates, \textit{De lege} 1: πρόστιμον γάρ ηηριτικής μοιρής εν τῷ ίτοι πόλεων οὐδὲν ἀριστεῖ, πλὴν ἀδόξης . . . ([Medical] is the only science for which states have laid no penalties for malpractice. Ill-repute is the only punishment . . .). There is evidence of some governmental oversight under the empire, however, in reference to the qualifications of public physicians for tax immunities. Nutton 1971: 52 – 63 discusses some of the evidence for these immunities. Nutton 1985: 29 – 30 makes the point that the legal definition of a physician found in these immunities was for tax purposes only and was in no way concerned with verifying a physician’s expertise.
  \item \textsuperscript{95} Nutton 1992: 15 – 58.
\end{itemize}
interaction among physicians and between various types of healers than previously
believed. Even if one excludes the latter from the picture, however, the diversity of
therapeutic approaches which a physician could employ defeated the possibility of creating a
single standard of medical care or medical education. Scribonius effectively, if somewhat
gloomily, summed up the situation:

_Ubi enim delectus non est personarum, sed eodem numero malus bonusque habetur,
disciplinae ac sectae observatio perit, quodque sine labore potest contingere idemque
dignitatis utilitatisque praestare videtur posse, unus quisque id magis sequitur. sic ut quisque volet, faciet medicinam. quosdam enim a perverso proposito nemo potest
movere et sane omnibus permisit liberum arbitrium magnitudo professionis. multos
itaque animadvertimus unius partis sanandi scientia medici plenum nomen
consecutos._

For where there is no discrimination regarding people, but good and bad are held in
equal esteem—regard for the discipline and the school perishes—one and all pursue
whatever it is possible to attain without labor and which seems to be able to furnish
the same amount of dignity and benefit to them. Thus each will practice medicine as
he sees fit. No one is able to dissuade certain people from a perverse way of life, and
indeed, the freedom to decide has been granted to all by the vastness of the medical
profession. Therefore we recognize many followers of one aspect of the healing
sciences by the full name of Physician.

Although Scribonius clung to the notion of a profession as he saw it envisioned in the
Hippocratic texts, particularly the _Oath_, his own words attest to the fluidity of the
designation, one which is quite alien to modern perceptions of the medical “profession.”

Essentially anyone in the Roman empire, man or woman, who wished to be considered a
healer of any sort—herbalist, iatrosophist, or even physician—was able to assume the title;

96 Nutton 1995: 3 – 25. Compare for example Galen, _Anat._ = K. 2. 632 – 633, in which he related that the
condition of a youth struck in the chest in the gym was discussed by πλέονας ἀθροίας ἰατροὺς, ἐν δίς ἣν
κατηγού (a great number of physicians, among whom I was also included). Trans. mine.
97 The various medical sects of the Roman empire will be discussed below.
98 Scribonius, _Comp._ pref. 10.
99 Scribonius, _Comp._ pref. 5: _Animadvertimus...quosdam humiles quidem et alioquin ignotos, usu vero
peritores, vel (quod fateri pudet) longe summotos a disciplina medicinae ac ne ad fines quidem eiusmodi professioni_
. . . . (I have noticed certain humble, and indeed otherwise unknown men. These men are clearly greatly skilled
in terms of experience [in healing with drugs], although—which causes shame to admit—far removed from the
discipline of medicine and not associated with that profession.)
the sole requirement for doing so was simply the establishment of a reputation sufficient to draw clients. In the case of physicians, one was a *medicus* if one behaved like and had success in the role of a *medicus*, regardless of the presence or absence of formal qualifications.\(^{100}\) (Therein lies part of the difficulty of establishing to modern satisfaction whether or not Celsus merits the designation "physician," as he appears to meet some standards—a range and depth of medical knowledge, attendance at the bedside of patients—but not others, such as identification of professional training or even self-identification as a *medicus*).\(^{101}\) While Galen devoted a treatise, *De optimo medico cognoscendo* (*On Examinations by which the Best Physicians are Recognized*), to establishing principles by which one might recognize a truly qualified *medicus*, his audience would have been restricted to the wealthy élite who had the time and ability to interview potential healers.

While it is impossible to prove or disprove that Celsus was given formal training as a physician, either through attendance at a centre of medical learning or by means of an apprenticeship, neither model of medical education can be applied to the situation of men such as Pliny, Gellius or Plutarch. We are sufficiently secure in the biographies of these men

\(^{100}\) Pliny lamented that "the medical profession is the only one in which anybody professing to be a physician is at once trusted, although nowhere else is an untruth more dangerous" (*in hac artium sola evenit ut cuicumque medium se professo statim creatur, cum sit periculum in nullo mendacio maior*). *NH* 29. 8. 17. See also *NH* 29. 5. 9. See Nutton 1985: 26 – 31. Kudlien 1970: 8 – 9, 17 - 18 makes the point that in classical Greece the requirements were somewhat more rigid than they were in Rome and under the Roman empire. The Greeks did not permit their slaves to be physicians, and women were limited to midwifery duties. The Romans, who largely considered medicine to be more a craft than a science or an art, were content to allow virtually anyone to practice it.

\(^{101}\) Scholarly preoccupation with his exact standing seems moot, however, not only because the line between a "professional" and a "non-professional" healer was vague in antiquity but also because it would have been inconsequential to society as a whole. The majority of the inhabitants of the Roman empire were poor or rural or both; medical knowledge and expertise were sought after and valued no matter the source. Reference to the reliance on itinerant physicians in the countryside can be found in both Dio Chrysostom, *Or*. 9. 4 and Galen, *Cognosc.* = K. 5. 18, *Puer. epil.* = K. 11. 357. See also Nutton 1986: 44 – 45. Compare the experience of Freya Stark on her travels in the remote parts of Iran in the 1930s; she was frequently called upon for medical advice and assistance by the tribal inhabitants she encountered. See Stark 2001: 74 – 75.
to know that they did not attend a medical school nor did they undertake an apprenticeship of following a doctor about on his rounds. Their knowledge of medicine was essentially a literary one; it arose from their own diverse, even polymathic, interests and pursuits, and these men were not unique in this regard in the Roman world. A wide-range of intellectual interests among the educated class was a hallmark of the age, what one scholar describes as an “enormous contemporary curiosity, an appetite for knowledge, not very discriminatory, but very real,” combined with a strong sense of entitlement both to read about and to write on any subject which absorbed them, including medical texts and commentaries. It is not coincidence that, aside from Scribonius, who appears to have written only medical or pharmaceutical works, none of the extant medical writers for this period restricted himself to medical topics. The bibliographies provided above for these writers, both medical and non-medical, attest to the wide range of their interests in addition to medicine, from philology and jurisprudence to philosophy and agriculture.

The figurehead of polymathic learning in the Roman world was Varro, who lived in a time when the concept of an “amateur” in an intellectual or a practical field of knowledge did not necessarily carry the connotations of either dilettantism or bungling ineptitude which modern thought tends to apply to it. The ancient sources agree that Varro wrote knowledgeable about virtually the entire gamut of contemporary Roman scholarship, from linguistics and agriculture (the subjects of his two surviving works) to religion, literary history, geography, rhetoric and beyond. He was a “towering figure,” according to Gellius, “in encyclopaedic learning and in the varied sciences by which humanity is ennobled”

103 This range of interests on the part of educated men in the Graeco-Roman world is yet another aspect of the difficulty of determining whether or not Celsus was a physician. That De medicina was part of a larger encyclopaedic work is insufficient grounds alone for refusing him the designation.
(doctrinarum autem multiformium variarumque artium quibus humanitas erudita est columna).

Of particular interest is the lost Disciplinae, which was divided into nine books, each devoted to a different branch of the liberales artes: grammar, rhetoric, dialectic, arithmetic, geometry, astronomy, music, architecture and medicine. Disciplinae was well-known in the ancient world, and modern scholars consider it to be the primary model for Celsus’ Artes, although that single attribution in fact fails to give full due to the wealth of similar publications in the Graeco-Roman world. The Disciplinae serves as a useful paradigm for this particular genre of ancient literature as well as for the polymathic style of learning which lay behind it.

The Greek educational system of enkuklios paideia, which is often translated into English as “the common education,” had been borrowed by the Romans during the Hellenistic period. Historians of ancient education have noted the difficulty in translating the term with any exactitude. While many Roman writers, such as Seneca and Gellius, found a fairly easy equation between the Greek term and the Latin liberales (or bonae) artes (or studia), others obviously struggled to find a translation which would do justice to both words of the Greek: Cicero chose the somewhat awkward omnis doctrina harum ingenuarum et humanarum artium, Quintilian rendered it as orbis ille doctrinae, while in late antiquity

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104 Gellius, NA 19. 14. 1. Modern estimates of Varro’s corpus attribute over six hundred works to him, of which only fifty-five titles have survived and only two works are extant. Cassiodorus at Institutiones 2. 6. I praised Varro as peritissimus Latinorum (the most skilled of Latin writers in practical wisdom). Pliny cited him as an authority in all but five of his 37 books.

105 Langslow 2000: 45. See Stahl 1962: 11 – 12 on the origin of the genre in the Greek technical and philosophical handbooks which first appeared in the fourth century BC and came to full maturity in the Hellenistic age. When Roman intellectualists of the late Republic came into contact with their Greek counterparts they readily translated Greek handbooks, miscellanies and compendia into Latin but also borrowed the genre to produce their own Latin versions. The first century, as it happened, saw the peak of production of didactic handbooks as well as of miscellanies and compendia in both languages; the popularity and production of the genre continued right into late antiquity, and it covered an immense variety of disciplines: history, rhetoric and grammar, natural history, legal and political matters, science, technology, medicine, and philosophy.

106 See Marrou 1964: 242 - 254 on the modelling of the Roman educational system on that of Greece.

107 Rijk 1965 attempts to define the original meaning of the phrase in Greek culture.
Martianus Capella employed *disciplinae cyclicae*. Henri Marrou observes that the term seemed to have been both general in nature, indicating the standard steps in a gentleman’s education, as well as specific, standing for the propaedeutic set of studies which prepared “secondary” students for higher levels of learning, in particular in the seven liberal arts which eventually made up the mediaeval trivium and quadrivium—grammar, dialectic, rhetoric, geometry, arithmetic, astronomy, music—all of which appear in Varro’s list of disciplines.

Restricting the sense of *enkuklios paideia* to the curriculum of the Graeco-Roman classroom, however, is arguably to apply too narrow a definition. As Jaeger remarks in a prefatory statement to his three-volume study of Greek *paideia*, the term was more encompassing than that:

> It is impossible to avoid bringing in modern expressions like civilization, culture, tradition, literature, or education. But none of them really covers what the Greeks meant by paideia. Each of them is confined to one aspect of it.

While Marrou does admit that *enkuklios paideia* could be “taken in the perfective aspect of the word ‘culture,’” so as to embrace other disciplines, such as philosophy, military arts, law, drawing, as well as architecture and medicine (the two disciplines which complete Varro’s list), it is Jaeger who notes the profoundly literary aspect of *enkuklios paideia*:

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108 Seneca, *Ep.* 62. 1, 88. 2; Gellius, *NA* 13. 17; Cicero, *De or.* 3. 6. 21; Quintilian *Inst.* 1. 10. 1; Martianus, 9. 998. Gellius emphasized what Robert Kaster interprets as the peculiarly Roman equation of *humanitas* with *paideia*: men such as Cicero and Varro, Gellius stated, defined *humanitas* not as something akin to the Greek φιλανθρωπία (philanthropy) but rather to *paideia*, or what nos eruditionem institutionemque in bonas artem dicimus (we call education and instruction in good skills). Kaster 1986: 5 – 10. See Morgan 1998: 35 – 36 for other examples of Latin translations of the term.

109 Marrou 1964: 177. The degree to which these steps, particularly the oft-mentioned division of study into three definite stages, was formalized in the Roman world is frequently debated. The field of studies for students appears to have been surprisingly narrow: grammar, literature, a bit of history, basic arithmetic and geometry, and rhetoric comprised the standard curriculum. See Marrou 1964: 265 – 291; Russell 1989. Cribiore 2001: 247, however, notes the pedagogical value in the restricted and canonical curriculum of the educational system of Hellenistic and Roman Egypt.

110 In the Roman world, Seneca particularly resisted this restriction. For him, the end purpose of all *liberalia studia* was a virtue which was to be found beyond the classroom walls. See *Ep.* 88.

111 Jaeger 1943: (vol. 1) v.
The ancients were persuaded that education and culture are not a formal art or an abstract theory, distinct from the objective historical structure of a nation's spiritual life. They held them to be embodied in literature, which is the real expression of all higher culture.\footnote{Jaeger 1943: (vol. 1) v. Cf. Anderson 1993: 8: "[Paideia] presupposes someone who has read the approved canon of texts and absorbed from them the values of Hellenism and urban-dwelling man alike . . ."}

 Jaeger's emphasis upon the specifically literary aspect of \textit{enklukios paideia} extends to the field of medicine: in the Greek world, the culture of medicine was not limited to clinical practice, and the fact that it spawned a substantial literature which found a widespread audience beyond physicians brings it into the fold.\footnote{Jaeger 1944: (vol. 3) 4 notes that medicine's partner in health maintenance, Greek gymnastics, did not produce a literature.} Jaeger indeed devotes an entire chapter of his study to Greek medical literature as \textit{paideia}.\footnote{Jaeger 1944: (vol. 3) 3 – 45.} The acquisition of medical knowledge, on both a superficial and a more thorough level, through literature and literary life (which included public readings, lectures and debates) was common practice.\footnote{Jocelyn 1985: 304 argues in fact that Celsus' \textit{De medicina} is entirely an intellectual exercise and not meant to function as a practical handbook.}

 In the perpetual Graeco-Roman debate as to whether medicine ought to be considered a craft, which had to be learned by practical experience, or a science, which required the study of natural history and biology, Aristotle had noted early on that there were in fact three types of physicians: the craftsman (\(\dot{\omega} \delta\eta\mu\iota\omicron\upsilon\rho\gamma\omicron\omicron\zeta\)), the scientist (\(\dot{\omega} \alpha\rho\chi\iota\tau\epsilon\kappa\tau\omicron\nu\iota\kappa\omicron\zeta\)), and the educated man who had studied the art (\(\dot{\omega} \pi\epsilon\pi\alpha\omicron\delta\epsilon\omicron\u\mu\epsilon\omicron\nu\omicron\zeta \omicron \tau\iota\eta\nu \tau\epsilon\chi\nu\eta\nu\)), and while he elsewhere argued that one could not become a practising physician solely through books, he also was of the firm conviction that the educated man's opinion on medicine had to be given weight in any debate on the subject.\footnote{Aristotle, \textit{Pol.} 1282a3. Compare \textit{Eth. Nic.} 1181b. 2: \(\omicron \upsilon \gamma\alpha\rho \varphi\alpha\omicron\nu\omicron\tau\omicron\nu\omicron\tau\omicron\iota\omicron\iota\omicron\iota \omicron \tau\omicron\nu \omicron \upsilon\gamma\rho\gamma\alpha\omicron\mu\acute{\alpha}\tau\omicron\nu \gamma\nu\omicron\sigma\omicron\omicron\omicron\theta\omicron\alpha\iota\). (We do not see men becoming expert physicians from a study of medical textbooks). See Temkin 1953 on the debate.} The final lines of the Hippocratic \textit{Law}, in which the writer characterized medicine as a holy art which is revealed...
only to the initiated, were in fact belied, Jaeger points out, by the daily reality of Greek intellectual life: medical knowledge was as much a part of the culture of the educated man as other bodies of knowledge. The modern, western tendency to isolate medicine from the general culture would have been out of place in the ancient world; medicine in Greece was not, as it is for even the well-educated of today, a body of esoteric knowledge, largely opaque, inaccessible and privileged. Athenaeus of Attaleia, a noted Greek physician of the mid-first century, advocated the inclusion of medicine “together with other subjects of learning” (ἄμα τοῖς ἄλλοις μαθήμασι) as useful and necessary for both intellectual stimulation and physical health. Medicine formed an integral part of the Greek enkuklios paideia, one half of the education of both body and soul.

In the ancient world, as Rawson rightly notes, “the place of medicine among the liberal arts was not unquestioned,” but for many writers of the first and second centuries of the Roman empire its inclusion among Varro’s Disciplinae and Celsus’ Artes would have felt natural. In giving such a prominent place to medicine in the Naturalis historia Pliny revealed his own bias: “Deserving of treatment before all things are the subjects included by the Greeks under the name of ‘Encyclic Culture’ (Ante omnia attingenda quae Graeci τῆς ἐγκυκλίου παιδείας vocant),” he wrote in his preface to the work. Plutarch attested to a

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117 Jaeger 1944: (vol. 3) 11 – 12. Hippocrates, De lege 5: Τά δὲ ἱερὰ κόντα πρήγματα ἱεροῖς ἀνθρώποις δείκνυται: βεβήλωσι δὲ ὁ θεὸς, πρὶν ἐκ τελεσθείσαι φρονίμοις εἰσιτήμοις (Holy things are revealed only to holy men. Such things must not be made known to the profane until they are initiated into the mysteries of science.)

118 χρήσιμον δὲ, ἢ μᾶλλον ἀναγκαῖον, πᾶσιν ἀνθρώποις ἀπὸ ταύτης ἡλικίας ἄμα τοῖς ἄλλοις μαθήμασι συμπαρασεῦσαι καὶ τὴν ἁλεξικήν καὶ κατακόρου τῶν ταύτης λόγων, ἵνα καλοὶ καὶ ἀγαθοὶ σύμβουλοι γένονται πολλάκις ἑαυτοῖς τῶν εἰς σωτηρίαν χρησίμων. (It is advantageous, or rather necessary, for all men from the time of youth to study medicine alongside their other studies and to give ear to its principle, so that they might frequently become good counsellors for themselves about things useful for keeping well.)


120 Pliny, NH pref. 14.
similar sentiment; a knowledge of medicine, he asserted, was an essential facet of a
gentleman’s education:

τῶν ἐλευθερίων δὲ τεχνῶν ιατρικῆ τὸ μὲν γλαυφρόν καὶ περιττόν καὶ
ἐπιτερπές οδημίας ἐνδείκτην ἔχει, θεωρικὸν δὲ μέγα τοῖς φιλομαθοῦσι τὴν
σωτηρίαν καὶ τὴν ὑγείαν ἐπιδίδοσιν.

And of the liberal arts medicine is inferior to none in elegance, distinction, and the
satisfaction which it yields, and it gives to its students admission to something of very
great importance—the preservation of their life and health.\(^\text{121}\)

Galen urged the youth of his day to pursue higher studies in any of the socially-beneficial
arts, and while he did not privilege medicine above all other arts, not surprisingly he included
it among the arts which are closest to the divine: geometers, mathematicians, philosophers,
grammarians, astronomers and physicians held the first tier, followed in ranking by painters,
sculptors, grammar school teachers, carpenters, and architects, while the remaining
unspecified arts made up the third order.\(^\text{122}\) That medicine was an art which could be
approached as either a vocation or simply as an area of intellectual interest for the literate and
cultivated man is evident in another passage, this time in *De praecognitione*. Galen related
that one of his first patients at Rome, Eudemus, the Peripatetic philosopher, had initially
believed that Galen was primarily a philosopher by profession and that he only “dabbled in
medicine as a sideline” (τὸν δὲ κατὰ τὴν ιατρικὴν ἐν παρέργῳ παρθοντικέναι). Galen
advised him that the dreams which had instructed Galen’s father to educate him in medicine

\(^{121}\) Plutarch, *Mor.* 122E. Plutarch states further that philosophers “καὶ μὴ παντάπασιν ἀνελόντες ὀδηγοῦσι δὲιν
τοὺς ὄρους ὅπερ ἐν μιᾷ χώρᾳ κοινῷ ἐμφυλοκαλέον, ἀμὴ τὸ ήδο τῷ λόγῳ καὶ τὸ ἀναγκαῖον διάκοντες
(ought to) be blamed if they do not consider it their duty to abolish all boundary-lines altogether, and to make a
single field, as it were, of all honourable studies, and therein to cultivate them in common, thus aiming in their
discussion at both the pleasant and the essential).”

\(^{122}\) Galen, *Protr.* = K. 1. 7, where his definition of the socially-beneficial arts were those which made one
worthy of one’s family or made one’s family worthy. His ranking of physicians must not be taken as being
indicative of the social status of all physicians in the Roman empire; many Romans considered them to be on
the same level as craftsmen such as weavers and cobblers. See Nutton 1995: 11.
had made it clear that the pursuit of medicine was to be his profession and not a mere hobby.  

If Celsus was indeed one of the educated “dabblers” in medicine in the Roman world (as most scholars now believe) rather than a trained physician, he clearly had in mind and in fact an audience of educated men for whom he could confidently assume both a certain magnitude of medical knowledge and an interest in medicine as one of the *liberales artes*. A minimal level of medical literacy on the part of men who had received an education in the *liberales artes*, failing a more profound knowledge of human physiology and medicine, was advocated by Gellius, and Soranus clearly demanded a degree of medical literacy even from ordinary midwives: a potential midwife had to be literate, he insisted, in order to understand medical theory as well as practice. According to Suetonius, both medicine and mathematics were included in Vergil’s studies as a youth. That a reasonably high standard of medical literacy did in fact form part of Graeco-Roman literary culture is evident, moreover, in the ease with which men of Plutarch’s or Gellius’ class and education could and did discuss medical issues, including human anatomy and physiology: the dinner guests at Plutarch’s *Symposium*, physician and non-physician alike, deliberated confidently and knowledgeably over a range of medical questions, such as the likelihood and possible aetiology of new diseases, the humoral components of female physiology, or the processes of digestion, while Gellius used his compilation to muse over issues such as the exact difference between disease and defect, the normal range of human gestation (in which he

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124 Gellius, *NA* 18. 10. 8: *existimavi non medico soli, sed omnibus quoque hominibus liberis liberaliterque institutis, turpe esse ne ea quidem cognovisse ad notitiam corporis nostrî pertinens, quae non alius occultiusque remota sunt et quae natura nobis tuendae valitudinis causa et in promptu esse et in propatulo voluerit...* (I thought it was shameful, not only for a physician, but for all cultivated and liberally educated men, not to know even such facts pertaining to the knowledge of our bodies as are not deep and recondite, but which nature, for the purpose of maintaining our health, has allowed to be evident and obvious.)
125 Suetonius, *Vita Vergil* 15.
cited authorities ranging from Hippocrates and his Latin commentator Sabinus to the playwrights Plautus and Menander), or the opinion of the philosopher Favorinus on breastfeeding.\textsuperscript{126} Plutarch, Gellius, Pliny, and Galen in particular leave testimony as well to the highly social atmosphere of the ancient sickroom, in which doctors debated various diagnoses and therapies with each other, while friends came to comfort the patient as well as to engage both him and the attending physicians in learned discussions on the proper course of treatment to be followed.\textsuperscript{127}

Medical knowledge as part of \textit{enkuklios paideia} was not restricted to intellectual interest and pleasure. There was a practical purpose to being able to maintain your health and to treat your own minor ailments, as well as to being able to converse knowledgeably about the human body and the healing arts with trained physicians or other healers. Athenaeus of Attaleia contended that the necessity for medical knowledge was continuous and that "referring to doctors always for advice about everything is wearying and impossible" (τό δ' άεί καὶ περὶ πάντων ιατρῶν προσαναφέρειν κοπώδες καὶ ὀδύνατον).\textsuperscript{128} Plutarch was quite specific about the need to have an intimate knowledge of one's own body:

\textsuperscript{126} Plutarch, \textit{Mor.} 731A – 734C; 650F – 651E; 660D – 664A. Gellius, \textit{NA} 4.2; 3. 16; 12. 1.


\textsuperscript{128} σχέδον γάρ οίδεις καίρος ἐστιν οἵτιν οὔκ ὑπέρ οὔτε ἡμέρας, εν δὲ χρείαν οἰδεῖλαν ἔχομεν τής τεχνής, ἀλλὰ καὶ εἰ περιπάτησι καὶ εἰ καθέδρα καὶ ἀλέμματι καὶ λουτρῷ καὶ βρώσει καὶ πόσει καὶ δίνῳ καὶ ἐξεγέρσει καὶ πόση πράξει, δι' ἐνόμων τοῦ βίου καὶ δι' ἀπάτης τῆς χώσεως, χρείαν ἔχομεν συμβούλιος πρὸς τὴν ἀρκετὴν καὶ συμφέροντας χρῆσιν αὐτῆς τοῦ δ' άεί καὶ περὶ πάντων ιατρῶν προσαναφέρειν κοπώδες καὶ ἀδύνατον. (For there is almost no occasion, either at night or in the day, in which we have no need of the science, but even in walking and sitting and in anointing ourselves and in the bath and in eating and drinking and in sleeping and getting up and in all actions, though the whole of life and every part of living, we have a need of the good counsel of medicine for a harmless and beneficial life, and referring to physicians always for advice about everything is wearying and impossible.) Athenaeus, \textit{On the Regime for Health}, cited in Oribasius, \textit{CMG} VI 4. 139. 23 - 29. Trans. mine.
But this does seem to be true, that each person ought neither to be unacquainted with the peculiarities of his own pulse (for there are many individual diversities), nor ignorant of any idiosyncracy which his body has in regard to temperature and dryness, and what things in actual practice have proved to be beneficial or detrimental to it.  

The need to choose wisely in selecting medical advice was urged by both Scribonius and Galen. The plethora of medical options combined with the lack of regulation in the "medical marketplace" required one to make informed decisions about to whom to entrust oneself and one's family. Scribonius bemoaned the fact that so many men of his day gave more thought and consideration to the hiring of a workman than they did to that of a physician:

*raro enim aliquis, priusquam se suosque tradat medico, diligenter de eo iudicat, cum interim nemo ne imaginem quidem suam committat pingendam nisi probato prius artifici per quaedam experimenta atque ita electo, habeantque omnes pondera atque mensuras exactas, ne quid errorum in rebus non necessariis accidat . . .

Alas, rarely does anyone diligently examine a physician before placing himself and his family under his care, and yet no one would ever actually commission his own portrait unless the artist had first been carefully tested through experience. Therefore, these so-called doctors should all have weights and measures so that an error does not occur in unnecessary matters . . .

That wealthy men in Rome did not spend the time to examine physicians closely but relied instead upon the reputations which the latter had managed to garner was the impetus for Galen's treatise *De optimo medico cognoscendo* (*On Examinations by which the Best Physicians Are Recognized*), in which he argued that one ought to examine the skill of a physician or surgeon while healthy, and that even the man who was too lazy to study

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129 Plutarch, *Mor.* 136E. Compare Celsus, *Med.* 1. 3. 13 – 14: *Ante omnia autem norit quisque naturam sui corporis . . .* (But above all things everyone should be acquainted with the nature of his own body).

130 Scribonius, *Comp.* pref. 9.
medicine in depth was able to acquire sufficient knowledge to distinguish between the medical expert and the fraud. One cannot take either author’s statements about a general decline in medical knowledge in Roman society completely at face value, for they both invoked the familiar trope of wealth and luxury as the downfall of civilization; their words are indicative rather that medicine was considered to be part of an intelligent and educated man’s sphere of knowledge. It was attainable, expected and even necessary.

Medical knowledge or literacy on the part of the upper-class was not gained, however, through the standard educational syllabus, which, oddly enough, generally eschewed the sciences upon which most of Varro’s representative disciplines clearly depended. Galen reported that until the age of fourteen he was taught the elements of mathematics, arithmetic and geometry by his father, who himself had a thorough grounding in geometry, mathematics, architecture and astronomy. Galen’s educational experience was apparently anomalous, however, for although the historian Teresa Morgan reports that there is some evidence for arithmetic, geometry and mathematical exercises on papyri school texts from Hellenistic and Roman Egypt, the sciences were not generally promoted in the school curriculum, particularly not in the Latin-speaking part of the empire. There was some theoretical support for the study of mathematics, particularly for arithmetic and geometry, among the Romans by both Cicero and Quintilian, for example, but it was not a wholehearted endorsement. The knowledge of medicine on the part of the literate classes who did not pursue it as a profession was gained not through the educational system,

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132 Galen in particular castigates the wealthy: Opt. med. = CMG SO IV 1. 3 – 7, 1. 12, 13. 1 – 3.
135 Marrou 1964: 281 – 282; Bonner 1977: 78 – 79. One possible obstacle was that higher studies in any of the sciences required a facility in Greek, as Latin scientific texts were generally lacking, although at Rome at least bilingualism among the educated class was the norm rather than the exception. See Marrou 1964: 434 – 435, n. 33.
professional training or apprenticeship, but rather it was essentially autodidactic, and it was gained through the cultural and literary life of the day which supported a polymathic approach to knowledge: it was obtained through books, debates, demonstrations and lectures.\footnote{Galen specifically stated in one treatise, \textit{Anat.} = K. 2. 450, that he was writing it as an aid for autodidactic readers. Nutton’s reading of a passage from \textit{De optimo medico cognoscendo} suggests that for Galen at least the medical knowledge gained through medical texts was essentially comparable to that gained by attendance at the bedside. Nutton 1990: 248, n. 53.}

Despite Galen’s complaint that some practising physicians were in fact barely literate, the educated class in the Roman empire supported a book trade which was brisk and in the large cities at least there was a comparative abundance of accessible medical texts: treatises on anatomy, physiology, surgery and therapeutics; commentaries on Hippocrates and other early Greek medical writers; critical analyses of the various therapeutic strategies; and books of pharmacology.\footnote{Galen, \textit{Libr. prop.} = K. 19. 9. Galen’s reference to illiteracy must be understood within the context of the often vitriolic debates on the various medical sects, on which more below. Galen commented on the importance of books to contemporary medical knowledge in \textit{Anat.} = K. 2. 281 – 282. On the rapid expansion of the book trade in the Roman empire and the social and cultural importance of books in the age, see Reichmann 1938: 42 – 44, Boyd 1915: 62 – 63, and Reynolds and Wilson 1991: 18 – 25. Dioscorides mentioned the “many authors old and new . . . who have put together books on the preparation, properties, and testing of drugs . . .”. \textit{De materia medica} pref. 1. Fantham 1996: 14 – 15 believes that trade in technical manuals, including medical texts, likely made up the bulk of the book trade. See Nutton 1990: 247 on the possible content of medical handbooks at the time of Galen.} Strabo’s warning that the book vendors might sell texts of dubious quality was echoed by Galen, who recounted instances in which books were being sold under his name in the bookstalls of Rome, some of which were genuine, others entirely counterfeit, while others were \textit{bona fide} but improperly credited, a situation which prompted him to create a catalogue of his genuine works for the reading public, \textit{De libris propriis}.\footnote{Strabo, 13.1.54. Galen, \textit{Libr. prop.} = K. 19. 8 – 11, 17. (This catalogue of his own works was in fact incomplete.) Other instances of Galen’s complaints about his books circulating unauthorized may be found in \textit{Anat.} = K. 2. 217, 659.} Putting aside concerns about the quality of the available books, it is clear that there was a healthy public demand for medical texts and knowledge. An anecdote related by Galen in the
opening sentences of *De libris propriis* implied that the buyer of a counterfeit book on at least one occasion was a literate though not well-educated man, which suggests that interest in medicine and medical books in Rome at least may not have been limited solely to the educated élite.\(^{139}\)

Pliny’s list of authors upon whom he drew in writing the *Naturalis historia* was remarkably extensive: he himself stated in his preface that he had read one hundred authors.\(^{140}\) He specified his medical sources, and his catalogue of authors included over fifty medical writers, most of whom were Greek and many of whom continued to be read by the educated: Hippocrates, Erasistratus, Asclepiades of Bithynia, for example.\(^{141}\) It is unlikely that Pliny was able to undertake such compendious research through the resources of a single private library, no matter how well-stocked. His situation, and that of other compilers or polymathic writers, must have been similar to that of Gellius. In the process of collecting his entries for the *Noctes Atticae*, Gellius relied heavily upon the resources of the numerous public and private libraries of Rome (and of other cities in the empire, such as Tibur and Patrae, while on visits there) for reading in all manner of topics, including medicine.\(^{142}\) By one scholar’s estimation, there were twenty-six public libraries in Rome alone by the mid-first century, although T. Keith Dix argues that access to the scholarly collections in the so-called “public” imperial libraries would have been limited to those with ties to the imperial courts.\(^{143}\) That medical texts were to be found in at least one of the imperial libraries of


\(^{140}\) Pliny, *NH* pref. 17; Beagon 2005: 30 states that this number is a serious underestimation. Lloyd 1983: 148 notes the paradox between the “wealth of popular beliefs and tradition that Pliny records” and his evident use of literary sources rather than direct informants.

\(^{141}\) Pliny, *NH* 2 passim.

\(^{142}\) See Boyd 1915: 74 for Gellius’ many references to library use in Rome and elsewhere in the empire. Boyd has collected many of the primary sources on libraries and literary culture in ancient Rome.

Rome was attested by Galen. The destruction of three imperial libraries in a fire in 192 meant the loss of their valuable collections, including a number of Galen’s early medical and philosophical works which had been stored in the Library of the Temple of Peace.\footnote{144}

Medicine flourished in works not only of prose but of poetry as well. The physician Marcellus of Side, who lived during the reign of the Antonines, wrote a didactic medical poem in forty-two books, the \textit{Chironides}, which was presented to the imperial libraries at Rome by the emperors; the work was written in Greek heroic verse, according to his funeral epigram.\footnote{145} Another physician-poet of the approximately the same time period, Herakleitos of Rhodes, was honoured in an inscription as “the Homer of medical poetry” (\textit{ιατρικῶν ποιημάτων Ὀμηρος}), a designation which suggests that the genre was not entirely inconsequential.\footnote{146} The extant portions of the hexameters of the \textit{Liber medicinalis} (\textit{Book of Medicine}) of Quintus Serenus, which date from sometime in the second to fourth centuries, provided remedies for almost a hundred diseases; its existence demonstrates that the genre was known in Latin as well as Greek.\footnote{147}

twinned storage and reading areas, reflected the necessarily bilingual nature of the collections, a point which at least assures that medical texts, most of which were in Greek, would potentially have had space delegated to them. Pliny complained that most medical texts were in Greek since, if they were written in any other language, they lacked all authority and were ignored. \textit{Pliny, NH} 29. 8. 17.

\footnote{144}\textit{Galen, Libr. prop. = K. 19. 19, 21.} The fire (which some scholars date to late 191) destroyed the Libraries of the Palatine, Domus Tiberiana and Temple of Peace, the latter located in the Forum Vespasiani and the location for literary pursuits of all sorts, according to Galen. On the fire, see also \textit{Dio Cass.} 72. 24. 1 – 3; \textit{Herodian} 1. 14. 2 – 6.

\footnote{145}\textit{Anthologia Palatina} 7. 158. He was also the author of other non-didactic poetry, including two extant funeral epigrams for the wife of Herodes Atticus, poems which E. L. Bowie considers to be of very high quality (he is less kind to the remains of the \textit{Chironides}). See Bowie 1989: 201 – 202. Side was located in Pamphylia. \footnote{146}\textit{TAM} 2. 3; \textit{IGR} III. 733. The inscription is undated but stylistic considerations suggest that it should be dated to the imperial period, probably the middle of the second century, according to Greek epigraphist Colin Bailey (personal communication). That we lack extant examples or references to medical Latin in poetry does not exclude the possibility of its having been written. See Fantham 1996: 137 – 140 on the tradition of didactic poetry in Latin literature. See Peek 1955: s.v. \textit{GVI} 445 and 2020 for mention of physician-poets in the Greek world.

\footnote{147}Serenus in \textit{Poetae Latini minores}. See also Langslow 2000: 64.
Just as important as medical texts for the dissemination of medical knowledge, however, was the public medical discourse. At the one end, this consisted of the social aspect of therapeutics: the observations and conversations of the cluster of healers, family members and friends around those who were ill, as mentioned above, or medical consultations or even operations which took place in the streets and open-air venues. At the other end, the discourse was more formalized and was tied to the culture of rhetoric. Galen believed that many of the books which were circulating without proper attribution to him had their origin in notes given by him to friends who had attended his lectures and demonstrations and wished to have a written record of the proceedings. He himself was an avid participant in the vigorous public medical debates—part of what Armelle Debru terms the “caractère public et agonistique de la vie médicale”—which contributed to the cultural life of the cities of the Roman empire.

Epideictic displays were a crucial aspect of the literary culture of the Graeco-Roman world, particularly in the second century’s cultural revival which has been termed the Second Sophistic: lectures, recitations and demonstrations attracted sizeable audiences whose members came to hear poets, historians, philosophers, orators and rhetoricians; these audiences came as well to hear physicians. Lectures and demonstrations such as Galen’s held a central and critical place in the dissemination of medical knowledge to those pursuing medical studies, whether as a vocation or as an intellectual interest. Scribonius specifically

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148 See Plutarch, Mor. 71A on the public nature of operations, performed to attract potential patients.
151 See Fantham 1996: 211 – 221 on the importance of public performance in the literary life of the Romans. Bowersock 1969: 59 – 75 discusses Galen in the specific context of the Second Sophistic, while von Staden 1995: 53 – 55 emphasizes the epideictic character of Galen’s public rhetorical discourses. See also Galen, Praecog. = K. 14. 623, where he is warned by a friend that his claims of family and wealth might be considered as rhetoric designed simply to please an audience.
named “the deliberations and debates of highly respected physicians” (deliberationes contentionesque medicorum auctoritate praecellentium) as a source of medical information for himself.\textsuperscript{152} Physicians readily took part in these rhetorical performances not only for the purpose of instructing their students and the public at large, but also to demonstrate their own competence and thereby to solidify the reputations upon which their practices so crucially depended. These public displays could be vigorous and even heated affairs: on at least one occasion Galen stalked out in medias res when challenged by a physician from a rival medical sect, and Celsus also alluded to medical feuds which were carried out “in many volumes and in large and contentious disputations” (per multa volumina perque magnas contentionis [disputationes]).\textsuperscript{153} Galen was indeed so actively involved in the rhetorical aspects of medical culture that he claimed that he was attacked by other physicians in his early days at Rome as a mere λογιατρος (logiatros), that is, a “physician in word only,” and felt compelled to abandon at least temporarily these public appearances for the sake of devoting himself to his clinical medical practice and his writing.\textsuperscript{154} Prior to that decision, however, he had given both public and private lectures on various aspects of anatomy and physiology, as well as on the texts of various ancient Greek physicians, and he had even performed public dissections to illustrate his own anatomical experiments and conclusions.\textsuperscript{155}

\textsuperscript{152} Scribonius, Comp. pref. 1.
\textsuperscript{153} Galen, Praecog. = K. 14. 628. Celsus, Med. pref. 45. Celsus, at 6. 18, also employs the phrase in omnifere medicorum volumine atque sermone (in almost every book and discourse of physicians), but the context could be referring either to bedside conversations or medical lectures or even perhaps both. Nutton 1979: i describes Galen’s debating style as being in tone less philosophical but rather “akin to a bar-room brawl.” Medical debates and demonstrations could contain public challenges and ridicule from the audience if the challenge was not met; see Galen, Anat. = K. 2. 642 – 643.
\textsuperscript{154} Galen, Libr. propr. = K. 19. 15.
\textsuperscript{155} Galen, Libr. propr. = K. 19. 13 – 14, 20 – 22; Praecog. = K. 14. 612 – 613, 626 – 630; Opt. med. = CMG SO IV 9. 6, 9. 9; Anat. = K. 2. 216. A number of his books were in fact verbatim or reworked notes from his lectures and debates, such as Anat. and Sect. intr. See Debru 1995: 69 – 81 on the role of medical demonstrations in the medical culture of the ancient world. Human dissection, which had been performed at Alexandria in the second and third centuries BC, was rare by the time of Galen but not unknown. Opportunity to see the interior human anatomy or to perform any dissection was chiefly restricted to condemned criminals,
Maud Gleason’s study of rhetoric in the Second Sophistic reminds us of the importance of the audience to all epideictic performances of the time: “[there] was in some sense a collaboration between speaker and audience, and the educated audience relished being the ultimate arbiter of success.”\textsuperscript{156} In the case of the public lectures and demonstrations of physicians, the audience would have been composed of a mixture of students and fellow physicians of the various medical sects, as well as those men of the educated classes who were not wholly ignorant of medical theory and practice. These latter would often have been the most important part of the assemblage for the physician holding forth, for it was their judgement upon which a physician’s profession ultimately relied since it lay in their power to hire. Their ability to judge him on his ability in both rhetoric and medicine depended upon a \textit{paideia} in which both were firmly linked.\textsuperscript{157} Celsus, for example, carefully noted that Hippocrates was equally famous for medical skill and eloquence (\textit{vir et arie et facundia insignis}), and the desire to be remembered for his eloquence as much as his medical knowledge was a motivating factor in Marcellus of Side’s composition of the \textit{Chironides}.\textsuperscript{158} Pliny in particular stressed the association of rhetoric with medicine. He wrote of the “flood of verbiage” (\textit{ingenti garrulitate}) of one physician, and of the rabid perorations of another, and stated of physicians that “it is obvious that anyone among them who acquires the power of speaking at once assumes supreme command over our life and

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\item wounded or dead soldiers, and, so sadly, exposed children who had died before rescue. Galen performed dissections, including vivisection on occasion, on apes, pigs, cats, dogs and other small animals, and was also a participant in the public dissection of an elephant which had died in Rome. \textit{Anat.} = K. 2. 385 – 386, 619 – 620. \textsuperscript{156} Gleason 1995: 159. Von Staden 1995: 53 draws attention to the fact that Galen frequently, although not invariably, styled a public anatomical presentation as \textit{epideixis} (exhibition or display) rather than \textit{apodeixis} (demonstration). His article analyzes Galen’s place in the epideictic culture of the second century.
\item Jaeger 1944: (vol. 3) 12.
\item Celsus, \textit{Med.} pref. 8. \textit{Anthologia Palatina} 7. 158.
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slaughter . . .” (palamque est, ut quisque inter istos loquendo polleat, imperatorem illico vitae nostrae necisque fieri . . .).\textsuperscript{159}

It is worth noting in closing this section that the pursuit of medicine as either a vocation or as an intellectual interest lacked clearly-defined propaedeutics, although Galen proposed a set of preliminary studies: attention should be paid, he posited, to the Hippocratic dictum that the study of both geometry and astronomy were germane to the study of medicine, and studies in the scientific disciplines, much like those in which his own father had enrolled him—logic, geometry, mathematics, arithmetic, architecture and astronomy—were equally essential.\textsuperscript{160} These subjects would of course benefit any man, no matter what his ultimate path in life, for they would “sharpen the soul” in preparation for further studies, but they were demanded in particular by medicine.\textsuperscript{161} The nature of the Graeco-Roman school curriculum, moreover, along with the absence of professional regulations and the propensity for intellectual generalism resulted in what could be regarded as interdisciplinary propaedeutics. One finds, for example, in the work of the Augustan architect Vitruvius, the following recommended programme of pre-professional studies for anyone intending to enter the field of architecture:

\textit{Et ut litteratus sit, peritus graphidos, eruditus geometria, historias complures noverit, philosophos diligenter audierit, musicam scierit, medicinae non sit ignarus, responsa iurisconsulorum noverit, astrologiam caelique rationes cognicias habeat.}

He ought to be a man of letters, an experienced draughtsman, learned in geometry, knowledgeable of the histories of various ages, a diligent student of philosophy, have

\textsuperscript{159} Pliny, \textit{NH} 29. 3, 5. 9, 5. 11. See also Galen, \textit{Anat.} = K. 2. 217 on his fellow student: επιδείξασθαι \[epideixasthai\] μὲν εφημένῳ δημοσίᾳ, μὴ δυναμένῳ δὲ αὐτῷ συντιθέναι λόγους επιδεικτικοῖς \[epideiktikous\] (he wished to display his [medical] talents in public, but lacked lecturing ability).
\textsuperscript{160} Galen, \textit{Med. phil.} = K. 1. 54. Cf. Pseudo-Soranus, who wrote that a student of medicine ought to have initial training in natural sciences, grammar, rhetoric, geometry, arithmetic, and astronomy (= ed. Rose 1864: 244, lines 23ff.).
\textsuperscript{161} Galen, \textit{Cognosc.} = K. 5. 64.
a grasp of music, not be ignorant of medicine, well-versed in the responses of lawyers, have a knowledge of astronomy and astronomical calculations.\textsuperscript{162}

Vitruvius gave explanations for all of his suggested preparatory fields, some of which might seem out of place to modern perceptions of the requirements of the profession: natural philosophy, for example, provided training in important principles of nature, while ethics formed a man without greed or avarice; a knowledge of history allowed one to explain architectural motifs properly, while music assisted in the literal fine-tuning of military engines and in the acoustics of theatres; and a knowledge of both medicine and law allowed the architect to build structures which violated neither rules of health nor municipal by-laws.\textsuperscript{163} The depth of required expertise expected in a prospective student of architecture in the non-mathematical areas was apparently relatively thin: architects needed letters not for a deep knowledge of poetry but for the ability to keep proper written records, for example. What is intriguing, however, is that the proper intellectual preparation for medicine according to Galen included architecture, while the proper preparation for architecture according to Vitruvius included medicine, positions which are demonstrative of the degree to which the various disciplines within the \textit{paideia} of the Graeco-Roman world were often tightly interwoven.

\textbf{Medicine and Philosophy}

I. E. Drabkin notes that the study of philosophy was either propaedeutic or concomitant with the study of biomedicine in the classical world, and indeed Galen argued that every good physician needed a thorough training in philosophy:

\textsuperscript{162} Vitruvius, \textit{De arch.} 1. 1. 3. Trans. mine.  
\textsuperscript{163} Vitruvius, \textit{De arch.} 1. 1. 4 – 10.
What grounds are then left for any doctor who wishes to be trained in the art [of medicine] in a way worthy of Hippocrates not to be a philosopher? He must be practised in logical theory in order to discover the nature of the body, the differences between diseases, and the indications as to treatment; he must despise money and cultivate temperance in order to stay the course. He must, therefore, know all the parts of philosophy: the logical, the physical, and the ethical.164

Galen in fact did not consider himself to be a physician, but a “physician-philosopher.”165

He took pride in the fact that Marcus Aurelius had singled him out with a compliment which acknowledged both of these aspects: this man, Marcus said, “is first among doctors and the sole philosopher among philosophers” (“τὸν μὲν ἱατρὸν πρῶτον εἶναι, τὸν δὲ φιλόσοφον μόνον”).166 It is of course extremely risky to follow Drabkin’s example in extrapolating from Galen’s case that all those who practised medicine also studied philosophy, but certainly for men of his education and class the deep-seated association between philosophy and medicine which stretched back at least as far as Plato’s Timaeus continued to be perpetuated.167

164 Drabkin 1944: 337. Galen, Med. phil. = K. 1. 60. Galen believed that the study of logic was particularly important for the making of the best physician. Compare the Stoic philosopher Epictetus, who contended that the study of logic was instrumental in the moulding of a true philosopher. Epictetus, Discourses 1. 7.
165 Edelstein 1967: 353 observes that Galen placed his analysis of the whole human organism into his philosophical works and not his medical works.
166 Galen, Praecog. = K. 14. 660. Despite this accolade, however, the emperor failed to mention him in his Meditations.
167 The link between the two is well exemplified in Galen’s work De placitis Hippocratis et Platonis (On the Doctines of Plato and Hippocrates), but he was not the only one of his age who linked the two disciplines. Celsus, Med. pref. 6 – 7 argued that medicine was initially one part of philosophy, since both considered the rerum naturae with the same eyes, and that in fact it was the sapping of physical strength which the mental exertions and late nights of philosophic speculation engendered that caused philosophers to speculate on medicine in the first place. Plutarch, a practising Academic, drew a direct link between it and medicine, openly chiding philosophers who did not discuss matters of health at Mor. 122E. There is only an oblique reference to philosophy in Pliny’s account of the early history of medicine (NH 29. 4), but even Gellius took great pains to preserve the ideas of “both physicians and philosophers of distinction” (et medici et philosophi industres): the philosopher Favorinus invoked the name of Erasistratus, an important Hellenistic physician and anatomist; the
The contributors to the two volumes of *Philosophia Togata*, which were devoted to exploring the “mutual interaction of philosophy and Roman life,” did not examine health and illness as an aspect of Roman life which intersected with philosophy, but clearly this component of Roman culture could have fallen into their purview. The long and complex relationship between Graeco-Roman medicine and its philosophical traditions is one which cannot be examined in full here, but two aspects do warrant some discussion in considering the medical culture of second century Rome: firstly, the philosophical underpinnings of the medical sects, and secondly, the mutual influence of the two disciplines upon each other.

As Nutton has pointed out, the differences between the various medical sects were in essence theoretical. The medical debates and demonstrations in Rome and other cities of the empire centred around systems of ideas, not those of practice. At the therapeutic level, the same range of therapies were used by most Graeco-Roman healers, including biomedical physicians: diet, rest or exercise, pharmaceuticals (herbs or minerals), purgings of various kinds, baths, and surgery or cauterization as the painful last resorts. It was on the question

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philosopher Calvisius Taurus, who in one passage scolded a physician for not knowing the difference between a vein and an artery, discussed a friend’s illness with another physician in a second passage; Aristotle is cited on the effect of cold or terror on human physiology, and Carneades the Academic on the emetic use of hellebore. Gellius, *Na* 3. 16, 16. 3, 18. 10, 19. 4, 19. 5. Gellius also mentioned Socrates’ regimen for health (2. 1), the agreement of both physicians and philosophers on the diet of immature children (4. 19), and the philosophic debates on vision (5. 16). A passage from Plutarch’s *Moralia*, set at a symposium in which a physician criticized Plato’s understanding of anatomy, found its way into Gellius’ work at *Na* 17. 11. See Plutarch, *Mor.* 698A – B. Galen openly worried, however, that among the wealthy and powerful of the large cities, and in Rome in particular, knowledge of medicine was relegated to its socially functional capacity and that its intersection with philosophy was being ignored. Galen, *Praecog.* = K. 604 – 605. Some modern scholars, however, are apparently ill at ease with the close relationship between medicine and philosophy. Dover 1996: 35, for example, expresses concern that the writers of the Hippocratic treatises were often “dismaying philosophical.”

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168 Griffin and Barnes 1989: vi.
170 Scribonius summed up the ancient therapeutic progression tidily: *nam primum cibis ratione aptoque tempore datis temptat prodesse languentibus; deinde, si ad hos non responderit curatio, ad medicamentorum decurrit vim; potentiora enim haec et efficaciae quam cibi. post, ubi ne ad haec quidem cedunt difficultates adversae valetudinis, tunc coacta ad sectionem vel ultimo ad usteionem devenit.* (At first the physician attempts to benefit the weak by giving them food in a reasonable manner and at appropriate times. Then, if the patient has not responded to this treatment, the physician has recourse to the power of drugs since these are more potent and
of aetiology that biomedical physicians parted ways with each other, and to a great degree these differences reflected the various philosophical schools of the day. The degree to which a direct connection between philosophical schools and the medical sects can be made is a matter of some scholarly discussion, but certainly it is necessary to view the medical sects within the context of the contemporary epistemological debates of the Hellenistic and Roman philosophers.\textsuperscript{171}

The medical sects were not rigidly or formally organized groupings of physicians, but were informal alliances of thinkers, and within any given sect there was a spectrum of both theory and practice. Three main divisions of thought, however, emerged during the time of the Roman late republic and early empire: Dogmatism, Empiricism, and Methodism.\textsuperscript{172} The Dogmatist sect (Galen's own word, but the members of this sect are also called Rationalists, Analogists or Logicalists\textsuperscript{173}) was the most diverse, the oldest of the three, and the one which, because of Galen's influence, is still often erroneously considered, even by many classicists, to represent the medicine of the Graeco-Roman world against which the other sects

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171 Jaeger 1944: (vol. 3) 21 argues that it was not the particulars of philosophical theories which were adopted as much as it was the methodology. Hankinson 1999 offers a helpful survey of the intersection between Hellenistic biological sciences, chiefly medicine, and the contemporary philosophical debates. See also Frede 1987: 225 – 242; Edelstein 1967: 349 – 366; and Longrigg 1993, 1995 for scholarship on philosophy and medicine. Van der Eijk 1999: 56 reminds scholars to take care, however, not to approach medical sects as if they were simply applied forms of philosophy.

172 The sources for understanding the major sects are generally scattered amongst the extant medical writers, but there are two works in particular which provide contemporary assessments of the sects' histories, theories and practices: Celsus' preface to De Medicina and Galen's De sectis ingredientibus (On the Sects for Beginners). Celsus is the less polemical in nature and therefore likely more balanced. Pliny's NH 29. 2 – 5 gives a brief and highly critical account.

173 Galen, Sect. intr. = K. 1. 64.
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rebeld. Under this broad heading were placed those physicians who believed with Galen that the best medicine combined two particular features:

The art of healing was originally invented and discovered by the logos in conjunction with experience. And today also it can only be practised excellently and done well by one who employs both of these methods.

The unifying feature of Dogmatism was its use of logos or deductive reasoning in healing: a biomedical theory of aetiology was combined with a sound understanding of human anatomy and both of these were used in conjunction with a knowledge of the individual patient—his physical temperment, his environment and his symptoms. Under this rubric fell the Hippocrates as well as notable Hellenistic physicians such as Herophilus, Diocles and Erasistratus (each with their own followers), and it was to this loose grouping which Galen was allied, although he stated that he was purposely uncommitted to any philosophical or medical sect. Galen and the majority of the Dogmatists tended to be Platonists (references to the Timaeus appear frequently in Galen’s medical discussions) with strong Aristotelian leanings, particularly to Aristotle’s physics, but there were significant exceptions to this.

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174 Singer 1956: xv strongly cautions scholars against the notion, once quite prevalent, that the various sects “arose as heresies from a pure and primitive ‘Hippocratic’ original,” a misreading which is likely based on the ascendancy of Hippocratic Galenism in the western medical tradition. Von Staden 1982: 80, moreover, in tracking the use of the very term αἵροσις (choice)—from which the English word “heresy”—for the medical sects as a group referent in the Greek medical texts, notes that almost every rival sect claimed Hippocrates as its founder (the exception was Methodism).  
176 See Celsus, Med. pref 13 – 17 on Dogmatist tenets on aetiology. On the importance of anatomy, see Galen, Anat. K. 2. 220 – 227. The Hippocratic text De aere aquis locis is the classic example of the Dogmatist belief in the importance of external environment.  
177 On Galen’s essential Platonism, see De Lacey 1972, Singer 1997: xxvi – xxvii and Nutton 2004: 222 – 223. Galen said in Cognosc. = K. 5. 42 – 43 that he was following the advice of his father in not declaring an allegiance to any sect, but rather subjecting them all to examination while striving for the qualities of justice, temperance, courage and prudence which are universal to them all. Although Galen was a Dogmatist, he did not completely reject some of the arguments of the Empiricists, nor did Celsus; both men were comfortable with taking the best of both schools of thought.  
178 Compare Phdr. 270B – C in which Plato asserted that medicine should be practised rationally and not on the basis of knack and experience. He further argued in favour of Hippocrates’ position that the physician needs to
The Dogmatists' aetiological theories were disparate. The most influential and, thanks to Galen, the most historically-persistent theory was that of the humours and qualities, though it should be noted that the four humours (bile, black bile, phlegm and blood) were not canonical, and that the contrasting qualities of hot/cold and wet/dry received variable emphasis. One sub-group of the Dogmatists which arose in the first century AD rejected the power of the humours in favour of that of *pneuma*, the "breath" or "spirit" which was believed to fill the arteries of the human body. The Pneumatists believed that the internal environment of the body was highly influenced by its external environment, and their theoretical basis was in fact strongly compatible with Stoicism's credo of "life in accordance with nature."\(^{180}\)

The most significant dissenting theoretical voice among the Dogmatists, however, was that of Asclepiades of Bithynia, the physician who caused such a sensation in republican Rome.\(^{181}\) Asclepiades dismissed humoural theory and argued instead for a more materialistic theory of causation: the body possessed corpuscles and channels through which the corpuscles had to flow, and it was blockage of that flow which resulted in disease.\(^{182}\) Many scholars have opted to align Asclepiades' hypothesis with Democritean atomism, and it must be noted that Galen himself placed Asclepiades among the Epicureans.\(^{183}\) A number of modern scholars, including Nutton, dispute this placement, and J. T. Vallance makes the

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\(^{179}\) The founder of the sect was Athenaeus of Attaleia. See Nutton 2004: 202 – 203. The appearance of the arteries during dissection, which is flat and apparently empty since the heart is no longer supplying the pressure to keep them inflated, misled ancient anatomists, who rejected any role of the arteries in the circulation of blood. The function of the arteries in blood circulation was not made clear in the West until Harvey's demonstration of circulation in the early seventeenth century.

\(^{180}\) Hankinson 1999: 340. No works by Pneumatist physicians have survived.

\(^{181}\) See Vallance 1990 and 1993 for a comprehensive overview of our still-limited knowledge of Asclepiadean theory.

\(^{182}\) Celsus, *Med.* pref. 16.

point that the corpuscles of Asclepiades' theory were composite bodies and therefore by
definition not atomic.\textsuperscript{184} Nevertheless, Galen's contemporary assessment cannot be ignored,
as Vallance acknowledges.\textsuperscript{185} Even if no unbroken link between Democritean atomism and
Asclepiades' theory can be proved, the influence of Epicurean thought can readily be
discerned.

Empiricism held a position which, in contrast to Dogmatism's combination of *logos*
and experience, devalued the role of *logos* in healing.\textsuperscript{186} It was not a rejection of *logos* as a
means of establishing aetiology, however, but rather a repudiation of the very need for
considering aetiology, of the merit of searching for causes of disease when they were hidden
in the body's ultimately unknowable interior. Causes were deemed to be irrelevant to
treating symptoms: the search for them was time-consuming and ultimately unrelated to the
therapy applied. The Empiricist physician relied solely upon observation (*autopsia*); he
compared his observations of the presenting symptoms of a case with previous cases to find
similarities, without pondering the causation of these symptoms. Repeated observation and
experience, both individual and collective, produced a body of knowledge upon which the
physician could draw.\textsuperscript{187} Empiricism in fact honoured Hippocrates as an empirical observer,
while firmly rejecting the Hippocratic belief in using *logos* to discover hidden causes.\textsuperscript{188} It

\textsuperscript{184} Nutton 2004: 168. Nutton's position appears to be somewhat contradictory, however, as a few chapters on in
the same work (p. 190) he refers to Asclepiadean theory and its "links with the corpuscular philosophy of the
Epicureans." Vallance 1990: 145. The atom is literally "uncuttable" in Greek, a quality upon which true
Democritean atomism depends.
\textsuperscript{185} Vallance 1990: 10 – 11.
\textsuperscript{186} Celsus, Med. pref. 27 – 35 outlined the beliefs of *qui se Empiricos ab experientia nominant* (those who call
themselves Empiricists from their [use of] experience). Trans. mine. Both Galen's *Subfiguratio Empirica (An
Outline of Empiricism)* and *De sectis ingredientibus* and Pliny's NH 29. 4 contain discussions on Empiricism.
\textsuperscript{187} Empirists argued that cures for disease were discovered in three ways: by chance, by an individual decision
related to a unique set of circumstances, or by action inspired by the presenting symptoms. See Galen, *Subf.
Emp.* = Diechgräber 45 – 46 (= Walzer and Frede 1985: 24 – 5). Note that the Empiricist model of consulting
the combined experiences of others would require frequent and ready access to medical texts.
\textsuperscript{188} Nutton 2004: 149. The Hippocratic corpus, written by a variety of physicians over a lengthy period of time,
was not completely consistent on the value of theory. *De antiqua medicina (Ancent Medicine)*, for example, is
vehemently disputed the worth of anatomical studies, as knowledge of the internal body was deemed irrelevant to symptoms which largely presented themselves externally. It was foolish to believe that the living interior of the body could be understood from the examination of a dead body or to suggest a relationship between internal organs and external symptoms.

In its challenge to the ability of Dogmatists to discern correctly the unseen and the unknowable interior of the human body or to produce a single aetiology for disease, the Empiricist mode of thinking fell in line with that of the Sceptical school of philosophy. Galen made a direct connection between the two in the opening sentence of his Subfiguratio Empirica (Outline of Empiricism). Both the Sceptic and the Empiricist were wary of theory, though of course the latter did build up a general theoretical basis of medical knowledge through inductive reasoning. Scepticism had a more profound effect upon biomedicine in the Roman empire than Empiricism alone, however, for it also provided the philosophical basis for the Methodist sect. The second-century Sceptic Sextus Empiricus, a physician whose cognomen is inaccurately applied since he was in fact a Methodist,

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maintained that Pyrrhonean Scepticism should not be identified with Empiricism, as it
popularly was. He contended that a true Sceptic would be more at home with Methodism.\textsuperscript{191}

While both Dogmatism and Empiricism had a significant number of adherents, it was
in fact Methodism which was the most prominent medical sect in the Roman empire,
maintaining its ascendancy for at least three hundred years.\textsuperscript{192} The sect had its origins in
Asclepiades’ mechanistic theory of corpuscles and channels, and therefore was indebted to
Epicurean thought, but Asclepiades’ medical model received considerable expansion in turn
by the physicians Themison and Thessalus, who argued that the Dogmatists and the
Empiricists were both wrong: healing was not dependent upon a search for underlying causes
by means of logos nor upon a comparison of symptoms in hopes of establishing similarities,
but rather was contingent upon observation and therapeutics alone, a therapeutics which was
condensed to a mere three possibilities.\textsuperscript{193} All disease, the Methodists argued, was related to
one of the following states of being: stricture (in which the corpuscles were too large or the
channels too constricted), looseness (in which the corpuscles were too small or the channels
too dilated), or a mixed state (in which some parts of the body were constricted and others
lax).\textsuperscript{194} A Methodist physician limited physical examination of his patient to establishing

\textsuperscript{191} Sextus Empiricus, Outlines of Pyrrhonism 1. 236 – 241. In addition to his philosophical treatises Sextus
wrote a work on medicine which is no longer extant.
\textsuperscript{192} The name was contemporary. See Celsus, Med. pref. 57, as well as Galen, Sect. intr. = K. 1. 79, in which he
called them ὅι ὁμοιοί καλοφήμουν (the so-called Methodists), noting that they styled themselves thus
because they approached the art of medicine μεθόδου (by means of a method). Nutton 2004: 188 – 201 charts
the rise and influence of Methodism. See also Tucsan 2004: 1 – 36 which provides a helpful introduction to
her collection of the fragments of Methodist texts. Aside from the works of Soranus and his fourth-century
redactor Caelius Aurelianus, our knowledge of Methodism is limited to non-Methodist sources, particularly
Galen, who was severely critical of the sect despite his open admiration for Soranus himself. Older historians
of medicine have been generally dismissive of, if not downright hostile to Methodism; see, for example,
Kudlien 1970: 17, where he describes the sect’s tendency to “exaggerated anti-scientific simplification of
medicine as well as to shameless publicity.”
\textsuperscript{193} The dates for Themison are still a matter of scholarly conjecture. Thessalus, however, is known to have been
working in Rome in the middle of the first century under Nero. See Nutton 2004: 189 and Hankinson 1999:
340.
\textsuperscript{194} Celsus, Med. pref. 54 – 57.
which of these three states his patient presented, and then treated him by means of the long-established principle of *contrariis contraria* by prescribing those therapies which would loosen strictures or tighten laxities. Methodism essentially ignored external influences, which Empiricism took into account, as well as knowledge of the individual patient and aetiology, which Dogmatism extolled.\(^{195}\) The Methodist approach to healing found keen support, particularly in the crowded urban centres of the Roman empire, because it provided a prompt diagnosis, a gentler treatment than its rivals, and its division of illness into three day periods, as opposed to the more rigid and complex Hippocratic theory of critical days of illness, allowed for frequent reassessment and adjustment of treatment.\(^{196}\)

Thus there was some alignment of thought, whether direct or indirect, between the major philosophical schools and the various medical sects of the Roman world. Many scholars have suggested, moreover, that the impact was not entirely unidirectional, but that philosophy was itself influenced by medical thinking. R. J. Hankinson, for example, has noted that a crucial aspect of Hellenistic causal theory likely owed its origins to the Pneumatists, which he states "is by no means the only such instance of philosophically

\(^{195}\) Celsus, who was more conciliatory towards the various medical sects, nonetheless was at pains to point out in *Med.* pref. 63 – 73 that the Methodists employed both *logos* and experience even if they denied it, since medicine has few universal precepts and requires both reasoning and experience. Methodism’s refusal to consider the individuality of the patient, his environment, or the circumstances of his illness was particularly galling to Galen. In *Sect. intr.* = K. 1. 87 - 89 he drew a negative comparison between the therapy applied by an Empiricist and that of a Methodist in the case of a man bitten by a rabid dog. The Empiricist takes into account the fact that the dog was rabid, so that although his treatment is longer and more painful, it saves the man’s life. The Methodist is unconcerned with the fact that the dog is rabid and simply treats this wound like any other wound; he thus heals it promptly and easily, but the patient later dies of hydrophobia. Hankinson 1999: 341 notes that the Dogmatist physician would have applied a therapy similar to the Empiricist’s, but also would have inquired further into the means by which the dog’s rabidity caused the human illness.\(^{196}\) Methodists were known to follow Asclepiades’ dictum that healing should be swift, safe and pleasant. Their therapeutics emphasized diet (including an initial period of fasting) and gentle exercise. Scribonius took issue with those Methodists who proclaimed that Asclepiades never took recourse to pharmaceuticals. *Comp.* pref. 7 – 8. Nutton 2004: 193.
important innovations being made in the medical schools."197 But whether one agrees or not with the possibility of medical thinking affecting philosophical thought, there is no doubt that medicine provided a significant contribution to philosophy in the realm of metaphor, which will be touched upon only very briefly here.198

The obvious relationship between a macrocosm, be it cosmic or civic, and the microcosm of the human body is long-established and is not restricted to Graeco-Roman society, but the analogy was extensively exploited in classical philosophy, and it commonly employed the language of health and illness.199 To give just one instance of many, Plato drew frequent medical analogies between the body and society: the healthy body depends upon internal stability, he stated, and it is often purged of any disruptive bile by diarrhea, in the same way that an exile is expelled from a city during civil unrest.200 As the philosopher who organized the corporeal body to contain and physically reflect the incorporeal soul, Plato also consciously turned the metaphor of health and illness inward. The health of the body found parallels in the health of the soul: Plato spoke of the soul as being capable of disease, of moral virtue being equivalent to moral health while moral vice was symbolized as disease.201

197 Hankinson 1999: 340. Allen 1993: 647 has noted that the rise of Empiricism actually preceded that of Pyrrhonian Skepticism, a "chronology [which] would seem to suggest influence was exerted in the opposite direction." For another example of the current scholarship in this area, see Demont 2005: 271 – 285, who discusses the influence of humoral medicine on classical Greek philosophy. See also Jaeger 1944: (vol. 3) 21 - 26 on the influence of medicine on Plato and Aristotle. It is of note that Epicurean philosophy was often summed up as the tetrapharmakon (a four-part remedy). See Curnow 2006: 50. Mansfeld 1994: 3 – 4 and 117 – 176 argues that Galen’s commentaries on Hippocrates were modelled on classical philosophy’s exegetical traditions and that these works should be of interest to students of ancient philosophy.

198 Edelstein 1967: 350 argues that it was in fact the only contribution, but the more recent scholarship mentioned above challenges this position, even if the influence of medicine on philosophy was in relative terms "rather modest," as Frede puts it. Frede 1987: 243. See also Lidz 1995 on medical metaphor in Plato.

199 Douglas 1970: xxxvi notes that "the human body is the most readily available image of a system."

200 Plato, Ti. 82b, 85e – 86a. He found use for the medical analogy in many other instances, most notably in the Republic: the badly-governed state as an invalid and the good lawgiver as a good physician are just two examples. Resp. 426c, 564c. Cf. as well Plutarch, Mor. 87E.

201 Plato, Ti. 86c, 87d.
The concept of the division of labour between the physician, who tended the body, and the philosopher, who tended the soul, found continued resonance amongst philosophers in the Roman empire, even those who were not Platonists. An excerpt from Epictetus, the Stoic philosopher who lived at Rome for many years in the latter half of the first century, aptly demonstrates that the metaphor had not lost its force:

\[ \text{λατρεύον ἐστιν, ἄνδρες, τὸ τοῦ φιλοσόφου σχολεῖον· οὐ δὲ ἴσθεντας ἐξελθεῖν, ἀλλ' ἀλγησαντας. ἔρχεσθε γὰρ οὐχ ὑγείες, ἀλλ' ὁ μὲν ὁμοὶ ἕκβεβληκὼς, ὁ δὲ ἀπόστημα ἔχων, ὁ δὲ σύριγγα, ὁ δὲ κεφαλαλγών. εἴτε ἐγὼ καθίσας ἴψιν λέγω νοημάτα καὶ ἐπιφονημάτα, ἵν' ἴμεις ἐπαινέσαντές με ἐξέλθοντε, ὁ μὲν τὸν ὁμοὶ ἐκφέρων οἴον εἰσήγαγεν, ὁ δὲ τὴν κεφαλὴν ὑσσάτως ἔχουσαν, ὁ δὲ τὴν σύριγγα, ὁ δὲ τὸ ἀπόστημα; }\]

Men, the lecture-room of the philosopher is a doctor’s office; you ought not to walk out of it in pleasure, but in pain. For you are not well when you come; one man has a dislocated shoulder, another an abscess, another a fistula, another a headache. And then am I to sit down and recite to you dainty little notions and clever little mottoes, so that you will go out with words of praise on your lips, one man carrying away his shoulder just as it was when he came in, another his head in the same state, another his fistula, another his abscess?\(^{202}\)

Both Plato and Epictetus were concerned primarily with ethics, but the concept of the diseased soul was more than just a philosophic trope. Jackie Pigeaud’s study of ancient psychopathology, for example, underscores the fact that Graeco-Roman explanations for mentally disordered states depended heavily upon physiology, and thus the various philosophical schools, with their diverse ways of accounting for health and disease in the human body, came to differing conclusions concerning psychopathology.\(^{203}\) The corporeal and incorporeal aspects of the human experience, including the experience of health and disease, were integrated in classical thought to a degree which scholars are only now beginning to appreciate and explore.\(^{204}\)

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\(^{203}\) Pigeaud 1981.

\(^{204}\) See, for example, Padel’s 1992 analysis of the interweaving of physiological and psychological elements in fifth-century Greek tragedy. She argues that the pre-Aristotelian language of sensual perception and intellect
**Medicine and Faith**

Historians of Graeco-Roman medicine often leave the impression that Hippocratic medicine immediately or gradually supplanted all other strategies for coping with the issues of health and illness in the classical world. But this suggestion is patently incorrect: folk healing, religious healing, astrological healing, and various other forms of healing coexisted with biomedical theories and practices which had their bases in the speculations of natural philosophers. To speak of a Graeco-Roman medical tradition, therefore, is erroneous: it was never a singularity which rested solely upon “scientific” thinking. It encompassed entities which modern scholarship classifies under the designations of religion, pseudo-science, magic, superstition, or folklore. Such distinctions would likely be perplexing to the inhabitants of the classical world, for these elements functioned alongside each other in the medical culture, and they even intersected at various points of discourse and practice with the disparate biomedical theories and practices.

All of these forms of healing, however, shared a common bond. Each was predicated upon faith in a coherent conception of the *rerum natura*—the world with both its natural and divine elements. A society (or an individual) defines health and illness and it responds to

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205 Shrines for various healing divinities appeared in Attica, for example, contemporaneously with the rise of Hippocratic medicine. See Gorrini 2005: 138 – 139. Lloyd 2003: 41 draws particular attention to “the concurrent rise of two sharply contrasting attitudes and approaches to disease and cure,” one of sacralization, the other of secularization in fifth-century Attica (emphasis his).


207 Sontag 1978: 5 notes that we live “in an era in which medicine’s central premise is that all diseases can be cured,” and thus we are distrustful of forms of medicine which do not deliver objectively-measurable cures. Although it is easy to be sceptical concerning the efficacy of the various forms of ancient medicine, it is difficult, as Nutton 1986: 40 – 43 rightly states, to judge the efficacy of any ancient therapies, biomedical or
illness in a fashion which is intimately linked to its core beliefs. Medicine of every kind, even modern biomedicine, is essentially an expression of faith, one which calls upon the beliefs and convictions of the patient, the family, the community, and the healer. This section of the chapter will briefly survey fundamental aspects of Roman medical culture which were not based on faith in biomedicine but on faith in other modes of healing.

The need for trust in the therapy of healing was recognized long ago by the Hippocrates:

\[
\text{ἐν δὴ γὰρ ἐπέτεψαν αὐτῇ σφέας καὶ ἐπίστευσαν, ἐν τούτῳ αὐτῆς καὶ τὸ εἶδος ἐσκέψαντο καὶ τὴν δύναμιν περαινόντος τοῦ ἔργου ἐγνώσαν.}
\]

For in that they [patients] committed themselves with confidence to the art [of medicine], they thereby acknowledged also its reality, and when its work was accomplished they recognized its power.

Galen also conceded that faith was an intrinsic part of healing:

\[
\text{οὔτω γέ τοι καὶ παρ' ἡμῖν ἐν Περγάμῳ τοὺς θεραπευόμενος ὑπὸ τοῦ θεοῦ πειθομένους ὄραμεν αὐτῷ πεντεκάideka πολλάκις ἡμέρας προστάζεται μηδὲ ὅλως πιέιν, ὥστε τὰν ἱερὸν μηδεὶς προστίθητε πείθονται. μεγάλην γὰρ ἔχει ῥοπήν εἰς τὸ πάντα ποιῆσαι τὰ προστάτωμα τὸ πεπέσθαι τὸν κάμινον βεβαιῶς ἀκολουθήσειν ὕψελειν ἀξιόλογον αὐτῷ.}
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otherwise. One should also give consideration to the crucial difference which medical anthropologists have set between healing and curing: healing addresses the personal and social experience of sickness (that is, illness), while curing is concerned with somatic relief from disease, disorder or disability. See Barnhart 1988 on the power of faith healing in the modern Christian context, a power which is predicated upon factors such as participation in what Barnhart calls the “sacred drama” of the healing miracle, or Csordas 2002 on the transformative power of the therapeutic process. The noted anthropologist Evans-Pritchard long ago established, moreover, that the efficacy of a medical system is not necessarily related to the belief which its users have in it. See Evans-Pritchard 1976: 199 – 204. Efficacy in either healing or curing depends upon a combination of social, psychological, physiological, and bio-chemical factors. In addition, as many diseases are self-limiting, patients may respond positively to any therapy which is not actually harmful. All modes of medicine can report both successes and failures of therapy in healing and/or curing. See Moermann 1979 for an analysis of the efficacy of what he terms “symbolic healing,” a term which can embrace healing based on religious faith as well as modern psychotherapy. See also Dow 1986; Kleinman 1988: 117 – 199; Frank and Frank 1991; and Morris 1997. It should be noted as well that few healers claimed to be able to heal every condition. The Hippocratics gave it as a general rule that a physician should attempt to heal only those people who had conditions which were likely to respond to therapy, and Galen noted that even the god Asclepius could not heal some people. Galen, Sanit. tuend. = K. 6. 63 (= Edelstein T473); Cur. ratione = K. 11. 272. Cf. Hippocrates, De arte 8. The reluctance to treat the incurable was closely tied to the importance of professional reputation.


209 Hippocrates, De arte 4. Trans. from Loeb. The title of this work can be translated as either The Art or The Science of Medicine. The Greek term τέχνη allows for either.
Thus at any rate even among ourselves in Pergamum we see that those who are being treated by the god [Asclepius] obey him when on many occasions he bids them not to drink at all for fifteen days, while they obey none of the physicians who give this prescription. For it has great influence on the patient’s doing all which is prescribed if he has been firmly persuaded that a remarkable event to himself will ensue.\(^{210}\)

The intimate relationship between medicine and religious faith, whether that be the authorized activity of healing gods or the unauthorized activities of magic, is readily apparent: both address some of the same issues, including the cause, meaning and alleviation of suffering.\(^{211}\) Each strives “to enhance the human condition—to provide persons with avenues for greater peace, stability, serenity, happiness, empowerment, and physical and emotional well-being.”\(^{212}\) The notion that Graeco-Roman biomedicine repudiated all aspects of the divine is almost axiomatic, however, in the tradition of western medical historiography, although the line which separated the “science” of a Hippocratic physician, for example, from his religious thinking was not as firmly drawn as is often portrayed.\(^{213}\)

The Hippocratic treatise *De morbo sacro* (*On the Sacred Disease*) is most frequently cited as proof of the intellectual distinction which was made between biomedicine and the divine; it is argued that the writer of this work “emphatically reject[ed] the traditional religious belief” (as Longrigg phrases it) concerning epilepsy in favour of a “rational” explanation for its


\(^{211}\) Differentiating between religion and magic or superstition in the ancient world is a thorny point of academic contention. Flint 1991: 8, for example, uses the concepts of “reverence for” versus “control over” the supernatural in separating the two. The issue is essentially an irrelevant one as it relates to medicine, however, as religious cult activities, magical rites and folklore customs were all equally expressions of faith in a cosmic order. For the purposes of this overview I am following the suggestions of Phillips 1986, 1988 and Oberhelman 1990 in placing “religion” and “magic” in the same semantic field and recognizing social authority as the key distinguishing feature. See also Keyser 1997: 175 – 178. See also Trzcionka 2007: 5 – 11 for a helpful summary of the *status quaestionis* among scholars on the use of the term “magic.”

\(^{212}\) Vanderpool and Levin 1990: 14. There have been a number of recent articles and monographs on the historical interaction between (authorized) religious belief and medicine. Monograph titles include *Health/Medicine and the Faith Traditions* (Marty and Vaux 1982); *Medicine in the Bible and the Talmud* (Rosner 1995); *Medicine, Society and Faith in the Ancient and Medieval Worlds* (Amundsen 1996); *Religion and Medicine in the Middle Ages* (Biller and Ziegler 2001).

\(^{213}\) Nutton 2004: 406 n. 1 states that there is as yet no comprehensive study on religion and medicine in Roman culture.
Hippocrates, who noted that the symptomatic manifestation of the disease was so frightening that it was viewed “with ignorance and astonishment” (ὑπὸ ἀπειρίης καὶ θαυμασιοτητος) as a divine visitation, argued that this particular disease had “specific characteristics and a definite cause” (φόσιν ἔχει καὶ πρόφασιν). But Hippocrates’ contention that the disease was the result of excess phlegm in the brain and that it was not a sign of divine disfavour was not coupled with the rejection of the possibility of divine aetiology for disease: “I do not believe that the ‘Sacred Disease’ is any more divine or sacred than any other disease” (οὐδὲν τί μοι δοκεῖ τῶν ἄλλων θειοτέρη εἶναι νούσων οὐδὲ τερωτέρη). The belief that the divine operated through natural causality was made explicit in another Hippocratic text:

εμι δὲ καὶ αὐτῷ δοκεῖ τάδε τα πάθεα θεία εἶναι καὶ τάλλα πάντα καὶ οὐδὲν ἔτερον ἔτερου θειότερον οὐδὲ ἀνθρωπινώτερον, ἄλλα πάντα ὕμιοι καὶ πάντα θεία.

I myself hold that this and all other diseases are equally of divine origin and none more divine nor more earthly than another. Each disease has a natural cause and nothing happens without a natural cause . . .

These statements do not support the contention that there was a general rejection of religious faith over scientific faith by the Hippocrates, but in fact reinforce the intimate connection of the divine with the natural world which was part of Greek thought, as it was of Roman thought.
Even those who apparently placed greater faith in the healing power of biomedicine accepted that the divine contributed to healing.\textsuperscript{219} The \textit{Naturalis historia}, for example, flowed from a Stoic conception of a beneficent Nature which unstintingly supplied the remedies for human ills: “there is no place where that holy Mother of all things did not distribute remedies for the healing of mankind” (\textit{sacra illa parente rerum omnium nusquam non remedia disponente homini}).\textsuperscript{220} Scribonius wrote approvingly of Herophilus’ description of medicines as “the hands of god” (\textit{furtur dixisse medicamenta divum manus esse}), a phrase familiar to both Plutarch and Galen.\textsuperscript{221} This is undoubtedly metaphorical language, but the words nonetheless convey the sense of interaction between the divine and the medical which was commonly felt.

Incantations and charms were commonly believed to provide the essential dynamism to many different healing remedies, and the use of apotropaeic amulets was widespread.\textsuperscript{222} Galen, Celsus and Scribonius generally rejected their use, but all three took note of their

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\textsuperscript{219} Nutton 1985: 46 notes the “striking collaboration between priest and doctor” in classical antiquity and the general “lack of polemic” between the two. See King 1999: 281 – 289 on the close, even perhaps symbiotic, connection between temple healing and biomedicine. See also Oberhelman 1990: 148 – 149 and Horstmannhoff 2004. More generally on this topic, Nutton 2004: 273 – 279. Even if Roman priest and biomedical physician were to be at odds, it does not hold that their attitudes would have had an effect upon those who sought medical treatment from either. Finkler, in her study of sacred healing and biomedicine in modern Mexico, found that “unlike academicians, who regard the two healing regimens as diametrically opposed and in competition, the people who seek treatment do not distinguish the profound epistemological differences between sacred healing, such as Spiritualism, and biomedicine. In the search for alleviation of pain, pragmatism prevails; people judge the treatments they are given by their effects.” Finkler 1994: 179.

\textsuperscript{220} Pliny, \textit{NH} 24. 1. Similar expressions \textit{passim}, but see particularly 2. 95, 19. 62, 20. 1.


\textsuperscript{222} See, for example, Pliny, \textit{NH} 11. 34 for an instance of amulets made of beetle horns for children. See Önnerfors 1993 on the use of magical formulae in Roman medicine, which included incantations, evocations of the dead, and threats.
existence, and Galen and Scribonius attempted to rationalize the efficacy of at least some of
them. Nutton argues that the line between these particular therapies and biomedical
therapies was in fact “very unstable” and that belief in the former was not simply a function
of class or medical education. Pliny provides a good illustration of the waver ing nature of
the line: he denounced magicians at length, but without hesitation or negative comment
offered numerous remedies which included charms, incantations and amulets. Such
indeed was the blurring between medicine and magic in the ancient world that a favourable
biomedical outcome might even create the assumption that magic had been employed. Galen
was proud to be called a “wonderworker” (παραδοξοποιός), a complement to the title of
“wonderteller” (παραδοξολόγος) bestowed upon him, but he noted that his success,
particularly in prognosis, often appeared to those around him as “some kind of magic”
(μαγεία τινι).

In addition to magical therapies, there were at least fifty divinities to whom a Roman
could appeal in times of sickness. Some symptoms of illness, such as fever, were even

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223 Nutton 1991: 18 – 19; 2004: 268 – 270. See, for example, Scribonius, Comp. 13, 17 and Celsius, Med. 3. 23.
7 on a treatment for epilepsy which involved drinking the blood of a newly-slain gladiator, a treatment in which
clearly neither one had trust but which had been efficacious for some and therefore worthy of mention. See
Pliny, NH 28. 2. 4 for reference to the same treatment. See Keyser 1997 on Galen’s modified acceptance of
particular charms, as well as on the concept of sympathy in Galen’s pharmacology.


225 Pliny, NH 30: 1 – 20 on magicians. On remedies with charms, incantations or amulets, passim, but for
examples see NH 28 in particular. Pliny’s criticism of magicians seems to be almost wholly xenophobic in
nature; he too seems to be defining magic in terms of social authority. He himself pondered the efficacy of
words and incantations, and while he expressed some doubts he also felt obligated to admit that the power of
ritual formulae had to be acknowledged in many situations. Sacrifice, for example, without ritual prayer was
futile. See NH 28. 3. 10 – 13.

μαγεία τῆς θεραπείας (the magic of therapy). See also Med. phil. = K. 1. 54, where Galen stated that
physicians who are able to predict symptoms are denounced as magicians or speakers of riddles, as well as
Praecog. = K. 14. 655 – 656 on the possibility of a competent physician being called γοητά τε καὶ μάντιν (a
wizard and a prophet).

227 Jayne 1925: 373 – 499. Not included in this number are the multitude of lesser deities who presided over
childbearing and rearing.
sacralized: shrines to Dea Febris were located on the Palatine, Esquiline and Quirinal hills.\textsuperscript{228} Although Galen at times could express frustration with members of the Roman elite who abandoned the medical aspect of \textit{paideia} and turned to divine medicine when ill, he also acknowledged the role of the divine in healing.\textsuperscript{229} He claimed to have been restored to health himself from a fatal abscess by the healing god Asclepius, whose servant he thereafter professed himself to be.\textsuperscript{230} He reported at least two other instances of healing through the intervention of the god, and he composed a poem to Asclepius on behalf of the emperor.\textsuperscript{231} As a young man in his native Pergamum, moreover, he had held a position as a \textit{θεραπευτής} (attendant) at the sanctuary of Asclepius, a shrine which reached its greatest prominence in the second century, and he accepted the god’s advice on personal and career matters without hesitation.\textsuperscript{232}

Of the healing gods, Asclepius was by far the most prominent. His sanctuaries, the Asclepieia, were first built in the fourth century BC in Attica (and thus post-date the historical Hippocrates); in time they were erected throughout the whole extent of the Graeco-Roman world, including in Rome itself.\textsuperscript{233} Paradoxically, Asclepius also was recognized as

\textsuperscript{228} Valerius Maximus 2. 5. 6. Pliny, \textit{NH} 2. 5. 16. Other divinized symptoms were sore throat (\textit{Angina}) and itching (Scabies). (The Latin does not correlate with the modern medical terms.) The Romans also built shrines to the miasmic stenches arising from the city’s sewers (Cloacina) and marshes (Mefitis).\textsuperscript{229} Galen, \textit{Opt. med.} 1. 3 - 8. See Nutton 1990: 253 - 254 on Galen’s criticism of religious healing in this passage.\textsuperscript{230} Galen, \textit{Lib. prop.} = K. 19. 19. (= Edelstein T458); \textit{Cur. ratione} = K. 11. 315. Oberhelman 1983: 38 n. 16 speculates that Galen may have received this medical advice as a supplian in an Asclepieon.\textsuperscript{231} Galen, \textit{Morb. diff.} = K. 6. 869 (= Edelstein T459); \textit{Subf. Emp.} = Deichgruber 78 (= Edelstein T436). Poem to Asclepius is found in \textit{Antid.} = K. 14. 42 (= Edelstein T395).\textsuperscript{232} Galen, \textit{Lib. prop.} = K. 19. 19. Note that \textit{θεραπευτής} can also denote the worshipper of a god at a shrine, with no medical sense implied; Kudlien 1981: 120 questions, therefore, whether Galen’s statement can be interpreted to mean that he held a cult role. See Behr 1968: 27 – 33 on the temple of Asclepius at Pergamum. The sanctuary was extensively expanded by the Romans during the second century; see Hoffman 1998.\textsuperscript{233} See Edelstein 1945: 242 – 257 (\textit{Interpretation}) for a detailed history of the Asclepieia. Despite its limitations, the Edelsteins’ work, first published in 1945, remains still the most comprehensive study of Asclepius and his cult. The two volumes, which the 1998 edition combines into one book, respectively set out the epigraphic and literary evidence (\textit{Testimonies}) and an \textit{Interpretation} of the collected material. Hart 2000 provides evidence from numismatics and archaeology which is lacking in Edelstein. The evidence for worship of Asclepius earlier than the end of the sixth century BC is lacking, and Edelstein notes that the evidence for
the patron deity of biomedical physicians, many of whom assumed the patronymic
Asclepiades. Suppliantsto Asclepius, who could come on their own or on the behalf of
others, were healed through the process of incubation: they slept in the inner sanctuary and
were visited by the god, either directly or, more commonly, through a dream. Healing could
be unmediated or it could result from advice given by the deity. The experiences of the
suppliantswere frequently inscribed at the sanctuary; at Rome in Galen’s day there is record
of a certain Lucius, for example, who sought relief from a bout of pleurisy which had not
responded to other treatments:

. . . ὁ θεὸς ἐλθείν καὶ ἐκ τοῦ τριβώμου ἄραι τέφραν καὶ μετ᾽ οἴνου ἀναμίγωρασι καὶ ἐπιθείναι ἐπὶ τὸ πλευρόν· καὶ ἐσόθη καὶ δημοσίᾳ ἡχαριστησάτων | τῷ θεῷ καὶ ὁ δήμος συνεχάρη αὐτῷ.

. . . the god revealed that he should go and from the threefold altar lift ashes and mix
them thoroughly with wine and lay them on his side. And he was saved and publicly
offered thanks to the god, and the people rejoiced with him.

Aelius Aristides, the second-century orator from Asia Minor who suffered from ill
health most of his life, repeatedly sought the assistance of Asclepius, particularly at his
sanctuary in Pergamum, and in The Sacred Tales he has left a record of many of his
dreams—visions of Asclepius or other divinities and their instructions to him concerning his
health. Aristides showed considerable devotion in interpreting and obeying his dreams, but dreams were considered to hold exceptional significance in the ancient world. They were both a diagnostic and prognostic tool which virtually all patients and healers recognized. As the recipient of personal and medical advice from Asclepius through dreams, Galen himself composed a brief treatise, *De dignotione ex insomniis* (*On Diagnosis from Dreams*), on their proper interpretation.

Although Galen wrote a number of works on diagnosis, particularly about the pulse, diagnosis itself was ultimately less important in Graeco-Roman medicine than prognosis. In the extant medical treatises there are relatively few disease names attached to symptomatic descriptions, for example, as healers and their patients were concerned less with nosology.

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237 Behr 1968 provides the best introduction to and translation of the text of *The Sacred Tales*. See also Horstmanshoff 2004.

238 Aristides is more famous, but he was not atypical in his dedication to the god. Philostratus included Aristides’ contemporary Antiochus of Aegae in his *Vita sophistarum* (*Lives of the Sophists*) and took particular notice of his devotion to Asclepius: τὰς δὲ πλείους τῶν νυκτῶν ἐς τὸ τοῦ Ἀσκληπιοῦ ἱερὸν ἀπεκδεχόμεθαν ὑπὲρ τὸ θυσίατα ὑπὲρ τὸ θυσίας, ὥσπερ ἐγγενοῦσιν τε καὶ διαλεγόμενον ἄλλοις, διελέγετο γὰρ αὐτῷ ἐγγενοῦσιν ὁ θεὸς καλὸν ἀγάμνημα ποιοῦμενος τῆς καυτοῦ τέχνης τὸ τὰς νόσους ἐρύκειν τοῦ Ἀντιόχου. (He used to spend very many nights in the temple of Asclepius, both on account of the dreams that he had there, and also on account of all the intercourse there is between those who are awake and converse with one another, for in his case the god used to converse with him while awake, and held it to be a triumph of his healing art to ward off disease from Antiochus). Philostratus, *VS* 568. Cicero’s *De divinatione* (*On Divination*), which rejected the validity of dreams, reflected a minority opinion even among the Roman elite.

239 Of the medical sects, only Methodism, with its Epicurean roots, denied the importance of dreams. See Soranus, *Gyn.* 1. 2. 4, for example. The Empiricists accepted dreams as a form of experience. See Kudlien 1981: 121. See Oberhelman 1987, 1993 and Behr 1968: 171 – 195 for comprehensive studies of the place of dreams in ancient culture and medicine. The Stoics in particular gave great credence to the prognostic abilities of dreams, but even the Academic Plutarch called dreams τὸ προεβότατον ἡμῖν μαντείαν (our most ancient and respected form of divination); *Mor.* 159A. In Letter 17 of the Hippocratic *Pseudepigrapha*, which may be dated as late as the first and second centuries AD, Asclepius appeared to Hippocrates in a dream. See Smith 1990: 28, 70 – 71.

240 Galen, *Dign. insomm.* = K. 6. 833 – 835. He maintained that dreams could arise merely from the day’s mental impressions, but he also believed that they were able to divinely-inspired; dreams could also result from disturbances of the soul or of the humours (which were then reported by the soul). It was the physician’s task to discern the correct meaning of the dream, often through drawing analogy between the contents of the dream and the humors of the body, taking into account any physical circumstances which may have affected the dreamer. Cf. Plutarch, *Mor.* 129B – C. See Oberhelman 1993: 144 on Galen’s interpretations. Galen’s method of interpretation varied somewhat from that of Artemidorus, the second-century author of a book on dream interpretation, *Oneirocritica*, the only extant example of an apparently popular genre of literature. Kudlien 1981: 121 – 123 argues that Galen used dreams only to verify an existing conclusion based on logos, but even if this contention is true it is not possible to determine if other ancient biomedical physicians did the same.
than with probable outcomes. Galen noted that care in formulating a prognosis, which he
defined as “the present, past, and future state of the patient” (τε τὰ προγεγονότα καὶ τὰ
παρόντα καὶ τὰ μέλλοντα γενήσεσθαι τῷ κόμνοντι), was a Hippocratic tenet, and that it
involved the interpretation of both physical and psychological signs. Indeed a healer’s
reputation largely rested upon his prognostic abilities. It was with some pride that Galen
reported his success in medical prediction, such as on the following occasion:

ταῦτα μὲν ἐσπέρας ὦθησε ἤδη διελέξθημεν ἀλλήλοις, παραγεγονόμενος δ’ ἔωθεν
ηκουσας αὐτὸς σὺ τοῦ κεφαλαίου τῆς προφητείας, οὕς ὑπομένοντος μετρίως
φθέγγεσθαι τοῦ φιλοσοφοῦ καθάπερ ἐκοθεν κεκραγότος δὲ πρὸς ἀπαντᾶς ἡμᾶς
τοὺς εἰσόντας φίλους ὡς ὁ Πίθος Ἀπόλλων διὰ τοῦ Γαληνοῦ στόματος
ἐβουλήθη θεσπίζειν τοῖς νοσοῦσι καὶ μετὰ τούτου θεραπεύειν αὐτούς
ἀπαλλάττειν τε τελέως αὐτοὺς ἐν ἡμέρα προφητείᾳ. τὴν γοῦν γεγενημένην
λύσιν τοῦ νοσήματος—πέπειμαι γὰρ ἡδὲ τελέως ὑγιαίνει—ἐπαγγελάμανος
ἐκ πολλοῦ καὶ τῆς θεραπείας καὶ τῆς προφητείας ἐτυχεν.

We had already discussed this in the evening, and when you arrived next morning,
you heard a summary of my prediction. The philosopher [i.e., Galen’s patient]
abandoned his normal moderate manner of speaking and shouted to all of us his
friends as we entered the house that Pythian Apollo deigned to prophesy to the sick
through the mouth of Galen, and then to treat them and cure them completely on the
day predicted. “Galen announced my recovery from this illness long ago: I am
convinced that I am already fully fit: and he has succeeded both in his treatment and
his forecast.”

Although Galen was generally, though not completely, dubious of the use of divination for
prognosis, he himself was accused by other physicians of resorting to augury, haruspices and
astrology, methods which were commonly used by many patients and healers.

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241 Galen, Med. phil. = K. 1. 54. See also Praecog. = K. 14. 669, where he wrote on the importance of
foreknowledge in prognosis. Compare Hippocrates, Praecog. 1. Compare also Homer’s description of the seer
in Iliad 1. 70: δ’ ἤδη τὰ τ’ κόντα τα τ’ ἐκσόμενα πρὸ τ’ κόντα (one who already knows the present, the
future and the past).

μαντικὴ καὶ πάντα ἔγγενες ἕσοιν, ἐπεὶ καὶ τῶν διὸν τεχμένα πατήρ ἡς Ἀπόλλων, ὁ καὶ πρόγονος
ἡμῶν κόσμους καὶ ἐκσόμενα νοσός σαμαριεφανέως καὶ νοσήματα καὶ νοσήμαντας ἰσμένος (Medicine and
prophecy are very closely related, since the two arts Apollo is the single father. He, who is my ancestor,
declares the diseases that are and that will be and he heals those on whom sickness is coming and has come).

243 Galen, Praecog. = K. 14. 615. Barton 1994b: 140 notes that one should offset Galen’s resentment about
being accused of using divination (he himself calls it slander) with his evident pride in being called the
The importance of prognosis in Graeco-Roman medicine is demonstrated in the
Hippocratic theory of critical days or the rival Methodist therapeutic triads, both of which
predicted the course of an illness according to a numerological pattern. There existed as
well a close connection between the numerology of biomedicine and that of astrology.
Although there was contemporary criticism of astrology, such as is found in Pliny and Sextus
Empiricus, the subject was taken seriously by the majority of the inhabitants of the ancient
world; it had gradually received social and cultural acceptance in the Roman Empire,
particularly through influence of the Stoics. The Dogmatists, whose therapeutic approach
depended upon an examination of the entirety of a patient’s circumstances, took into
consideration the seasons when making diagnosis or prognosis or offering treatment, and
thus they employed astronomy in order to verify the seasons as well as the risings and
settings of the stars. Since, however, neither the Greek nor Latin languages differentiated
between astronomical and astrological activity (the term ἀστρονομία/astronomia and
ἀστρολογία/astrologia were used interchangeably until late in antiquity), it can often prove
difficult to determine which activity was being pursued, even among the Hippocratic and
mouthpiece of Pythian Apollo. His distancing himself from divination must be seen “in the context of criticism
from rival doctors rather than as constituting an absolute opposition between medicine and divination.”
244 See Jones 1923a: liv – lv for a brief discussion of the Hippocratic critical days theory.
245 Barton 1994b: 180. Barton 1994a provides a relatively succinct overview of ancient astrology in general,
while Barton 1994b examines medicine, astrology and physiognomy as sources of knowledge.
246 Pliny, NH 2. 6. 28 – 29, 29. 5. 9. Sextus Empiricus, Adversus mathematicos (Against the Mathematicians) 5.
21. See Barton 1994a: 34 – 35 and 1994b: 51 on Stoicism’s influence and on the fact that disdain for the
practitioners of a craft does not necessarily imply disrespect for the craft itself. The frequent expulsion of
astrologers from Rome did not reduce the intense interest in the subject; the Astronomica of Manilius, a didactic
poem of which only five volumes are extant, for example, was written during the reigns of Augustus and
Tiberius. See Goold 1985: v. Belief in astrology, like belief in magic, did not fall into lines of class or
education. Plutarch, for example, found nothing incongruous in the fact that Varro believed in the prophetic
nature of the heavens and that he asked an astrologer to compute the natal day of Romulus by casting a
horoscope in reverse. Plutarch, Rom. 12. 4. Galen, Nat. fac. = K. 2. 29 contains reference to a lost Galenic
work on the subjects of dreams, birds and omens, as well as astrology.
247 Galen, Protr. = K. 1. 1 – 2. Compare Hippocrates, Aer. See Phillips 1983. The Empiricists would also have
noted astronomical aspects in their empirical observations.
Dogmatist medical writers. Iatromathematica, as astrologically-based healing was called, worked in the sublunary world: herbs and stones were picked at certain phases of the moon, for example, diets were set by reference to individual horoscopes, and body parts were governed by different astrological entities. The use of iatromathematica was widespread; it provided the foundation for the immense wealth of a certain Crinas of Massilia, who, according to Pliny, grew rich by "regulat[ing] the diet of patients by the motions of the stars according to the almanacs of the astronomers, keeping watch for the proper times" (ad siderum motus ex ephemeride mathematica cibos dando horasque observando). It was iatromathematica's ability to forecast medically critical days, however, which particularly attracted patients and healers during times of illness. Medical therapies were often scheduled for days which were astrologically auspicious.

**Roman Health**

The final section of this chapter will take a brief look at the concept and practices of health in the Roman world.

The goal of health stands at the core of any medical culture, although the question as to what health actually is is more easily posed than answered. Modern attempts at definition demonstrate some of the challenge: should health be understood in purely physical terms, which would apply "universally definable conditions" to the human body, or should it to be

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248 Only the Methodists would have firmly rejected astrology, as they did dreams. Barton 1994a: 5 states that the terms were used “more or less indiscriminately” until the sixth century. Diction apparently reflected reality, as many astronomers, such as the second-century Ptolemy of Alexandria, found meaning in both activities: he composed the *Tetrabiblos*, a treatise in which he explained how astrology was simply applied astronomy.

249 Beck 2007: 18 – 19, 74 – 76. The four elements, the four qualities, and the four humours were related to the twelve signs by division into groups of three.

250 Pliny, *NH* 29. 5. 9.

reckoned in terms of social contexts?252 The answer is not necessarily culturally uniform. Helen King, in her preface to *Health in Antiquity*, argues that twenty-first century western culture embraces two contrary definitions of health: health is defined either in biomedical terms which are wholly negative—health as the absence of all physical or mental disorders—or in more positive, sociocultural terms, such as is found in the definition provided by the World Health Organization (WHO): “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”253

Michael Calnan, a medical sociologist presently in the Department of Social Medicine at the University of Bristol, has compiled an even broader range of definitions for health: health as the potential and capacity for social function; as a process of living (a contrast to the static nature of the WHO’s definition); as the totality of the attributes of the individual; as an internal mechanism produced by one’s lifestyle; or even as a virtue.254

One possible entry into understanding what health meant for the Romans is linguistic, through an examination of the vocabulary for health in the Latin language. *Salus, sanitas* and *valetudo* are the three most common nouns which one may translate as “health,” but although they are used seemingly interchangeably by Latin authors, there are some subtleties of difference. They will be considered in reverse order.255

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252 Kellert 1976: 222.
254 Calnan 1987: 17–40. The last definition has been singled out by other researchers, who have tracked the aggressively virtuous aspect of modern, particularly North American, attitudes towards health: health is increasingly viewed by many of us as a “moral performance” which takes place in the locus of the human body. See in particular Conrad 1994 and Williams 1998.
255 It is unfortunate that the TLL is still incomplete and not able to be consulted for these words. Both the *Oxford Latin Dictionary* of 1982 and the 1879 *Latin Dictionary* of Lewis and Short have been relied upon for this discussion.
Valetudo can be a challenging word to translate correctly for it depends to a great degree upon context. It more usually signifies soundness of body and good health, but in certain situations it must be translated as its opposite, that is, as ill health. The word may also be used neutrally to indicate the general state of bodily health, although a qualifying adjective often is added for exactitude: valetudo mala (poor health), for example. The etymology of valetudo is less complicated: it is derived from the verb valeo (to have power or strength).

Sanitas was formed from the adjective sanus (from which comes also the verb sano, to heal). Lewis and Short link sanus to the Greek σαφες (safe), a connection which the Oxford Latin Dictionary (OLD) editors are seemingly reluctant to endorse despite the fact that some of the meanings which they themselves assign to it—physically sound, in good condition, undamaged—appear to be in the same semantic field. Sanitas itself can best be understood as soundness of either body or mind.  

It is the only one of the three words for health into which mental capacity is incorporated, and thus it also can denote reasonableness.

The last term, salus, is related to the Greek ὅλος (whole, complete), and its roots sar and sal have connotations of guarding (from these comes thus the verb servo—to preserve, to guard—as well as the adjective salvus—safe, unhurt). Salus is the most wide-ranging of the three words both in meaning and in application. According to the OLD, salus may be translated variously as personal safety, physical well-being, health, refuge, deliverance, or a means of safety. It may also refer to security, both for the individual as a citizen or for the state as a whole. Salus is found as well in common greetings: Salve! (Good day! Good-

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256 This is perhaps best exemplified in Juvenal, Sat. 10. 356: Orandum est ut sit mens sana in corpore sano (One wishes for a sound mind in a sound body). Trans. mine.
bye!). (Note the Latin *Vale!* (Farewell!) from *valeo.*) It also makes appearances in idiomatic and formulaic phrases, such as *salute nostra, bona salute* and *quod cum salute eius fiat.*

*Salus* designated health in its most fundamental sense for the Romans. The Roman impulse to identify a numen for every facet of life designated Salus as that power which governed human safety and health. Martin A. Marwood’s study on the formalized Roman cult of Salus demonstrates that it had three major aspects, only one of which was directly related to physical health: Salus governed the welfare of both the state and the emperor, as well as that of the individual.257 The Temple to Salus on the Quirinal Hill was dedicated in 306 BC as part of the growing number of anthropomorphic cults of the virtues, a trend prompted by the influence of Hellenistic ideas on Republican Rome. The initial impetus of the cult of Salus was the welfare of the state (*Salus publica*), which eventually extended itself during the empire to the welfare of the emperors and their families (*Salus Augusti*). At some later point but probably well before the mid-second century BC, the cult of Salus came to represent as well physical health, the equivalent of the Greek healing cult of Hygieia.258

This brief discursion into Latin diction suggests that the Roman concept of health was grounded in ideas of wholeness and preservation, as well as notions of safety and security. It involved the integrity of physical or virtual boundaries as well as the power and strength needed to maintain that integrity.259 Just as medicine and faith had strong links, holiness and healthiness were intimately linked in the Roman psyche. Plutarch reported, for example, that

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257 Marwood 1988: 147 – 155 provides a concise summary of the literary, numismatic and epigraphic evidence for the cult.
258 Marwood 1988: 150. He uses Terence’s comedies as evidence for his dating. Marwood queries Varro’s statement that the cult of Salus was of Sabine origin (which would imply an early adoption into Roman culture), as this is not supported by any extant epigraphic evidence. Varro’s assertion indicates that it was deemed important in Roman eyes that Salus be an older and not a newly-adopted deity. Varro *Ling.* 5. 74; Marwood 1988: 147.
259 Physicians commonly referred to fractures, ulcers and wounds as τὴς συνεξελιξὶ διαρροϋμένης (the breaking of continuity of bone and flesh), according to Galen, *Caus. morb.* = Κ 7. 37 – 38.
a Roman priest could not perform an augury if he had a sore on his body; he was also struck by the fact that Rome’s Asclepeion was located outside the pomerium, the sacred boundary of the city, unlike its more usual placement within the walls of Greek cities.\textsuperscript{260}

Few of the extant Latin writers of the period addressed the topic of health in its own right. Pliny’s concern was primarily with remedies for illness and thus he seldom referred to health, although one can infer from the underlying Stoic premise of his work—that Nature supplies all of humanity’s wants—that health was living in unison with Nature. Celsus was one Latin writer who did define health, and he did it largely in functional terms: the healthy man is one “who has strength and is able to function independently” (\textit{qui et bene valet et suae spontis est}).\textsuperscript{261} This same definition is found as well in the works of other authors. Galen specifically defined health as “the unimpaired capacity to function” (\textit{tō tēs χρείας ἀπαρεμπόδιστον}).\textsuperscript{262} Plutarch, however, held to a narrower and more specifically social interpretation: health was the ability to function as a citizen. In his biography of Cato the Elder, for example, he wrote generally of Cato’s interest in health, but in particular he noted with approval that Cato ate sparingly of meat “and that he did this for the sake of the state, so that his body might be strong for military campaigns” (\textit{kai tōūtō διὰ τήν πόλιν, ὅπως ἵσχυοι τὸ σῶμα πρὸς τὰς στρατευίας}). In another passage of the biography he reported that Cato once chastized an obese soldier by saying, “What use could such a body be to the state?” (\textit{ποῦ δ’ ἄν τῇ πόλει σῶμα τοιοῦτο γένοιτο χρήσιμον:}).\textsuperscript{263} The same theme was picked up in his treatise \textit{An seni respublica gerenda sit} (\textit{Whether an Old Man Should Engage}

\textsuperscript{260} Plutarch, \textit{Mor.} 281C. Cf. \textit{Mor.} 383B. On the placement of the Asclepeion outside Rome’s city walls, \textit{Mor.} 286C–D.

\textsuperscript{261} Celsus, \textit{Med.} 1. 1. 1. Trans. mine.

\textsuperscript{262} Galen, \textit{Sanit. tuend.} = K 6. 19. He gave a similar definition in \textit{Thras.} = K. 5. 822.

\textsuperscript{263} Plutarch, \textit{Cat. mai.} 4. 3, 9. 5. Trans. mine.
in Public Affairs), where Plutarch noted that it was not old age which kept a man from fulfilling his public duty, but illness and infirmity.  

In purely physiological terms, all biomedical healers would have been in agreement with Galen’s view of health as “a sort of harmony” (συμμετρία τις). Plutarch called it “the proportionately quantitative admixture” (συμμετρίαις καὶ ποσότησι κραθεισῶν) of heat and cold in the human body, but the concept of balance was extended as well to other physiological components, most notably to the other qualities (moisture and dryness) and the humours, but it was applied equally to the corpuscles and channels of Methodism. Balance pertained as well to behaviours. Health was the direct result of self-control, temperate diet and moderate exercise, contended Plutarch, expanding on Celsus’ strictures that one needed to take a prudent approach to activities such as bathing, anointments, and social life. 

The healthy body was not static, however; its substances were in a state of “perpetual flux” (βεούσης τῆς οισίας), an inescapable process which required the constant replenishing of lost substances. Most inhabitants of the Graeco-Roman world believed

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264 Plutarch, Mor. 783B, 791D. He was referring to acute disease, as elsewhere he argued that disabilities such as blindness or chronic illness do not preclude participation in public life. See Mor. 126C. He noted that the Epicureans avoided civic life but were none the healthier for it. Mor. 135C.  
265 Galen, De sanit. tuend. = K 6. 13. Jaeger 1944 (vol. 3): 45 notes that this concept of health was an essential aspect of Greek paideia, and he further remarks that “if, then, equality and harmony are the essence of health and all other physical perfections, then ‘health’ comes to mean something greater— it grows into a universal standard of value applying to the whole world and to the whole of life.”  
266 Plutarch, Mor. 451F. See Galen, Sanit. tuend. = K. 6. 15 for his inclusive definition of health: συμμετρία γὰρ δῆ τις ἡ γνώση κατὰ πάσας ὑπὸ τὰς άπροσες ἀλλὰ καθ’ ἡμέρας μὲν ἰγρῶ καὶ ξηρῶ καὶ θερμῶ καὶ ψυχρῶ, κατ’ ἄλλους δὲ ὄγκος καὶ πόρον, κατ’ ἄλλους δὲ ἀτόμον ἢ ἀνάρμον ἢ ἀμέρον ἢ ὁμοίωμορόν ἢ ἀναμοιρίων ἢ ἄγνωμορίων ἢ ὅταν δῆ τῶν πρῶτων στοιχείων, ἀλλὰ κατὰ πάντες γε διὰ τὴν συμμετρίαν αὐτῶν ἐνέργοις πάς μορίοις (For in every instance, health in us is a due proportion of moist, dry, warm, and cold, sometimes of molecules and pores, sometimes of atoms or items or minims or isotopes, or of each of the primary elements; but always we function in our parts through their due proportion).  
267 Plutarch, Mor. 476A. Celsus, Med. 1. 2. 1 – 10.  
that health was the natural state of a human being, but as Edelstein astutely points out, this meant in fact a precarious state of existence:

Since health was considered a balance of the various constituents of the human body, at every moment upset by man’s actions, by his taking any food or drink, it had at every moment to be restored consciously. Consequently, a healthy person had to watch himself continuously, he had to subject himself to minute rules, he had to guard against any deviation from the prescribed regimen. Only thus could he be healthy and live long, he was told.269

The concept of the body in need of unceasing corrective was voiced by Galen. Healthy and sick bodies, he contended, benefited from the same art of medicine which corrected both, by introducing what they lacked. The difference was that healthy bodies were corrected constantly by a supervisor who took care to replace what was lost on an on-going basis, while sick bodies had lacked that continual attention. It was a distinction of the amount, not the nature, of the corrective.270 The “supervisor” to whom Galen referred could of course be the individual himself, but in the context of contemporary Roman society it indicated a physician or other healer who formed part of the daily entourage which accompanied an aristocratic Roman about the city, in company with philosophers and members of literary coteries. These medical personnel were seldom called upon to attend when illness struck, but instead advised upon the daily regimen of diet, exercise and bathing.271 Regimens of health could be employed by anyone, although it was only the very rich who could afford the time and money to follow complex and “minute rules” governing daily existence.

269 Edelstein 1967: 358. Galen stated that και χρόνο και ύπνηματι πρότερον ἐστιν υγεία νόσον (both in time and importance, health precedes disease). Sanit. tuend. = K. 6. 1. Galen, Caus. morb. = K. 7. 26 - 27 accounted for congenital malformations or disabilities in two ways: these were a result of a womb which was inhospitable to the seed implanted in it, or were a result of the process of birth itself or mistakes in swaddling. See Martin 1995: 25 – 29 on the malleability of the infant body in ancient Greco-Roman thought. One Hippocratic text in particular disputed the belief that health was the natural state of human beings; in Med. antiqu. 3 it was argued that health was a direct result of humans moving from a diet of raw and unprocessed foods to cooked foods.


Although Celsus made a point of rejecting adherence to complicated rules of health—a healthy man, he said, "should be under no obligatory rules, and have no need, either for a medical attendant, or for a rubber and anointer" (*nullis obligare se legibus debet, ac neque medico neque iatroalipa egere*)—even so he devoted a portion of his medical writing to a fairly detailed regimen of health.²⁷² He contended that it was necessary amongst other things to live in an airy house, to avoid the mid-day sun as well as the chills of early morning and late evening, to keep away from rivers and marshes, to check the colour of one’s urine throughout the day, to bathe the face in cold water upon rising (except in winter), to take one’s daily walk on a straight rather than on a winding path, to avoid preserved fruit, to drink cold water after a heavy meal (except if one is sweating), to go to bed on an empty stomach after any unaccustomed effort, to eat boiled meat in the winter, and to avoid all sexual activity in the summer.²⁷³

Plutarch and Galen both wrote their own treatises on the preservation of health in which they prescribed courses of diet, exercise, bathing, massage and other daily activities which would assist in the maintenance of physical harmony.²⁷⁴ Galen believed that perfect physiological balance was seldom possible, so he allowed for a range of deviation from perfection, thus granting the capacity for health to those whose eyesight was somewhat dim or hearing somewhat diminished, for example.²⁷⁵ Whereas Plutarch was concerned primarily with the health regimes of intellectuals (φιλόλόγοι), Galen considered the entire life span of

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²⁷² Celsus, *Med.* 1. 1. *Med.* 1 was given over to the regimens of health. Plutarch, *Mor.* 128E expressed a similar reservation about health regimens which were too rigorous.

²⁷³ Celsus, *Med.* 1. 2. 3. 4. 6. 9. 10; 3. 3. 34, 39.


a man; he divided his discussion into seven-year periods of human development, outlining the appropriate regimens for each stage from newborn to old age.\textsuperscript{276}

Celsius, Plutarch and Galen were all in agreement on the importance of diet to the daily regimen. Galen indeed composed at least three works which were devoted entirely to the topic of food and its place in both the maintenance and restoration of health, but he also frequently discussed diet in many of his other works, as did the other writers on regimen.\textsuperscript{277} Care had to be taken to eat those foods which worked to maintain balance, such as moist foods for a dry body. Any pleasure in eating was secondary to the nutritive value of food. In Plutarch’s \textit{Septem sapientium convivium (Dinner of the Seven Wise Men)}, Solon contended that “food is taken as a remedy for hunger, and all who use food in a prescribed way are said to be giving themselves treatment, not with the thought they are doing something pleasant and grateful, but that this is necessary to comply with Nature’s imperative demand.” (ἡ τροφή λιμοῦ φάρμακον προσάγεται, καὶ θεραπεύειν ἑαυτῶς λέγονται πάντες οἱ τρεφόμενοι δίαιταν, οὕτως ὡς ἢδυ τι καὶ κεχαρισμένον ἄλλη ὡς ἀναγκαῖον τούτο τῇ φύσει πραττοντες).\textsuperscript{278} Concern over the intake of the right kind of food was paired with interest in its evacuation from the body. The importance of proper digestion was stressed repeatedly, for food which did not digest easily because of its quality or its quantity was believed to become corrupted and to rot in the gut, and thereby become a ready source of disease.\textsuperscript{279} A man was admonished to pay constant attention to the state of his digestion,

\textsuperscript{276} Plutarch, \textit{Mor.} 130A. Some reference was made by both authors to female physiology, but it is the male body and its daily activities which were the focus of attention.

\textsuperscript{277} Galenic works devoted to the topic of diet include \textit{Alim. fac, Ptisana, and Subt. diaeta}. (The “thinning” diet of the last title was intended to address excess humours, not excess body mass.)

\textsuperscript{278} Plutarch, \textit{Mor.} 159F – 160A.

\textsuperscript{279} There were various theories concerning the process of digestion, some holding that food was “cooked” in the stomach, others that it putrified, others again that it was ground up or was reduced to particles which were carried whole throughout the body. See Celsius, \textit{Med.} pref. 20. Regardless of the method of digestion, if food did not digest, disease was produced. See Plutarch, \textit{Mor.} 129F, 160A and Celsius, \textit{Med.} 1. 9. 2.
such as in this advice by Celsus to those who were constitutionally weak, amongst whom he believed were many urban dwellers and most men of letters:

*Ex his igitur qui bene concoxit, mane tuto surget; qui parum, quiescere debet, et si mane surgendi necessitas fuit, redormire; qui non concoxit, ex toto conquiescere ac neque labori se neque exercitacioni neque negotiis credere. Qui crudum sine praecordiorum dolore ructat, is ex intervallo aquam frigidam bibere, et se nihilo minus continere.*

Anyone therefore of these [men] who has digested well may with safety rise early; if too little, he must stay in bed, or if he has been obliged to get up early, must go to sleep again; he who has not digested, should lie up altogether, and neither work nor take exercise nor attend to business. He who without heartburn eructates undigested food should drink cold water at intervals and none the less exercise self control.\(^{280}\)

Exercise was the other significant component of health, but the recommended level of exercise was moderate, and the best exercises worked one’s mental capacities as well as physical body.\(^{281}\) Galen in particular warned about the excesses of athletic training, taking up and expanding upon the opinion of both Plato and Hippocrates that athletes were not in a healthy state of being because they practised extremes of both diet and exercise, extremes which removed them from the ideal of physical balance and harmony.\(^{282}\) Interestingly, rhetorical exercises were generally viewed as having a salutary effect on the body, and physicians frequently prescribed conversation, reading aloud and declamation as a salubrious part of daily activity as well as a remedy for certain ailments.\(^{283}\)

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280 Celsus, *Med.* 1. 2. 2. Recourse to vomiting was considered a preferable response to overindulgence than allowing excess food to remain in the stomach while awaiting eventual digestion. See Celsus, *Med.* 1. 3. 19 – 24.
281 Galen, *Parv. pil.* = K. 5. 899. He particularly recommended hunting, but in recognition of the fact that few had the resources for it, he endorsed a ball game which involved strategy and skill as well as physical effort. See also Celsus, *Med.* 1. 2. 6, who approved of arms practise, handball, running and walking, and Plutarch, *Mor.* 135B – D who counted participation in civic affairs as activity.
282 Galen, *Thras.* = K. 5. 874 – 876. Hippocrates, *Naut.* 34: δίδασκως ἄλλητικήν οὐ φῶς. (The condition of the athlete is not natural). See also Celsus, *Med.* 1. 1. 3: *Sed ut huius generis exercitaciones cibique necessariae sunt, sic athletici: supervacui.* (But whilst exercise and food of this sort are necessaries, those of the athletes are redundant.).
283 Celsus, *Med.* 1. 2. 6, 1. 7. 1, 1. 8. 1 – 3. See also Plutarch, *Mor.* 793B, Galen, *Sanit. tuend.* = K. 6. 147. At *Sanit. tuend.* = K. 6. 41 – 42 (= Edelstein T413) he reported that Asclepius often ordered suppliants to write
Particularly to be avoided in the regimen of every day life was sudden change. The body might be in a constant state of flux, but health depended upon gradual, not sudden, change. “Therefore when a man wishes to make a change, he ought to habituate himself little by little” (ergo cum quis mutare aliquid volet, paulatim debebit adsuescere).\textsuperscript{284} Change of extreme conditions was dangerous: one placed oneself in a vulnerable position by becoming active suddenly after a period of inactivity, or vice versa, for example, or by fasting after overeating or overeating after fasting. Even the apparently seemly move from an unhealthy location to a more salubrious one needed to considered carefully and undertaken in the right season in order to avoid physiological danger.\textsuperscript{285}

Lastly, there was a certain moral dimension to the regimen of health in the Roman world. A man had the responsibility and the capacity to care for his own health through moderation and control, not only so that he might carry out his civil and social duties, but also so that his body might stand as a reflection of his character. The rules for creating balance in and throughout one’s body underscored the necessity for balance in all aspects of daily life.

The medical culture of second-century Rome as it is outlined in this chapter was not unique to the capital only but could be found in cities around the empire, including those of North Africa. Although Carthage, the largest and most important of the North African cities, was less sophisticated than both Rome and many urban centres in the Greek East, it nonetheless contained a vibrant intellectual community, as did, to an obviously lesser extent,

\begin{footnotes}
\item odes, mimes and other songs as a form of exercise. Presumably these would be performed aloud by the suppliants. See von Staden 2002 on reading as medical therapy.
\item[284] Celsus, \textit{Med.} 1. 3. 2.
\item[285] Celsus, \textit{Med.} 1. 3. 1 - 2.
\end{footnotes}
other smaller urban centres such as Oea and Sabatha. The next chapter will examine the medical culture of Augustine’s North Africa, beginning with a brief consideration of another North African, namely Apuleius of Madauros, an author particularly familiar to Augustine. Although Apuleius preceded Augustine by about two hundred years, in many ways he stands as an ideal paradigm for those aspects of Roman medical culture which have been set out in this chapter; he also provides a convenient figure of transition from the centre of the Roman empire to one of its distant provinces.


287 According to Hagendahl 1967: 680 – 681, “no post-classical Latin author has such a place in Augustine’s writings as Apuleius.”
Chapter 3

Medical Culture of Roman North Africa

Apuleius enim, ut de illo potissimum loquamur, qui nobis Afris Afer est notior . . .
But, to speak more especially of Apuleius,
who as an African is better known to us Africans . . .

Ep. 138. 4. 19

This chapter will offer a brief survey of the medical culture which Augustine would have encountered in North Africa in the late fourth and early fifth centuries. It takes as its starting point an examination of medical culture in the life and works of Apuleius, who was writing in the second century; it then moves ahead two centuries to Augustine’s day. For the latter period the chapter will consider the evidence provided by material culture for both medicine and healing cults and will then turn to the writings of Macrobius, who was not a physician, as well as the texts of four North African medical writers who were physicians, namely Vindicianus, Theodorus Priscianus, Caelius Aurelianus, and Cassius Felix. The chapter will conclude with a look at the medical aspects of Manichaeism, a faith to which Augustine was devoted for many years before he re-embraced Catholic Christianity.
Medical In the Second Century

Despite the fact that North Africa was a border province where Punic was the first language even for many Roman citizens, Roman culture prevailed and Roman educational practices were adhered to, at least among the elite classes, as the life and work of Apuleius (c. 125 – c. 170) demonstrates. Born in the city of Madauros in the Roman province of Africa Proconsularis, Apuleius was a contemporary of both Gellius and Galen; like these men, he was part of a wealthy family which provided him with an education that took him to cities around the empire.

Although he lived on the fringes of the Roman empire, Apuleius led a life which was much like that of intellectuals in Rome and other cosmopolitan cities of the empire during the Second Sophistic: he immersed himself in encyclopaedic interests; he gave epideictic speeches on diverse topics; he had access to and regularly consulted libraries, both public and private; and he took part in at least some research demonstrations. As a literary figure he

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290 Vössing 1997 offers a thorough examination of schooling and education in Roman North Africa. The possibility that North Africa was distinguished from the mainstream by the use of an African Latin dialect which represented a culture at odds with Roman society has been rejected by most scholars. Harrison, Hilton, and Hunink 2001: 1 underlines the innate Romanitas of this region in Apuleius’ day: “It is crucially important for a true appreciation of Apuleius to realize that he belongs not to an African subculture but to the mainstream of Latin culture and literature . . .” Romanitas is found coincidentally in the work of another second-century North African writer, Tertullian, De Pallio 4. 1, in a passage in which it is styled as a form of salus. On the strength of the vernacular Punic in Africa (and the possibility that it was Apuleius’ first language), see Harrison 2000: 2 – 3, where he cites as evidence the fact that Apuleius’ stepson could speak only Punic with any fluency (Apol. 98).

291 His formal studies began in Carthage and were continued in Athens, where there is reason to believe he was a fellow-student of Gellius. He later spent time in Rome in the early 150s, and he also apparently visited Samos, Hierapolis, Smyrna, Ephesus and Pergamum. He returned in the mid-150s to North Africa, where it seems he remained for the duration of his life. Both Sandy 1997: 1 – 41 and Harrison 2000: 1 – 38 provide generous treatments of Apuleius’ biography and bibliography. See Sandy 1993 on Apuleius’ studies in Athens.

292 On the diversity and fecundity of his literary output, Apol. 36, Flor. 9 and 20. On speeches, Apol. 55 and 73, in addition to the evidence of the Florida itself. On libraries, Flor. 18, Apol. 53, 55, and 91; see as well
is most celebrated as the author of a picaresque novel, the *Metamorphoses*, but in addition to this novel and his other extant prose works, he is known to have written a wide range of literary material, including satires, riddles, poems, plays, and histories.\(^{293}\)

Like Galen, Apuleius asserts that his chief intellectual interest is philosophy, in which he includes both natural history and medicine.\(^{294}\) At least two medical works (no longer extant) were attributed to him in antiquity: his authorship of the pharmalogical treatise, the *Herbarius*, has generally been rejected by scholars, but both Stephen Harrison and Gerald Sandy accept the attribution made by another North African, the sixth-century grammarian Priscian, to Apuleius for the *Libri medicinales*, a treatise on medicine which may also have served as one source for Marcellus of Bordeaux’s medical text in the fourth century.\(^{295}\) Of those extant works which are universally recognized as being authentic, two in particular provide testimony to his interest in and knowledge of medicine: the *Apologia*, which formed

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\(^{293}\) Apul., *Flor.* 9. 27 – 8: *fateor . . . me reificere poemata omnigenus apta virgae, lyrae, socco, coturno, item satiras ac grijpos, item historias varias rerum nec non orationes laudatas disertis nec non dialogos laudatos philosophis, atque et alia eiusdem modi tam grasse quam latine . . .* (I confess that I prefer to rework . . . poetry of all kinds suitable for epic recital or lyric performances, the comedy set or the tragic stage; also satires and riddles, various kinds of narrative, speeches praised by the eloquent, and dialogues lauded by philosophers; and to compose these and other works of the same kind in Greek as well as in Latin . . .). There is considerable dispute as to the nature and extent of Apuleius’ fluency in Greek. See Fick 1987: 289 – 294 on bilingualism in North Africa in general. There are many other works, some complete and others fragmentary in nature, which have been attributed to Apuleius and which have received divergent degrees of scholarly acceptance for that attribution. Treatises on agriculture (*De re rustica*), astronomy (*De astronomica*), political science (*De re publica*), music (*De musica*) and history (*Epitoma historiarum*), for example, are attributed to Apuleius. Compare Sandy 1997 and Harrison 2000 on the accepted bibliography. The authorship of a particular hermetic text, *Asclepius*, still generates heated academic debate; see Hunink 1996 in favour of Apuleian attribution, with Horsfall Scotti 2000 in reply. Augustine was familiar with the *Asclepius*; see Hagendahl 1967: 29 – 33 for a list of citations he made from the work.

\(^{294}\) Apuleius was a *philosophicus Platonist*, in Augustine’s words at *CD* 8. 12 and 14. Apuleius is generally agreed to be the author of three extant philosophic works: *De Platone (On Plato)*, *De deo Socratis (On the God of Socrates)* and *De mundo (On the Universe)*, a reworking of Aristotle’s *Περί κόσμου*. See Sandy 1997: 188 – 232 and Harrison 2000: 116 – 209 on Apuleius as a philosopher.

\(^{295}\) On the *Herbarius*, see Hunink 1996: 300 and Harrison 2000: 13. On *Libri medicinales*, see Sandy 1997: 38 and Harrison 2000: 25 – 26. Both scholars agree that this work was likely a compilation largely derived from Pliny, and Le Bohec 1994: 66 notes that Apuleius’ overall scientific knowledge was largely synthetic. Marcellus of Bordeaux’s mention of Apuleius has been taken by some scholars to refer to another man, Apuleius Celsus, who was Scribonius’ teacher.
his legal defence against an accusation of being a magician, and the Florida, a collection of passages from his speeches and lectures.\footnote{\textit{The Apologia} is also known as \textit{Pro se de magia (In his Own Defence on a Charge of Magic)}. See Hunin\text{\textsuperscript{c}} 1997 for commentary as well as a historical and textual introduction. See as well the introduction in Harrison 2000: 39 – 50. The charge of magic was made by relatives of Apuleius' wife, who filed a formal complaint that he practised magic and in particular that he seduced her into marriage by means of love philtres; the case was heard in front of the proconsul Claudius Maximus at assizes held in Sabratha in late 158 or early 159. The \textit{Apolo\logia} seems to be a verbatim transcript of Apuleius' speech in his own defence. As Bradley 1997: 207 rightly notes, the charge was a serious one and the \textit{Apolo\logia} was thus properly a forensic speech rather than an epideictic display, although it must be admitted that there are strong epideictic aspects to it. Pavis d'Escurac 1974: 99, for example, makes the point that Apuleius was making his defence in front of a large crowd whom he needed to court as persuasively he did the proconsul. The excerpts from the speeches which constitute the \textit{Florida} were made in Carthage in the 160s. The assumption that Apuleius' defence in the \textit{Apolo\logia} was successful arises from the very existence of the \textit{Florida}. See, however, Hijn\text{\textsuperscript{m}} 1994: 1714 – 1715 on the scholarly arguments on the outcome of the trial.}

The charge of magic levelled at Apuleius consisted of several allegations: that he owned a mirror, that he sought out and dissected a particular species of fish, and that he caused a fit in a young slave.\footnote{On possession of a mirror, \textit{Apol.} 13 – 16. On fish, \textit{Apol.} 29 – 41. On causing fits, \textit{Apol.} 42 – 52. The charge of magic against Apuleius is discussed here in its contemporary context, without any modern semantic involvement. See p. 89 n. 211 on defining magic in the ancient world.} In his defence Apuleius employs the rhetorical strategy of establishing an intellectual connection between himself and the judge, the proconsul for Africa Proconsularis, drawing attention to their shared paideia (for which he used the Latin term \textit{doctrina}) and belittling the accusations of magic as coming from ignorant and uneducated men.\footnote{See, for example, Apul., \textit{Apol.} 48. 12: \textit{Non tam purgandi mei gratia in ea re, quam tu iam praeiudicasti neque culpae neque crimini confinem, quam ut ne quid dignum auribus tuis et doctrinae tuae congruens reticuerim} (I will not do so in order to plead innocent on a charge you already declared inadmissible, but to avoid silence about a theme suitable to your ears and fitting to your learning). The term \textit{doctrina} was used again in addressing Maximus at \textit{Apol.} 91. 3. At \textit{Apol.} 28. 9 Apuleius took pains to note that one of his accusers was an ignorant youth who had abandoned his studies in the \textit{liberaliae studiae}. See also \textit{Apol.} 12. 1.} He actively seeks to sever the close connection which magic shared with philosophical speculation in the Roman cultural imagination: while he admits to owning the mirror, an object which could be used in divination, he argues that his interest in the mirror is
philosophical; he possesses a mirror so that he might study not just his own resemblance, but “the nature of resemblance itself” (ipsius similitudinis rationem). 299

The assertion that his accusers have confused the philosopher’s interest in the natural world with magic reappears in Apuleius’ defence against the charge of procuring a fish. He attributes his interest in obtaining and dissecting particular fish not to the mysterious purposes of magic but to his research in natural history, both for its own sake and for the particular purpose of medical application. He makes literary references, to Homer explicitly and to Pliny’s Naturalis historia by implication, which demonstrate once again the interplay of literature, philosophy and faith in magic with ancient medicine:

Quid enim tandem, si medicinae neque instudiosus neque imperitus quaepiam remedia ex piscibus quareo? Ut sane sunt plurima cum in aliis omnibus rebus eodem naturae munere interspersa atque interseminta, tum etiam nonnulla in piscibus. An remedia nosse et ea conquirere magi potius esse quam medici, quam denique philosophi putas, qui illis non ad quaestum, sed ad suppetias usurus est? Veteres quidem medici etiam carmina remedia vulnerum norant, ut omnis vetustatis certissimus auctor Homerus docet, qui facit Ulix de vulnere sanguinem profluentem sisti canamine.

I am quite interested and competent in the field of medicine; so what if I am looking for certain remedies in fish? All things by nature’s grace contain a lot of medicinal elements and ingredients, and this is also true of fish. Or would you argue that knowing and gathering remedies is typical of a magician rather than a doctor or even a philosopher, who is not going to use them for profit but for help? The doctors of olden days even knew incantations to cure wounds, as we are told by the most reliable authority of antiquity, Homer, who represents an incantation as stopping the blood from a wound of Odysseus. 300

299 Apul., Apol. 15. 12. See also Apol. 27. 1 – 4. Butler and Owen 1967: 34 n. 11 argue that the possession of a mirror betokened a charge of vanity rather than catoptromancy, an argument not supported by the context of this passage. In a similar fashion Apuleius would later differentiate between the magical and the medical arts at Flor. 19. 5, in his elaboration on a very brief remark in Pliny’s Naturalis historia concerning the physician Asclepiades of Bithynia, who was able to perform what seemed to be an act of magic—the rescue from burial of a man presumed to be dead—by the use of his medical knowledge: “immediately he restored his breathing by means of certain drugs suddenly stirred up the life that was skulking in the hidden dens of his body” (confestim animam in corporis latibulis deliscentem quibusdam medicamentis provocavit). Cf. Pliny, NH 7. 37 124; 26. 8. 15.
300 Apul., Apol. 40. 1 – 4. There is interplay between medicine and literature in Apuleius’ work; he repeated, for example, his own eight-line poem on the subject of dentrifice. Apol. 6. 3.
His partner in research is his slave, Themison, a man he describes as “not unpractised in medicine” (medicinae non ignarus). It is presumably this same Themison, now given the specific title of medicus, who once brought a woman who suffered from epilepsy to Apuleius for examination. The notion that a philosopher would examine a patient “at the request of a physician” (petitu medici) is presented by Apuleius, and apparently received by his audience, as entirely unremarkable. His examination of her consisted of only a few questions, but by this means he claims to have arrived at a prognosis for her condition, one based solely on the physiological theories found in Plato’s Timaeus. He briefly outlines Plato’s theory on the aetiology of epilepsy, and then adds:

Haec idcirco commemoravi nobilium philosophorum disputata, simul et libros sedulo nominavi nec ullum ex medicis aut poetis volui attingere, ut isti desinant mirari, si philosophi suapte doctrina causas morborum et remedia noverunt.

I have recalled these subjects from the discussions of noble philosophers and also carefully mentioned their books without wishing to touch upon any of the medical writers or poets. This was to stop these people being amazed that philosophers on their own account know the causes and remedies of diseases.

Françoise Gaide contends that the use of Plato’s theories was entirely compatible with the medicine of Hippocrates and Galen. Apuleius had earlier employed these same Platonic
ideas as the basis for his diagnosis of epilepsy in the young slave upon whom he is charged with having inflicted a fit by magical means. Apuleius argues that this youth was not bewitched but physically ill, and “in need of a doctor rather than a magician” (medico potius quam mago indiget).306

Medical arguments surface again later in the Apologia. In his defence against the charge that he beguiled his wife into marriage by magic, Apuleius notes that in fact it was illness which caused his wife, then a widow of many years, to seek remarriage actively: she was afflicted with a deep lethargy as well as gynecological ailments, on account of “a lack of the conjugal contacts to which she had been accustomed” (assuetudine coniugis).307 According to Gaide, Apuleius’ description of the sexual aetiology of his wife’s illness indicates a level of medical knowledge which was consistent with contemporary second-century theories; the Hippocratic attribution of this complaint to the displacement of the uterus (the “wandering womb” theory), a notion to which Apuleius makes no reference, had already been rejected by both Galen and Soranus, albeit for different reasons.308

Gaide further infers from a number of factors—Apuleius’ descriptions of epilepsy and of his wife’s “female complaint;” his sojourn in Rome, “un grand centre médicale” which attracted physicians such as Soranus and Galen; and the fact that he was on his way from Rome to Alexandria, another great medical centre, when he was delayed in North Africa—that he had been interrupted in the journey to Alexandria “sans doute pour y enrichir

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307 Apul., Apol. 69.2 – 3. He elaborated further: diutino situ viscerum saucia, vitiatis intimis uteri saepe ad extremum vitae discrimen doloribus obortis examinabatur (Her organs became damaged due to protracted disuse, her womb got affected, and often she came in peril of death as heavy pains coming on made her faint).
308 Gaide 1991: 41: “Rien ne permet donc de dire qu’Apulée suit des théories périmées.” Galen theorized that the illness was caused by the retention of female “seed,” while Soranus stated that lack of sexual activity had no adverse effect on female physiology. Galen, Loc. affect. = K. 8. 414 – 417; Soranus, Gyn. 1. 30. Gaide does not mention Celsus, but his description of the malady at Med. 4. 27. 1 shows that he too had discarded the Hippocratic theory of the wandering womb.
son savoir médical." Her conclusion may not be completely satisfactory (if she is implying, as she seems to be, that this was the sole purpose of his travel to Alexandria), but without doubt Apuleius’ interest in medicine as demonstrated in the *Apologia* and *Florida* was not simply forensic or epideictic display. Medicine formed a relatively significant part of his intellectual and philosophical life. It is highly probable, for example, that while in Rome Apuleius attended lectures and demonstrations of a medical nature, and there is even a hint that he himself also participated in lectures or demonstrations in his native North Africa on topics of natural history, potentially even on medicine, for he notes in the *Apologia* that he had earlier displayed the dissected fish which was at the centre of the current legal argument to colleagues:

\[Hunc adeo piscicum, quem vos leporem marinum nominatis, plurimis qui aderant ostendi. Necdum etiam decerno quid vocent, nisi quaeam sane accuratius\ldots\]

Well, I have shown this little fish which you called a sea-hare to many of those present. I cannot yet determine what it is really called until I have done some further research.  

Apuleius’ relationship with medicine was not confined to the realms of intellectual interest and philosophic speculation, however, but constituted as well an indispensable expression of his piety. It is almost certain that he was a priest of the cult of Aesculapius (the Latin form of the name Asclepius) at Carthage, as both Jean Beaujeu and J. B. Rives have argued. Even if one is not convinced by the evidence brought forth by these two scholars, however, it remains true that Apuleius held this particular healing god in very high regard.

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309 Gaide 1991: 42. Apuleius would have resided in Rome after Soranus but before Galen.
310 Apul., *Apol.* 10.8 – 9. See Pavis D’Escurac 1974: 93. Le Bohec 1994: 66 argues that Apuleius’ explanation for epilepsy arose only out of intellectual speculation and not from personal observation, but this short passage would seem to contradict that position.
311 Beaujeu 1983: 397 and Rives 1994: partic. 284 – 288. That Apuleius held a priesthood is known from Augustine (*Ep.* 138.8.19), but the type of priesthood has been at issue. The relevant passages in Apuleius are *Apol.* 55 and 73, *Flor.* 16 and 18.37 – 42, the last-mentioned providing the most compelling evidence for the Aesculapean priesthood.
Prior to his marriage and in his role as travelling sophist, he gave a speech in the city of Oea entitled *De maiestate Aesculapii* (*On the Greatness of Aesculapius*). At the time he spoke this encomium he was newly recovered from a serious illness which had interrupted his journey to Alexandria; thus there is good reason to speculate that he himself may have found healing through appeals to the god. Later in life he dedicated a hymn and other prose works to the god; he tells his Carthaginian audience that his devotion to the god is both well-known and long-standing and that Aesculapius does not look unfavourably upon his priesthood.312

As a representative, therefore, of the educated classes in second-century Roman North Africa, Apuleius attests through his writings as well as his intellectual and religious activities that medicine was an integral aspect of Roman culture even in the remoter parts of the empire. Nor is Apuleius the only North African example from his time who can be adduced: the Christian apologist Tertullian, who flourished very shortly after Apuleius, repeatedly cites Soranus, "a most accomplished authority in Methodist medicine" (*Sorano methodicae medicinae instructissimo auctore*) in his treatise *De anima* (*On the Soul*).313 His citations come primarily from Soranus’ four volumes of philosophical writing, although the question of the nature of the soul—its corporeality or incorporeality, and the mechanism by which it was introduced into the human body—was one which physicians could be expected to address. Tertullian had read the medical texts of Soranus and other medical writers, however; he names these authors in his vivid description of the surgical instruments and

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312 On the speech at Oea, probably given in 156, *Apol.* 55. 10 – 11 and 73.2. On the hymn and a introductory dialogue, both of which were in Latin and Greek, *Flor.* 18. 37 – 43. On his devotion to Aesculapius, Apul., *Flor.* 18. 38. Rives 1994: 286 – 287 notes that the example of Aelius Aristides, another contemporary of Apuleius, shows that the cult of Aesculapius could have both profoundly personal as well as public aspects. The association of Apuleius with the healing god apparently continued to be strong after his death. Langslow 2000: 68 notes that the false attribution of medical texts to Apuleius in the early Middle Ages may be a result of this accepted link.

313 Tertullian, *De Anima*, 6. Trans. mine. See Barnes 1971 on Tertullian’s biography.
techniques used when “cruel necessity” (*necessaria crudelitate*) dictates the destruction in
the womb of a fetus whose birth has gone wrong.\(^{314}\)

**Medicine in the Fourth Century**

The evidence for medical culture in the North Africa of Augustine’s day two
centuries later has several witnesses: in addition to the epigraphic evidence for the medical
profession itself in North Africa, the textual, archaeological and epigraphic evidence
confirms the continued strength of the cult of Aesculapius in the lives of Roman North
Africans;\(^{315}\) Macrobius’ *Saturnalia* offers evidence that medicine continued to be an essential
part of the intellectual and philosophical life of the educated, as well as a matter of daily
regimen; and the medical treatises of North African physicians vouch for what Nutton terms
“an upsurge in learned Latin medicine” in North Africa in the late fourth and early fifth
centuries.\(^{316}\)

The cult of Aesculapius remained well-established in North Africa: Tertullian had
repeatedly railed against a god whom he calls “a dangerous beast” (*periculosam bestiam*),
and at the end of the third century another Christian apologist, Arnobius of Sicca (a city in
the province of Africa Proconsularis) includes Aesculapius—“the guardian and protector of
health, well-being, and safety” (*custodem et praesidem sanitatis valetudinis et
salutis*)—prominently among the gods of the Roman empire whom he attacks in his work

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\(^{314}\) Tertullian, *De Anima* 25. He names Hippocrates, Asclepiades, Erasistratus, and Herophilus in addition to
Soranus.

\(^{315}\) Bel Faida 2006 provides a useful epigraphic survey of the medical profession in North Africa from the first
to the fifth centuries. The names of forty-two physicians of a variety of social backgrounds and apparently from
different parts of the Roman empire are included. The majority of the inscriptions are from the province of
Africa Proconsularis, with seven inscriptions from Carthage alone, and most date from the second or third
centuries.

\(^{316}\) Nutton 2004: 299.
Adversus nationes (The Case Against the Pagans). In his work Arnobius pointedly contrasts Christ’s role as a healer to that of the gods, particularly Aesculapius, to the latter’s disadvantage:

Et quoniam beneficia salutis datae aliorum numinum comparatis, et Christi: quot millia vultis a nobis debilium vobis ostendi, quot tabificis affectos morbis, nullam ommino retulisse medicinam, cum per omnia supplices irent templam, cum deorum ante ora prostrati, limina ipsa converrenter osculis: cum Aesculapium ipsum datorem, ut praedicant, sanitatis, quoad illis superfuit vita, et precibus fatigarent, et invitarent miserrimus votis?

And since you compare the other deities and Christ with respect to the benefits of health given by them, how many thousands of sick people do you want us to show you; how many suffering from wasting diseases whom the applications of no medicine restored, although as suppliants they went through all the temples; although they prostrated themselves before the faces of the gods and swept up the thresholds themselves with kisses; and when, as long as life remained, they wore out with their most piteous prayers and vows Aesculapius himself, the giver as they call him of health?

The popularity of the cult of Aesculapius differed both among and within the various provinces, with the archaeological and epigraphic evidence indicating that devotion to the god was strongest in the eastern provinces, particularly Numidia and Africa Proconsularis.

The establishment of the cult had not been entirely dependent upon Roman influence, for the temple of Aesculapius at Carthage at which Apuleius held his priesthood, for example, predated Roman victory in the final Punic War. It is generally agreed that Aesculapius

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317 Tertullian, Ad nationes 2. 14. Ironically, Tertullian’s works provide historians with numerous small details concerning the worship of the god in his day. See Edelstein 1945: 469. Arnobius’ dates are difficult to fix; see McCracken 1949: 4 – 12 on Arnobius’ biography, including the question of his birthplace being Sicca Veneria. 318 Arnobius, Adversus nationes 2. 49. Arnobius mentions Aesculapius on two dozen occasions in the treatise. 319 Benseddik 2005: 271 – 272. She notes that ancient literature is unfortunately “un bien faible secours” in documenting the establishment of the cult of the healing god. It is unfortunate that to date no mosaic evidence for the cult has surfaced. 320 See Livy 41. 22. 2 and 42. 24. 3 on Temple of Aesculapius in Carthage during Punic Wars. A later historian, Appian (c. 95 – c. 165), described the temple: τοῦδε γὰρ ἦν τὸ ἱερὸν εἰς ἀκροπόλεις μάλιστα τῶν δύσεων ἐπιφανέως καὶ παλαιοῦ (for this temple was the most well-known and the richest of all which were located on the acropolis). App. 8. 19. 130. Trans. mine.
was associated with the Punic healing god Eshmun. Nacéra Benseddick argues that the depth of the syncretism of Aesculapius with Eshmun and other indigenous North African healing gods varied, but that the Greco-Roman identity of the god was never lost: the Hellenistic iconography of Aesculapius, while showing some uniquely North African features, remained essentially fixed, both spatially and temporally.

Benseddick further notes that the admittedly limited evidence indicates that outside of the military, which was responsible for carrying the cult throughout the whole of the empire and which maintained a strong loyalty to the god, the cult of Aesculapius in North Africa was largely limited to urban centres and, somewhat surprisingly, to the upper classes. Slaves and freedman did not, as they did in other parts of the empire, play a role in the establishment of the cult, nor did they seem to be its primary devotees. It was instead the educated elite, particularly those who were part of the municipal and imperial governing bodies, who maintained the cult and sought the god’s assistance in healing. It seems, therefore, that only a minority of the population actively worshipped the god. But for those North Africans who did, Aesculapius was revered both as a healing god and as a salvation god.

Attention may now be turned to the literary evidence. The exact identity of the Macrobius who composed the Saturnalia, an extended dialogue set over the three days of the winter solstice festival in Rome, is a topic of scholarly debate. It is generally conceded, nonetheless, that he had some connection with North Africa: he may have been born there;

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322 Benseddick 1997.

323 This also contradicts Apuleius’ dictum, Aesculapius ubique (Aesculapius is everywhere) at De deo Soc. 15. 154.

324 Benseddick 2004 on the army and Aesculapius. Benseddick 2005: 272–273 on the urban and class aspects of the cult in North Africa. She also notes that the cult was found in association with hot springs and baths which provided healing waters for the sick.
he may also be the Macrobius who served as Proconsul for the province of Africa Proconsularis in 410; or he may perhaps be entitled to lay claim to only one of these circumstances. In the course of the *Saturnalia*, a dozen participants deliberate together on a range of topics in the fields of grammar, history, rhetoric, and ethical and natural philosophy. Alan Cameron proposes very specific dramatic dates—17th to 19th December 384—for the reported dialogue, and a composition date of 431 or shortly thereafter for the *Saturnalia*, that is, within a year or so of Augustine's death in 430. The participants in the dialogue are all historical, though not necessarily contemporaneous, figures, among whom most notably is Quintus Aurelius Symmachus (c. 340 – c. 402), the Proconsul of Africa in 373, the Prefect of Rome for 384 and 385, and its consul in 391, who was engaged in the controversy of the Altar of Victory with Ambrose of Milan, and who personally provided Augustine with a reference for securing his position as imperial rhetor in the court of Valentinian II in Milan. The dialogue is of course literary fiction, but it neatly conveys many of the intellectual interests of Augustine's day.

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325 It has been traditionally thought that he was the same Macrobius who held three imperial posts mentioned in the *Codex Theodosianus*, including the Proconsulship of Africa in 410. See C. Th. 6. 8. 1; 11. 28. 6; 16. 10. 15. Davies 1969: 1, for example, accepts the attribution of all three offices and the authorship of the *Saturnalia* to the same man. Cameron 1966: 26 - 27 disputes this identification, however, arguing instead that Macrobius was Praetorian Prefect for Italy in 430, but allows that he was most likely African by birth. Cristescu-Ochesanu 1972 in turn insists that it is unthinknable that a high-ranking official in Honorius' court could have written the *Saturnalia*. Armisen-Marchetti 2001: xii - xiv re-examines the evidence and concludes that while it is unlikely that the traditional identification is correct, the evidence is too slim to give unqualified support to any particular scholar's argument. Macrobius' other extant attributed works are grammatical treatise and a Neoplatonic commentary on Cicero's *Somnium Scipionis* (*The Dream of Scipio*), a commentary which had a profound influence on the mediaeval mind. See Lewis 1964: 60 - 69.

326 Cameron 1966: 29, 37. Those who argue that Macrobius was Proconsul of Africa in 410 would opt for an earlier composition date.

327 Sogno 2006 offers the most recent study of Symmachus' career, including the Altar of Victory debates.

328 Other participants in Macrobius' dialogue were Vettius Agorius Praetextatus and Virius Nicomachus Flavianus, both adherents to and champions of traditional Roman religion; two members of the Albini family, who may possibly have been Christians; an Avienus, who may be the fabulist Avianus; Servius, the commentator on Vergil; the Neoplatonist philosopher Eustathius as well as the Cynic Horus; the rhetorician Eusebius; the physician Disarius; and the otherwise unknown Evangelus, whose name has caused some scholars to speculate that he was a Christian. Evangelus is the belligerent interloper in the symposium, so if he were a Christian his presence is indicative perhaps of Macrobius' own religious beliefs, although in educated circles at
Macrobius' purported aim in writing the *Saturnalies* was to provide his son with "a collection of matters worth knowing" (*noscendorum congeriem*), that is, a condensed and readily accessible literary storehouse of information which he deemed necessary for every educated man.\(^{329}\) The seventh and final book of the work was devoted almost exclusively to a discussion of natural philosophy, particularly human physiology. Great consideration was given to diet and the mechanisms of digestion and sensory perception.\(^{330}\) Not surprisingly, the lone physician among those present, Disarius, generally held the conversational floor, but he was by no means the only speaker on the topics addressed; frequent opportunities were given for others to display the extent of their knowledge of medicine. The statesman Flavianus, for example, held forth on the natural properties and uses of wine, and in particular its effect upon human physiology (including a comparison of the genders), while Eustathius, the Neoplatonist philosopher, vigorously countered Disarius' views on diet and digestion as well as his criticism of Plato's physiological theories, at one point even acidly remarking that "medicine is acting now like a reckless parricide in attacking philosophy" (*nunc in ipsam invehitur parricidali ausu medicina*).\(^{331}\) In Macrobius' depiction of fourth-century intellectual life, medicine was still a significant aspect of the Roman literary world, and it continued to be closely allied with philosophy.

Konrad Vössing's recent study of education and learning in North Africa further establishes the strength and vibrancy of intellectual life, including medical scholarship, in

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\(^{329}\) Macrobius, *Sat.* pref. 4. Gellius voiced a similar sentiment in the preface to *Noctes Atticae*.

\(^{330}\) Davies 1969: 16 draws comparison with Plutarch's *Quaestiones convivales*.

\(^{331}\) Macrobius, *Sat.* 7. 5 (Eustathius on diet and digestion), 7. 6 (Flavianus on wine), 7. 15. 14f (Plato's physiology attacked and defended).
the region in general and in Carthage in particular during late antiquity.\textsuperscript{332} Medical writing in Latin in the ancient world in fact reached its peak in the fourth and fifth centuries AD, and Carthage, which benefitted from its relatively close proximity to Alexandria, was one of the primary centres of medical literary production.\textsuperscript{333} Of the seven Latin medical writers of the fourth to seventh centuries AD whose works are extant, four were contemporaries or near-contemporaries of Augustine who were flourishing in North Africa in the period 380 – 450: Helvius Vindicianus, Theodorus Priscianus, Caelius Aurelianus, and Cassius Felix.\textsuperscript{334} It is true that these writers were for the most part compilers and translators rather than original thinkers, but they were in addition largely responsible for what Marco Formisano calls the late antique trend toward the “Latinization of medicine,” by which writers of medical texts sought to reach a wider audience in the West.\textsuperscript{335} Vindicianus’ \textit{Gynaecia}, for example, which survives in over a dozen mediaeval manuscripts, specifically states in several of the extant

\textsuperscript{332} Vössing 1997: 252 – 557 (on Carthage).
\textsuperscript{333} Sabbah 1985: 290; Langslow 2000: 59. See Sabbah 1985: 291 and Nutton 2004: 299 on the proximity to Alexandria and its medical institutions as a factor in North Africa’s prominence in medicine in late antiquity. Northern Italy, particularly Ravenna, was an important centre for medical scholarship in the following century. North Africa also produced the only extant, albeit fragmentary, Latin medical text from the third century, namely that of Gargilius Martialis, a native of Mauritania Sitifensis, who was a soldier and imperial official as well as medical writer. His main source was Pliny, although he also consulted Galen and other Greek medical writers. See Riddle 1984 and Maire 2002: ix – xxvii on his life and writing. Jerome offers a brief reference to a work of medical poetry by a late-third century, presumably North African grammarian, Flavius, who flourished during the time of Diocletian, but this work has been lost: see \textit{De viris illustribus} 80. See Kaster 1988: 285 – 286.
\textsuperscript{334} The other three extant Latin medical writers of the late antique period were Quintus Serenus, on whom see p. 50; Marcellus of Bordeaux (sometimes called Marcellus Empiricus) who was a \textit{magister officiorum} under Theodosius I and whose work \textit{De medicamentis liber was a capite ad calcem} (head to toe) collection of remedies gleaned from Scribonius, Pliny and Vindicianus; and Anthimus, the Greek writer of a Latin medical treatise, \textit{De observatione ciborum ad Theodoricum regem Francorum epistula}, who wrote in the late fifth century at Ravenna. The surviving treatises of these writers are complemented by the recipe and antidote collections of the period, of which ten are still extant, one of them inaccurately attributed to Apuleius, as noted above. See Langslow 2000: 64 – 70 on these various texts. See Sabbah, Corsetti and Fischer 1987 for complete bibliographies for ancient Latin medical writers, including editions and translations.
\textsuperscript{335} Formisano 2004: 129 – 130. See also Vössing 1997: 533. The slow pace of translation of medical texts into Latin in the Roman empire was likely a result of the authority which the Greek language conferred on medicine and its practitioners. Earlier in the empire, the use of Greek was generally considered to be a professional desideratum for physicians in the Latin West; it established their credentials and inspired faith in their therapeutics. See Pliny, \textit{NH} 29. 8. Nutton 1984b: 3 – 4 emphasizes that medical encyclopedists employed considerable critical skills in selecting the material for their texts.
manuscripts that the treatise was written to assist those who are unable to read the Greek authors themselves.\textsuperscript{336} There was also a need for the dissemination of therapeutics which were less theoretical and more practical in application. The demand for “self-help” medical texts had always existed in the ancient world, but the fracturing of the Roman empire in late antiquity had increased the need for self-reliance even in medical matters.

Of these North African medical writers, the central figure for the purposes of this study is Vindicianus, with whom Augustine was intimately acquainted. Before looking more closely at him, however, the lives and works of the other three medical writers—Theodorus Priscianus, Caelius Aurelianus and Cassius Felix—will receive a brief review.

Biographical details for Theodorus Priscianus are somewhat sketchy: he was likely born in North Africa; he was certainly a student of Vindicianus (and therefore probably based in Carthage and also the closest in age to Augustine of the four medical writers); and he himself worked as a physician.\textsuperscript{337} To him are “plausibly ascribed,” according to Langslow, two works: the fragmentary Physica, which frequently combined his biomedical remedies with magical ones and to which Langslow gives a compositional \textit{terminus ante quem} of 397/398; and the Euporista, which was written at some date shortly thereafter.\textsuperscript{338} The title of the latter means “easily obtained [remedies],” that is, those which could be found locally,

\textsuperscript{336} See Cilliers 2005: 153 on Vindicianus’ \textit{Gynaecia}. Rose’s edition of the \textit{Gynaecia} employs five manuscripts; see p. 428 – 429. The Latin is garbled, but the meaning is clear in three of them: \textit{cum sit huius artis medicinae grecis actoris placuit quosdam qui huius modi sermones ignorant in latino interpretari anatomicorum} (G); \textit{cum sint huius artis medicinae, greci etiam auctores. placuit propter quondam huius modi sermone ignorantie in latinitatem interpretare} (L); \textit{hanc epistolam disponere ex libris grecis in latinum sermonem} (P). Theodorus Priscianus referred obliquely to the work of Latin writers in making public the art of healing as the Greeks had done; see \textit{Phaen. pref.} (epist.).

\textsuperscript{337} Theod. Prisc., \textit{Phys. 3: magister meus . . . qui nunc orbis totius Vindicianus celebratur} (my teacher Vindicianus, who now is celebrated by the whole world). Trans. mine. Langslow 2000: 53 – 56 provides the best summary of the very limited biographical and bibliographic information on Theodorus.

\textsuperscript{338} One example of Theodorus’ magical remedies is a recommended cure for epilepsy: a ribbon made of donkey skin to bind the limbs, used together with a ring made of the donkey’s hoof. See \textit{Phys. 6}. 
even "in lowly weeds" (in vilibus herbis), as Theodorus phrased it. This genre was a
popular form of medical text in the Roman empire as it could be used by those with
education but without immediate access to a formally-trained physician. Theorodus
originally composed the Euporista in Greek, which seems to have been his native tongue,
and later produced a Latin version which was possibly an abridgedment of the original.

The Euporista was divided into three books: the Phaenomena, which dealt with
visible ailments such as eye diseases, dental problems and skin infections; the Logicus, which
dealt with internal ailments—asthma, kidney failure and epilepsy, for example—which are of
a necessarily invisible nature; and a much shorter work on female physiology, the Gynaecia.
As the title Logicus might suggest, Theodorus was a Dogmatist who drew heavily upon the
work of other medical writers, especially Galen, although he also found much common
therapeutic ground with Methodists, particularly its emphasis on speed of healing.

Theodorus also drew attention to the relationship between medical and philosophical
discussion.

Caelius Aurelianus, who flourished circa 400 AD and whose family came from Sicca
Veneria, a small city south-west of Carthage, composed a number of works, mostly notably

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339 Theod. Prisc., Phaen. I. 3, noting that neque enim dum aegrotus afficitur, adeundus est mox Pontus aut
interiora Arabie sollicitanda sunt (while someone is suffering from illness he need not visit Pontus or trouble
the interior regions of Arabia) in search for medicines. Trans. mine.
340 Formisano 2004: 127. The genre was essentially a medical vade-mecum for travellers or for those living in
isolated areas.
341 The Greek text is no longer extant.
342 Langslow 2004: 54 – 55. Theodorus’ introduction to the Phaenomenon emphasized his use of logic: neque
enim in logico opere eloquentia opus est sed labore (for in a work of logic eloquence is not needed but rather
hard work). Phaen. I. 1. Trans. mine. He repeats the phrase in logico opere again in the preface to the
Logicus. His emphasis on swift healing, a tenet of Methodism, received particular emphasis in the
Phaenomenon: non omnis enim valluito medendi patitur tarditatem (every illness is not receptive to slowness
of healing); gratior est aegris medicina, cum celeritas famulator officii (medicine is more pleasing to a sick man
343 Theod., Phaen. I. 2: si medicinam minus eruditi ac rustici homines, natura tantum conscia, non philosophia,
occupassent . . . (if less educated and rustic men, for whom nature and not philosophy are important, were using
medicine). Trans. mine.
Celeres sive acutae passiones (On Acute Diseases) and Tardae sive chronicae passiones (On Chronic Diseases). These two treatises together were translations of an earlier work by Soranus, although the degree to which Caelius simply translated from the Greek and did not make original contributions to the text provides much academic fodder. The first book on acute diseases is devoted to phrenitis, while a good portion of the second is given to a discussion of lethargy, with the rest of the second book and all of the third covering illnesses such as pneumonia, cardiac disease and tetanus. Caelius noted that it was a physician’s work with chronic diseases, such as gout, headache and sciatica, rather than acute diseases which earned him his reputation for skill:

Celeres enim vel acutae passiones etiam sponte solvuntur, et nunc fortuna nunc natura favente. Quo fit ut ignari homines elati saepe medicos fugiant, cum hos proventus incantationibus novis ac ligamentis adscribant aut fortunae, cum quoties repentino nuntio laeti aut territi aegrotantes mutatione quodam corporis morbos excludent, vel ea per intemperantium gerunt quae ratione occulta sibi profutura nescientes duce desperatione commitunt. . . . Chronicae autem vel tardae passionis morbi, qui iam praejudicio quodam corpora possederint, solius medici peritiat poscunt cum neque natura neque fortuna solvantur.

For swift and acute diseases may be cured spontaneously, with the aid sometimes of chance and sometimes of nature. And for this reason ignorant people often proudly avoid physicians and attribute these cures to new incantations or amulets or luck. Sometimes a patient who is suddenly made happy or frightened by an unexpected message will undergo a bodily change that will drive out the disease. Or in ignorance and desperation he will do something rash, which for some unknown reason will help him. . . . Chronic or slow diseases, on the other hand, which are already in possession of the body by a previous crisis, can be helped only by a skilful physician. For neither nature nor luck can effect a cure.  

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344 Biographical information is to be found in the introduction to Drabkin’s 1950 translation of these two works. Dating Caelius’ work must be done solely on stylistic grounds.

345 Nutton believes that Caelius’ work is one of redaction, not simply translation. “At the very least, Caelius abridged and possibly reorganised some of his Greek material with care and intelligence.” Nutton 2004: 299. See as well Pigeaud 1982 in which he makes a spirited defence on behalf of Caelius against a charge that he was a poor translator who often misunderstood Soranus’ work. Pigeaud notes that Caelius was comfortably bilingual and composed at least one work in Greek.

The casual reference here to the routine use of amulets and incantations as a means of healing, provides another good example of the interplay of medicine and faith, as does Theodorus' employment of magical remedies.

Other extant, albeit fragmentary, treatises by Caelius are a paedagogical work, *Medicinales responseones*, and an adaptation of Soranus' *Gynaecia*.³⁴⁷ Caelius' particular importance in the history of ancient medicine lies in the fact that his works provide the only reliable and direct witness for Methodist theory and practice, evidence which otherwise must be gleaned from the admittedly biased works of writers such as Galen. Caelius' Methodism, like Theodorus' Dogmatism, was not strict, however; despite his frequent refutations of other medical sects, Caelius was in fact often flexible in his therapeutic approach.³⁴⁸

Caelius' slightly younger contemporary was Cassius Felix, a physician whose only extant work is *De medicina*, a relatively brief *a capite ad calcem* compilation which was drawn "from the Greek authors of the Logical sect" (*ex Graecis logicae sectae auctoribus*).³⁴⁹ Hermann Orth and Anne Fraisse each contend that this treatise again betrays at least some Methodist influences.³⁵⁰ There is good reason to believe that Cassius' family roots lay in the city of Cirta (also known as Constantina) in the province of Numidia, although it is likely that he himself lived and worked in Carthage.³⁵¹ *De medicina*, which was dedicated to his son, was published in 447, and according to the preface it was produced "at the command of omnipotent God" (*omnipotentis Dei nutu*). The phrase has led the

³⁴⁷ See Hanson and Green 1994: 975 on Caelius' *Gynaecia*.
³⁴⁸ See van der Eijk 1999 on the epistemological paradoxes found in Caelius, which he attributes to the tensions inherent in Methodism itself.
³⁴⁹ Langslow 2000: 65, citing the work of Gerhard Benz, notes that Caelius is generally considered to be "a younger contemporary of Cassius Félix," but Langslow has apparently made a slip here. Hanson and Green 1994: 1045 n. 288 also refer to Benz's work but the citation provided indicates that Benz concluded that Caelius preceded Cassius. Cassius, *De medicina* pref.
³⁵⁰ Orth 1960; Fraisse 2001.
³⁵¹ Langslow 2000: 56 – 59 provides a good summary of Cassius' biographical details, while Sabbah 1985 examines the evidence in great detail.
majority of scholars to the conclusion that Cassius was likely a Christian. Some argue even further that the writer of the medical text is a Carthaginian physician of the same name who lived circa 425 and who was mentioned in the fifth-century libelli (pamphlets) of the miracles of Saint Stephen (De miraculis sancti Stephani protomartyris). The identification largely rests upon the use of the phrase omnipotenti deo by this second Felix, an archiater of Carthage (the title designated a publicly-appointed and state-funded physician).

In contrast to the relative dearth of details concerning the lives of Theodorus, Caelius and Cassius, a great deal is known about the life and career of Vindicianus, the earliest of these four medical writers. He was a native North African who was born into an educated and literate family: in a letter to his nephew, Pentadius, he made reference to their common education in Greek and to his own father’s library, which he was handing down to his nephew and from which he hoped Pentadius might learn “the guiding principle of the whole world” (totius mundi rationem). Medicine had not been Vindicianus’ first intellectual interest, however; he had initially chosen to study astrology as a profession, but abandoned it for a career as a physician instead.

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352 Cassius, De medicina pref.
353 Langslow 2000: 59, citing in particular Sabbah 1985: 289 – 292. The specific reference is De miraculis sancti Stephani protomartyris 2. 3 (= PL 41. 833 – 854): archiatrium quendum, Felicem nomine, Carthaginensis civitatis (a certain archiater, Felix, a citizen of Carthage). Trans. mine. Given the mass of circumstantial evidence, Guy Sabbah for one is willing to give tentative agreement to this identification. On the office of archiater (a transliteration of the Greek ἀρχιατέρος, literally “chief physician”), a Hellenistic title which was used in the Latin West from the second century AD on, see Nutton 1977. On account of their elevated status, archiatri and former archiatri received particular tax immunities in addition to their public salaries; see for example C. Th. 13. 3.
354 Langslow 2000: 64 provides some basic biographical and bibliographical information on Vindicianus, but far more detail is supplied by Vössing 1997: 525 – 535. Vindicianus’ exact dates are not known; Augustine, however, describes him as a senex (old man) in Carthage in 380 or thereabouts. Conf., 4. 3. 5; 7. 6. 8.
356 Aug., Conf. 4. 3. 5: dicens ita se illa didiciisse ut eius professionem primis annis aetatis suae deferre voluisset qua vitam degeret et, si Hippocraten intellexisset, et illas utique litteras potuisse intellegere. (He said that as a young man he had studied astrology himself, intending to make a living by it, and that if he could understand Hippocrates I need not doubt that he had been able to master these textbooks as well).
Vindicianus wrote a number of medical treatises, very likely even producing some
translations of Hippocrates, though only four of his own works survive: the aforementioned
*Epistula ad Pentadium* (*Letter to Pentadius*), which provided a concise summary of the
Hippocratic theory of the four humours in human physiology; *Epistula ad Valentinianum
imperatorem* (*Letter to the Emperor Valentinian*), which formed the preface to a now-lost
collection of pharmaceutical recipes, *De expertis remedii*, and which was transmitted along
with the text of Marcellus of Bordeaux;\(^{357}\) and three fragments of a work (or works) on
anatomy and physiology, *De natura generis humani* (*On the Nature of the Human Race*),
*Gynaecia* (a rather misleading title, as it was not limited to female physiology) and *Epitome
altera*, a work which was an abridgement of both *De natura* and *Gynaecia*. Although he
does not specifically identify himself as a Dogmatist in his surviving works, both his detailed
exposition of Hippocratic humoral theory and the medical leanings of his student Theodorus
suggest that he was indeed strongly influenced by if not a self-identified member of that
sect.\(^{358}\) Although a relatively obscure figure today, Vindicianus was highly influential in the
Middle Ages; Langslow notes that the last three titles mentioned above “must be reckoned as
the standard text(s) on anatomy and physiology” in the West until the twelfth or thirteenth
century.\(^{359}\)

\(^{357}\) The dedication could be to either Valentinian I or II; see *PLRE*, s. v. Vindicianus.

\(^{358}\) Langslow 2000: 64 – 65 believes that the evidence of Vindicianus’ extant work is insufficient to assign him
to the Dogmatists. Vindicianus’ own statement from the opening line of the *Epistula ad Pentadium—ex libris
medicinalibus Hippocratis intima latini* (I have put into Latin the most profound matters from the medical
books of Hippocrates). Trans. mine.—is one which Langslow finds too obscure to be convincing. Vindicianus
also specifically mentioned to Augustine the works of Hippocrates when discussing his medical studies,
however, at *Conf*. 4. 3. 5, and the overall weight of the evidence surely indicates that he was a Dogmatist.

\(^{359}\) Langslow 2000: 65. Somewhat surprisingly, however, interest in Vindicianus amongst modern scholars has
been generally eclipsed by his fellow North Africans. Nutton’s 2004 tone on ancient medicine, for example,
fails to give Vindicianus even a mention. The lack of interest in Vindicianus may be a product of the difficulty
of gaining access to his texts, which are found scattered among editions of other Latin authors, such as
Marcellus and Theodorus.
Vindicianus practised medicine in Carthage—Vössing believes it likely that he received his medical education there as well—and built a reputation of excellence for himself.\textsuperscript{360} Augustine, for example, had high regard for him as a physician, describing him in the \textit{Confessions} as “most skilled in the arts of medicine and highly renowned in this field” (\textit{medicinae artis peritissimus atque in ea nobilissimus}), and in a later letter as “the great physician of our age” (\textit{magnus ille nostrorum temporum medicus}).\textsuperscript{361} In addition to his writing and his private medical practice, moreover, Vindicianus held at least two important imperial offices. Late in his professional career, possibly in 379, he was appointed to the exalted position of \textit{Comes archiatrorum}, that is, as a physician appointed to work in Rome to care for the imperial family and the families of high officials.\textsuperscript{362} He was also Proconsul of Africa under Theodosius I, probably in 380/381, a post which was likely accompanied by promotion to senatorial status.\textsuperscript{363} Vössing argues that it was his distinguished reputation at Carthage as a physician which earned him the post in Rome, and O’Donnell suggests that the proconsulship was in turn a reward for holding the office of \textit{Comes archiatrorum}.\textsuperscript{364}

There is nothing in Vindicianus’ work which indicates his religious beliefs, although some scholars have inferred that he was a Christian, an assumption based on such slim evidence as his known association with Augustine and his concern for the sufferings of the

\textsuperscript{360} Vössing 1997: 526.
\textsuperscript{361} Aug., \textit{Conf}. 4. 3. 5; \textit{Ep}. 138. 1. 3. Trans. mine.
\textsuperscript{362} Vindicianus is addressed as \textit{Comes archiatrorum} in \textit{C. Th}. 13. 3. 12, dated September 379.
\textsuperscript{363} Barnes 1985 makes a strong argument in favour of dating the proconsulship to 380/381 which seems to be generally accepted; he offers 382/383 as the only possible alternative.
sick at the hands of his fellow-physicians, as related in the *Epistula ad Valentinianum*.\(^{365}\) O’Donnell for one rejects the suggestion, but firm evidence for either position is lacking.\(^{366}\)

In addition to contributing to the abundance of medical texts issuing from North Africa in this period, Vindicianus is placed by Vössing at the centre of intellectual life in Carthage during the time in which Augustine was residing in the city: "der Mittelpunkt eines Kreises von *litterati*, dessen Teilnehmer, darunter Augustinus, sich auch durch etwaige Themen aus dem Bereich der heutigen Naturwissenschaften keineswegs vom Gespräch ausgeschlossen sahen."\(^{367}\) It was in his role as Proconsul that Vindicianus met Augustine; he crowned the latter with the victor’s wreath in a poetry competition, and according to Augustine the two subsequently became friends:

\[\ldots \textit{factus ei eram familiarior et eius sermonibus (erant enim sine verborum cultu vivacitate sententiarum iucundi et graves) adsiduus et fixus inhaerebam} \ldots\]

He and I became better acquainted and I listened intently and without fail to what he had to say, for though he was not a gifted speaker, his lively mind gave weight and charm to his words.\(^{368}\)

Vössing is careful to note that Augustine was not Vindicianus’ student but a member of the wider community of educated men who found common ground in literary life.

Grammar and rhetoric formed the link between literary life and all other disciplines, and Augustine, as a student, and later as an orator and a teacher of rhetoric, would have been part of this cultural milieu, one which included a variety of men, such as physicians, philosophers, architects, sophists, public officials, and astronomers/astrologers.

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\(^{365}\) Vind., *Ep. ad Val.* 8 – 10. See, for example, W. A. Greenhill’s entry for Vindicianus in the 1867 edition of the *Dictionary of Greek and Roman Biography and Mythology*.

\(^{366}\) O’Donnell 1992: (vol. 2) 215, s.v. *tamen etiam*. Vindicianus is included in Mandouze’s *Prosopographie chrétienne du Bas-Empire*, but only out of interest as he pertains to Augustine.

\(^{367}\) Vössing 1997: 530. Brown 2000: 3 places Augustine in Carthage between 371 and 375 as a student, then again from 376 to 383 as a teacher of rhetoric.

\(^{368}\) Aug., *Conf.* 4. 3. 5: *proconsul manu sua coronam illam agonisticam imposuerat* . . . *capiti meo* (the proconsul with his own hand placed the crown of victory on my head). Trans. mine.
The weight of the evidence suggests that just as in Galen’s and Apuleius’ day and later in that of Macrobius’ time, the educated elite of late fourth century and early fifth century Carthage would have viewed medicine as an ordinary part of intellectual life; members of this educated class would have been reading, and possibly even writing, medical texts; would be attending public demonstrations, lectures or even operations; and would be discussing most medical matters amongst themselves with both interest and ease.369

**Medicine and Manichaeism**

Lastly, there is an additional aspect of medical culture in Augustine’s North Africa which deserves consideration, which is Manichaeism. Manichaeism was part of the variegated religious life of the Roman empire in late antiquity, in which state religious rites and the imperial cult functioned alongside the sanctioned or unsanctioned worship of imported deities such as Isis, Cybele, Mithras or Jesus. It was a religious faith which had its own unique medical thinking, and one which again demonstrates the intersection of faith with medicine in Augustine’s world. Augustine was an Auditor (that is, one of the lower-level initiates who supplied daily sustenance to the higher-level Elect) in the Manichaean religion for almost a decade before his conversion, and he remains our chief informant for

369 Vossing 1997: 530 – 531, citing the example of Vindicianus’ letter to Pentadius, argues that medical knowledge in North Africa at this time was transmitted primarily through texts, but he fails to take into account the extent of orality of Roman literary culture. He asserts further (531 – 533) that medical knowledge in North Africa was guarded and restricted, using as an example the exclusion of a household doctor from viewing an operation performed on by a group of consultant physicians, as described by Augustine in *Civ. dei* 22. 8. This particular instance, however, was probably more a matter of education and social class—the household doctor was likely a slave, while the consulting doctors were no doubt better educated and possibly even Roman citizens—than an example of attempts to control knowledge of therapeutic techniques. Vindicianus mentioned a patient who *productus est in medium conventum multorum spectantium medicorum* (was led into the middle of a meeting of a number of observing physicians), a phrase which suggests that medical demonstrations were not uncommon. *Ep. ad. Val.* 8.
Manichaean practices and beliefs, at least for North Africa; it is important, therefore, to give brief notice to the medical aspects of the religion which played such a significant role in Augustine’s earlier life.370

Despite the fragmentary and lacunate nature of the available evidence, it is clear that Manichaean thought was not haphazard, as its critics charged; its dogma was highly structured and uniform, with “a coherent and quasi-scientific explanation of everything from the movement of the stars to the origins of fire and the genera of creatures.”371 Jason BeDuhn has convincingly demonstrated that while modern scholars have often preferred to interpret these explanations as metaphor, the Manichaens themselves did not regard them as allegory but as literal reality.372 In the Manichaean universe, therefore, a solar eclipse was a visible manifestation of the forces of Evil attacking the forces of Light, and the human body was the literal prison of the Divine. A Coptic Manichaean text, Kephalaiion 38, for example, described the means by which Evil was able to trap divine elements in the anatomical

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370 Augustine was a Manichaean from nineteen to thirty years of age. Although Augustine was not one of the Elect, as an Auditor he nonetheless played a central role within the religion. See Lieu 1985: 136 on the roles of Elect and Auditor. It is essential to provide the caveat that our knowledge of Manichaeism is still limited: extant texts are relatively few and generally fragmentary, and thus scholars frequently have been forced to based their conclusions about the dogma and rites of the religion on incidental information gleaned from sources such as Augustine. See Lieu 1985: 6 – 8 for a summary of the extant Manichaean canon. Manichaeism was practised over a considerable expanse of both time and territory; from its mid-third century beginnings in Persia, it spread throughout much of the extent of the Roman empire and beyond, to as far away as China, where it was still being practised in the eighth century, and thus it is necessary to exercise caution in extrapolating from, for example, seventh-century Chinese texts as evidence for Manichaeism as it was practised in the late fourth century in North Africa. Still the most detailed study of Manichaeism is Lieu 1985, but a briefer, useful overview of Manichaeism can be found in Coyle 1978: 9 – 57; on the cult in North Africa in particular, however, see Decret 1978. Manichaeism arrived in North Africa by the end of the third century, and Decret argues that the religion benefitted greatly from the rifts among North African Christians in the fourth and fifth centuries. On this point, see Frend 1953, who notes that Manichaeism and Donatism had a stronger presence in North Africa in Augustine’s day than did Catholicism. It is difficult to gauge the level of its importance in the region’s religious mosaic as a whole (there is firm evidence for its presence in only about a dozen communities); Augustine spoke of the religion as having few adherents (C. Faust. 20. 23; 18. 5), but Decret argues that his reference is to the Elect, who would have been significantly outnumbered by the Auditors. Decret 1978: 188 – 190.

371 Gardner and Lieu 2004: 11. The authors have compiled English translations for all of the Manichaean texts from the Roman empire which have been unearthed to date.

structures of the human body: bones confine the mind; nerves, thought; arteries, insight; flesh, the intellect; and skin, reasoning.373

The human body was despised by Manichaeans as being the material result of evil.374 Paradoxically it was at the same time the literal means of salvation: the digestion of foodstuffs by the Elect released to the celestial sphere the particles of Light which had been trapped in material matter. The dietary restrictions which were imposed upon both the Auditors and, to a much stricter degree, the Elect were designed not just to benefit the individual but the universe as a whole.375 The flawed but essential human body was, therefore, the focus of both negative and positive attention.

The physiological processes of the body, including digestion, were outlined by Mani, and these explanations easily fit within the contemporary Hellenistic medical models, although with one significant difference: while all acknowledged that the process of digestion could potentially produce putrefying matter, for non-Manichaeans it was a matter of a temporary imbalance—be it of humours, qualities, pneuma or corpuscles—which could be rectified, while for Manichaeans this physiological imbalance was the normal, innate state of the diseased human condition.376 BeDuhn makes the important point that the regimen of diet,

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373 BeDuhn 2000: 93, citing Kephalaion 38. The relevant passage, Kephalaion 38. 96, is found translated in Gardner 1995: 100: “The] Light/[Mind] comes and finds the soul [. . . . . ] it assuming it in the [. . . ] its wisdom [. . / . . ] he shall become for it [. . . / . . ] the bonds [. . . ] members in the body. He shall loosen the m[ind of the soul and releas]e it from the bone. He shall release the thought of the soul] from the sinew; and s[o] bind the thought of the sin in the sinew. He shall release the insight of the soul from the vein[n]; / and so bind the insight of the sin in the vein. [He sh]all / loosen the counsel of the soul, and release it from the flesh; / and so bind the counsel of the sin in the flesh. He shall release the consideration of the soul from the skin; and bin[d] / the consideration of the sin in the skin.” See Gardner 1995: 93 – 105 for the complete text, one which shows the relationship between the Manichaean macrocosm and the microcosm of the human body. 374 CMC 81.1: τὸ γὰρ σῶμα τοῦτο μυαρὸν κατὶ καὶ ἐκ πλάσει / ὧς μιαρότητος ἐκλάσθη (For this body is defiled and is formed from a mould of impurity). BeDuhn 1992: 121. 375 BeDuhn 1992: 119. See CMC 81. 1: ἡς αὐτῆς γίγνεται ἄμμα καὶ / χυλὴ καὶ πνεύματα καὶ σκόποι / θὰ τὴς αἰσθήσεως καὶ / τὸ σῶμα τῆς μαρτυρίας (From [food] still comes blood and bile and flatulence and excrements of shame and the defilement of the body). See also BeDuhn 2001 on human physiology in Manichaeism.
the first line of ancient medical therapeutics and a topic of great concern to all ancient medical writers, was a central aspect of Manichaean ascetic and salvific ritual.\(^{377}\)

Whether Manichaees actually resorted to the use of medicine is a matter of scholarly debate. J. Kevin Coyle argues that the texts indicate a disavowal of the medical arts (except perhaps for the figurative medicine of prayer for the Elect with digestive problems), but he acknowledges that the evidence is ambiguous and that the figure of the physician, both literal and figurative, was prominent in the religion.\(^{378}\) Mani identified himself on at least two occasions in the surviving literature as a physician who healed bodies as well as souls, and Coyle for one accepts that Mani was likely a physician; the title of Physician was also applied figuratively to many figures in the Manichaean realm, from celestial beings such as Jesus the Splendour (the most frequent recipient of the title) to earthly creatures such as the Elect and Auditors themselves.\(^{379}\) In sum, in the years in which Augustine was involved in the Manichaean religion he would have been listening to and reading texts which had developed a potent interconnection between body and soul, between the physical and the spiritual, between medical and religious thought.\(^{380}\)

It has been demonstrated in this and the previous chapter that medicine in Roman antiquity did not occupy a specialized niche: ancient medical culture was a neatly interwoven fabric of many aspects of literary life, of philosophy and faith, and of the daily routines of

\(^{377}\) Beduhn 1992: 120.
\(^{378}\) Coyle 1999: 140 – 141.
\(^{379}\) In CMC 122, for example, Mani identified himself as a physician to a father who begs him to heal his ill daughter. King Vahram I executed Mani in 276 for failing to heal his sister, and accused him of ignoring fighting and hunting in favour of practising medicine at which he was not even competent, to which Mani replied that he had in fact healed many of the king’s own servants of illnesses and fevers. See Gardner and Lieu 2004: 84 for this passage, M 3. Coyle 1999: 146 – 161 provides a brief summary of many of the Manichaean textual references and the arguments in favour of Mani’s having been a physician, but see also van Tongerloo 2000 on the “Manichaeus Medicus.”
\(^{380}\) Lieu 1985: 88 points out that the first Latin Manichaean texts would have been produced by the late third century, and that by Augustine’s day there would have been a considerable body of Manichaean texts available in Latin.
living. This chapter in particular has shown that in the years prior to his conversion Augustine, even as a resident of one of the distant provinces of North Africa, was living and working in the vibrant Roman intellectual culture which included medicine amongst its many interests. This would have presented him with opportunities to familiarize himself with the language and practice of contemporary medicine as well as the various other modes of healing. It has also been suggested here that the faith which he practised during this time employed medicine in its theology and its metaphoric language, and that this is an aspect of his medical culture which should not be overlooked. The following chapter will consider more particularly how Augustine obtained his knowledge of medicine as well as the intellectual role which he assigned it.
Chapter 4

Medicine in Augustine’s Intellectual World

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\ldots \textit{artes illae omnes liberales, partim ad usum vitae, partim ad cognitionem rerum contemplationemque discantur} \ldots \\
\text{All the liberal arts are learned partly for practical use and partly for the knowledge and contemplation of things} \ldots \\
\textit{Ord. 2. 16. 44}
\]

The evidence upon which to base a study of medicine in Augustine’s world and work is found widely scattered throughout the corpus of his exegetical, polemical and theological treatises, as well as his numerous sermons and epistles.\footnote{1Biographies and biographical studies of Augustine are legion and date back to the time shortly after his death when Possidius, the bishop of Calama, produced his \textit{Sancti Augustini vita}. On Possidius’ work, see Vessey 1999. In the English language, both Brown 2000 and O’Donnell 2005 offer comprehensive examinations of his life and works which, while very different in nature, avoid the tendency to hagiography which marks many other treatments of Augustine. Fitzgerald’s 1999 encyclopaedia \textit{Augustine Through the Ages} provides an extremely useful exploration of many aspects of Augustine’s life, thought and influences; it contains articles on each of his extant works and a bibliographic guide (which is not, unfortunately, without some errors) to editions and translations.} Even aside from the numerous appearances of \textit{Christus medicus}, references to medicine, illness, health, and healing, most of a metaphorical nature, abound in Augustine’s work. His use of medical metaphor will be explored in the next two chapters, but an example can be given here. In the following excerpt from \textit{De utilitate credendi (On the Usefulness of Belief)}, in which Augustine discusses the necessity of relying upon faith, he compares the Christian who wants to make
his own inquiries into religious matters, rather than place his trust in the church, to a convalescent:

Quid exhausto aegrotatione corpori accommodatus quam cibus et potio? Videmus tamen convalescentes refrenari atque cohiberi, ne saturitati valentium committere sese audeant, cibisque ipsis agere, ut ad illum morbum, qui eos repudiabat, revertantur.

What is more suitable for a body, exhausted by disease, than food and drink? Yet we see that convalescents are restrained and prevented from venturing to indulge in a satiety for which only strong men are fit, lest food may itself bring back the disease which caused food to be refused.\(^{382}\)

The evidence for the remainder of this study’s discussion is drawn from a review of all of Augustine’s works. Direct statements by Augustine about medicine are relatively infrequent, but as metaphor and simile must be based upon recognizable reality in order to find resonance with one’s audience, even these figurative uses provide valuable detail. The chronological span of Augustine’s extant writing is roughly 44 years (late 386 to 430), during which time he composed several hundreds of works (if one counts all of the sermons and epistles individually rather than considering them as single units of composition), but the majority of Augustine’s work has survived and most of it is readily available in translation. In general the material will be presented without reference to the date of the text, in many instances because the chronology of any given work is often uncertain or disputed, but additionally because it is assumed that the foundation of Augustine’s medical knowledge was essentially in place before his conversion from a secular to an ascetic life.\(^{383}\) The assumption that Augustine would not have added substantially to his medical knowledge after his conversion is based upon no firmer evidence than a consideration of Augustine’s pursuits.

\(^{382}\) Util. cred. 13. 29.

\(^{383}\) On the current scholarship on the chronology of Augustine’s early writing as well as its impact on Augustinian studies, see Hombert 2000 and O’Donnell 2005: 33 – 34. Hombert’s dating has been used in this paper.
after he resigned his post in Milan: once he became a Christian ascetic, then priest, and finally bishop, Augustine's intellectual interests turned away from non-Christian texts, sources of knowledge, and activities.\(^{384}\) Where the chronology of his works sheds light or raises questions, it will, of course, be remarked upon.

This chapter will consider the place of medicine in Augustine's intellectual world. A particular focus will be placed upon the means by which Augustine obtained his medical knowledge. An assumption frequently encountered in Augustinian scholarship—that the physician Vindicianus was the principal source of Augustine's medical knowledge—will be examined. A survey of the medical authors and texts which Augustine cited will be made, but the argument will also be put forward that text was not the only means through which he would have gained an understanding of medicine. The influence of Galen will be given some brief consideration, and the chapter will conclude with a look at the stance which Augustine took in regard to medicine as an intellectual activity.

**Textual Sources for Medical Knowledge**

As noted earlier, the opportunity for acquiring even a basic knowledge of biomedical information would not normally occur at any of the stages of a typical Roman education, since scientific subjects were not actively promoted within the syllabus of studies.

Augustine's formal education appears to have been entirely typical in this regard for it

\(^{384}\) Compare O'Donnell 1980, in which he argues that the greatest intensity of Augustine's reading, in the Latin classics at least, occurred in the years prior to his conversion, and that references to these non-Christian works in Augustine's writings can be attributed for the most part to memory. O'Donnell further contends that Augustine's post-conversion readings in Latin secular literature, whether in the manner of a hasty review or of a more in-depth study, were driven by the circumstances of his own composition, that is, by both the audience to be addressed and the issue at hand. O'Daly 1987: 4 – 5 notes as well that Augustine's philosophical views on problems of the soul and mind, including his ideas on the mechanics of sense-perception, which were grounded in physiology, were well established by 386.
closely followed the late Roman educational model.\textsuperscript{385} His studies began in his hometown of Thagaste; his vivid description of the brutal and rigorous nature of the grammarian's classroom in late antiquity, with its emphasis upon memorization and rote learning of literature, to the exclusion of virtually all other subjects, can be found in the Confessions.\textsuperscript{386} This lower level of education was followed by periods of study away from home, first in the nearby city of Madauros (the birth place of Apuleius) and later in Carthage, where he initially chose to pursue a career in the law (\textit{fora litigiosa}), a career which was essentially that of orator.\textsuperscript{387} Augustine states that his chief interests as a youth were the theatre and the games, not his studies, but as he grew older, and particularly after he became acquainted with Cicero's \textit{Hortensius}, the reading of which sparked his initial attraction to philosophy, his intellectual world began to expand.\textsuperscript{388} Augustine notes that he had read "many books of philosophy" (\textit{multa philosophorum}), and he writes approvingly of the knowledge, such as

\begin{quote}

\end{quote}

\textsuperscript{385} See Marrou 1964: 1 – 157 on education in classical antiquity, but more so Kaster 1988 on education in late antiquity, with particular reference to Augustine's experience.

\textsuperscript{386} Conf. 1. 9. 14 – 18. 29. The rigid and formalized method of grammatical education in late antiquity can be glimpsed in the work of Priscian, a grammarian of the early sixth century. His exposition of Book I, line 1 of the \textit{Aeneid} provides a call-and-response for teacher and student, in which the grammarian explicates each line virtually word by word, noting first the number of nouns, verbs, prepositions and conjunctions, and then proceeding to a careful analysis of each individual word, starting with \textit{arma} (arms):

\begin{quote}

\end{quote}

See Keil: (vol. 3) 461. Trans. mine. This style of teaching has many disadvantages, but the priority given to memorization would have the practical effect of sharpening the mnemonic abilities of students, a faculty of great use to Augustine. See O'Donnell 1980: 145.

\textsuperscript{387} Conf. 2. 3. 5, 3. 1. 1, 3. 3. 6. Kaster 1988: 21 – 22 notes that "marked geographic mobility" was another hallmark of late antique literary education among the élite. Augustine's family was not one of the élite but rather struggled financially and could ill afford to school him, but his education was sponsored by Romanianus, a wealthy family friend (possibly a distant relative). C. acad. 2. 1. 3.

\textsuperscript{388} Conf. 1. 10. 16, 1. 19. 30, and 3. 1. 1 for his interest in theatre and games; 3. 4. 7 on reading the \textit{Hortensius}, a work no longer extant.
astronomy and the principles of mathematics, which could be found “in secular books” (*in libris saecularis*), even if the ultimate truth of God had eluded the discovery of the ancient philosophers.  

The ideal of polymathic learning was one which had not lost its appeal in late antiquity, as the brief glance at Macrobius’ *Saturnalia* has shown; educated men of Augustine’s day were still expected to have acquired a minimal understanding, if not a firm familiarity, of a range of subjects, including medicine. Examples of this model of learning were available to Augustine in his own reading at the very least; he praised, for example, the “multifarious erudition” (*multae ac facundae scientiae*) of Aulus Gellius, and made numerous citations from the works of history, religion, philosophy, and grammar of Varro, a man whom he conceded was “the shrewdest of men, and, without a shadow of a doubt, the most erudite” (*homo omnium acutissimus et sine ulla dubitatione doctissimus*). As Neil McLynn has usefully demonstrated, in spite of the rigidity at the lower levels of late antique education, at the highest level the process continued to be one of “unsystematic diversity,” in which students might pursue intellectual interests almost at will and without specific criteria for “graduation.” Autodidactism remained the path which students followed in order to acquire knowledge of the subjects which the formal academic curriculum ignored. McLynn

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389 Conf. 5. 3. 3 – 6. Augustine contrasts the astronomical knowledge to be learned from philosophical reading to the doctrines of the Manichaens. See Solignac 1958 on Augustine’s use of doxographic manuals in his readings in philosophy.

390 *Civ. dei* 9. 4; 6. 6. Augustine’s praise for Varro’s learning was unstinting: see *Doc. Chr.* 2. 17. 27; *Cons. ev.* 1. 22; *Civ. dei* 3. 4, 4. 1, 6. 2, 7. 28, 7. 30, 18. 2, 20. 22, 21. 8 for other similar accolades. See Hagendahl 1967 for a complete list of Augustine’s citations of these and other Latin classical authors, as well as O’Donnell 1980.

391 McLynn 2005: 43. McLynn’s article offers an unconventional perspective on education in late antiquity by focussing on its “less formally academic criteria.”
cites the apposite example of Basil of Caesarea, whose noted proficiency in medicine must have been a self-taught skill since the subject was not part of his formal studies in Athens.  

Augustine’s own knowledge of medicine, as well as his understanding of subjects such as natural history, astronomy and physics, would not have had its genesis in the classroom, and thus familiarity with the contemporary medical theories and practice could have been obtained only through self-instruction by the private reading of medical texts or through the opportunities provided by public medical discourse. Augustine’s reading of medical texts will be discussed first.

Although Augustine makes a few general references to medical books, it is difficult to know precisely which works would have been available to him, particularly during the time he was residing in Carthage in the 370s and early 380s. As has been shown, the North Africa of Augustine’s day was an important centre for the publication of Latin medical texts, and Vindicianus, Theodorus Priscianus, Caelius Aurelianus, and Cassius Felix are probably only a few of the medical authors in a lively publishing tradition. There is no firm evidence, however, that Augustine read the medical treatises of any of the contemporary North African medical writers, even those of Vindicianus, although scholars nonetheless frequently conclude that he obtained most, if not all, of his medical knowledge from that elderly physician. In most cases, the notion that Vindicianus was the principal source of Augustine’s medical knowledge appears to be based primarily on the fact that he was the only medical writer with whom it is known that Augustine had direct contact. Courcelle, to take one example, presumes that Augustine first heard about Hippocrates from Vindicianus, but this

393 Augustine’s general references include Civ. del 22. 22. 3: libris medicorum and C. Jul. 3. 11. 22: ab auctoribus medicinae. Less specific is the phrase medici tradunt (doctors hand down) in Qu. 35, but the verb used implies transmission by text.
assertion in particular seems extremely unlikely.\textsuperscript{394} Not only would Hippocrates’ name and reputation have been part of common culture, at least among the educated classes, but Augustine himself states that Hippocrates was mentioned in works of Cicero.\textsuperscript{395}

This is not to assert that Augustine did not read Vindicianus, but that evidence to confirm this is lacking. Vindicianus does have a somewhat distinguished place in Augustine’s work, appearing on three occasions—twice in the \textit{Confessions} (on which more later) and again in an epistle—although only this last reference involves a specifically medical context:

\begin{quote}
\textit{Nam magnus ille nostrorum temporum medicus Vindicianus, consultus a quodam, dolori eius adhiberi iussit quod in tempore congruere videbatur; adhibitum sanitas consecuta est. Deinde post annos aliquot eadem rursus corporis causa comnota, hoc idem ille putavit adhibendum; adhibitum verit in peius. Miratus recurrit ad medicum, indicat factum: at ille ut erat acerrimus, ita respondit, Ideo male acceptus es, quia ego non iussi; ut omnes qui audissent, parumque hominem nossent non eum arte medicinali fidere, sed nescio qua illicita potentia putarent. Unde cum esset a quibusdam postea stupentibus interrogatus, aperuit quod non intelleixerant, videlicet illi aetati jam non hoc se fuisse iussurum. Tartum igitur valet ratione atque artibus non mutatis, quid secundum eas sit pro temporum varietate mutandum.}
\end{quote}

The eminent physician of our own times, Vindicianus, being consulted by an invalid, prescribed for his disease what seemed to him a suitable remedy at that time; health was restored by its use. Some years afterwards, finding himself troubled again with the same disorder, the patient supposed that the same remedy should be applied; but its application made his illness worse. In astonishment, he again returns to the physician, and tells him what had happened; whereupon he, being a man of very quick penetration, answered: “The reason of your having been harmed by this application is, that I did not order it;” upon which all who heard the remark and did not know the man supposed that he was trusting not in the art of medicine, but in

\textsuperscript{394} Courcelle 1969: 194. With the same suggestion that Augustine obtained his medical knowledge from Vindicianus, see Keenan 1935: 24, O’Daly 1987: 81 n. 5, Rassinier 1991: 385 – 386, and Passarella 2004: 73 – 74. Agaësse and Solignac 2000: 711 – 713 use evidence from a passage in Augustine’s \textit{De anima et eius origine} (\textit{On the Soul and its Origin}) to argue that Augustine used Vindicianus’ \textit{Gynaecia} as his source of medical information, but the evidence largely rests on the use by both authors of words which can scarcely be classified as strictly medical: \textit{venae} (veins), \textit{nervi} (nerves), \textit{ossa} (bones). The fact that both authors refer as well to \textit{anatomici} (anatomists) is only slightly more persuasive: Augustine used the term several times (\textit{An. et or.} 4. 2. 3 and 4. 6. 7; \textit{Civ. dei} 22. 24. 4) without feeling the need to supply a gloss for his audience as to its meaning, while Vindicianus’ reference to anatomists as his teachers in Alexandria is hardly surprising given that the city was particularly renowned for this aspect of medical education.

\textsuperscript{395} Augustine’s citation of Cicero’s \textit{De fato} in which Hippocrates is mentioned by name is at \textit{Civ. dei} 5. 2.
some forbidden supernatural power. When he was afterwards questioned by some
who were amazed at his words, he explained what they had not understood, namely,
that he would not have prescribed the same remedy to the patient at the age which he
had now attained. While, therefore, the principle and methods of art remain
unchanged, the change which, in accordance with them, may be made necessary by
the difference of times is very great. 396

To modern perceptions, the anecdotal nature of this excerpt may appear to be derived from
an oral rather than textual narrative, but ancient medical texts, particularly the prefaces to
them, could be highly narrative in style. This is in fact a feature of Vindicianus’ Epistula ad
Valentinianum, a dedicatory preface which is wholly comprised of narrative accounts of past
therapeutics which he applied in cases which were not yielding to the ministrations of other
physicians. 397 It is possible, therefore, that Augustine read this account in one of
Vindicianus’ lost texts, although it is also just as likely that he heard it in conversation with
the physician himself when Augustine was a part of the intellectual circle which Vindicianus
headed.

Apart from Vindicianus, none of the authors of the other extant North African
medical texts are mentioned by Augustine, although of the four it is only Vindicianus who
can be said without doubt to have produced treatises which Augustine might have read while
a resident of Carthage. Cassius’ only extant work was published almost two decades after
Augustine’s death, of course, but Caelius’ translations of Soranus might have been available
to the younger Augustine. Caelius’ floruit is much too tentative, unfortunately, to make an
assertion to that effect with any degree of firmness. It is probable, however, that Augustine
had at least knowledge of, and possibly even an earlier acquaintance with, Theodorus.

Theodorus was likely only just slighter older than Augustine: when he penned the Physica

397 This passage from Vindicianus is not an isolated example of anecdotal style in the classical medical
literature; both the Hippocratic and Galenic corpora contain many medical narratives, most notably
and *Euporista* he described himself as an old man (*senex*), a term which could apply to an age of mid-forties and upward.\(^{398}\) Augustine, who himself was writing the *Confessions* in this same period, was then in his early forties. This timing suggests that while Theodorus’ treatises, or his extant works at least, were not likely known to Augustine, both men would have been part of the same intellectual circle when they were younger, prior to Augustine’s move to Italy. Even if not personally familiar with each other, they would at least have had in common the figure of Vindicianus. All the same, Theodorus’ name never appears in Augustine’s work, nor is there positive evidence that he was familiar with his books.

While the trade in books in the Roman empire might have been slowed by the political and military unrest of the third and fourth centuries, it continued to carry texts, including medical texts, around the Mediterranean. Augustine’s contemporary Marcellus of Bordeaux, for example, drew upon Vindicianus’ treatises in composing his medical compendium, *De medicamentis liber*, a circumstance which provides a fitting indication of the circulation of medical texts around the Roman world in late antiquity. Furthermore, Carthage’s geographic closeness to Alexandria would have ensured that works on medicine would have reached the North African port.\(^{399}\) Of other Latin medical writers whose texts may have been imported into the African provinces, however, there are only two to whom Augustine makes any direct reference: Celsus and Pliny.

In both of the two instances in which Celsus’ name appears in the Augustinian corpus, the subject under discussion is philosophy rather than medicine, although the first reference which Augustine makes to Celsus is connected to medicine tangentially. This occurs in an early work, *Soliloquia* (*The Soliloquies*). Augustine is engaged in a dialogue

\(^{398}\) Theod., *Phaen.* 1. 4. See the entry for *senex* in *LS* concerning the age range which this term encompassed.

\(^{399}\) Nutton 2004: 299.
with Reason, during which the subject of his own ill health surfaces. He raises the point that his struggle with bodily pain—in this instance, a severe toothache—hinders his quest for wisdom, but adds:

Sed quia etsi nihil matus aliquando pertuli, tamen saepe cogitans quanto graviiores possint accidere, cogor interdum Cornelio Celso assentiri, qui ait summum bonum esse sapientiam, summum autem malum dolorem corporis. Nec eius ratio mihi videtur absurda.

Yet, because I often think of the more serious ills that might befall me, even though I have not at any time suffered anything more painful than this, I am constrained at times to agree with Cornelius Celsus, who says: The supreme good is wisdom, and the supreme evil is bodily suffering. Nor does his reasoning seem to me ridiculous.\footnote{Sot. 1. 12. 21.}

O’Donnell submits that this citation of what is “merely a copybook definition” of supreme good and evil might have come to Augustine through Cicero’s \textit{Hortensius} or some similar philosophical handbook, rather than through Celsus.\footnote{O’Donnell 1980: 150.} This statement is somewhat puzzling considering that Celsus is cited by nomen and cognomen. Moreover, in a context in which both illness and philosophy are being discussed, it is not surprising that Celsus, whose medical treatise was as well known in the ancient world as was his book on philosophy, might have sprung readily to Augustine’s mind. The strong cultural connection between philosophy and medicine would have made this sort of mental process natural for both Augustine and his readers.

The second mention of Celsus occurs in \textit{De haeresibus} (On Heresies), a work composed much later in Augustine’s life:

\textit{Opiniones omnium philosophorum, qui sectas varias condiderunt, usque ad tempora sua (neque enim plus poterat), sex non parvis voluminibus quidam Celsus absolvit. Nec redarguit aliquem, sed tantum quid sentirent aperuit, ea brevitate sermonis, ut tantum adhiberet eloqui, quantum rei nec laudandae, nec vituperandae, nec affermandae aut defendendae, sed aperiendae indicandaque sufficeret; cum ferme centum philosophos nominasset: quorum non omnes instituerunt haereses proprias;}
A certain Celsus treated the opinions of all the philosophers who founded various sects up to his own times—he could not, after all, go further—in six large volumes. He did not refute anyone, but only explained what they thought with such brevity of language that he used only as many words as sufficed, not for praising or blaming, not for affirming or defending, but for setting forth and explaining them. After all, he mentioned almost one hundred philosophers, not all of whom founded their own heresies, since he did not think that they should pass over in silence those who followed their teachers without any disagreement. 402

This reference to Celsus’ philosophic writing is not without controversy. Courcelle, for one, believes that the elderly Augustine is misspeaking in this instance and that he means to refer not to Cornelius Celsus, but to Celsinus of Cappadocia, a Greek writer mentioned once in passing by Augustine in the Contra academicos (Against the Academics). 403 Celsinus had produced a now-lost work on philosophical sects. Arguments have been made to support the identification of Cornelius Celsus with this passage from De haeresibus, but for the purposes of this paper the debate is not worth pursuing. Even if this reference to Celsus is to Cornelius Celsus, it confirms only that Augustine had read Celsus’ philosophic volumes in detail. On the basis of these two references to Celsus alone it cannot be adduced for certain that Augustine had any familiarity with his De medicina.

A slightly stronger argument can be made for the work of Pliny the Elder, whom Augustine calls a very learned man (doctissimus homo). Pliny is mentioned by name twice only, both times in City of God, where Augustine cites him on two matters pertaining to human physiology, that is, on human body size and longevity. 404 It seems, however, that Pliny was also the source of other material for Augustine, such as the natural marvels

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402 Haer. pref. 5. The reference would be to the now-lost volumes on philosophy which formed one part of Celsus’ Artes.
403 Courcelle 1969: 192 – 194. Celsinus is named in C. acad. 2. 2. 5. Müller 1956: 131 – 132 agrees with Courcelle and further conjectures that Celsinus was the son-in-law of Julian the Apostate.
404 Civ. dei 15. 9 and 15. 12. The citations are to NH 7. 16 and 7. 48.
mentioned further on in the same book. While none of the Augustinian references to Pliny’s work is of a specifically medical nature, it is clear that Augustine was familiar with the *Naturalis historia*, a work which was regarded as a medical text in antiquity.

Despite the fact that Augustine was living in the midst of a dramatic increase in the production of Latin medical texts and that medical texts were available through the book trade, the Latin medical writers receive relatively little notice from Augustine. The majority of medical treatises even in the late Roman empire, however, were still written in Greek, and two Greek medical writers—Soranus and Hippocrates—are mentioned by Augustine. The references to Soranus are considerably fewer and will be dealt with first.

Augustine names Soranus but twice, and both references are directly connected to one another. In a passage on the nature of the soul from *Contra Julianum* (Against Julian), Augustine cites “the well-known medical authority, Soranus” (*Soranus medicinae auctor nobilissimus*) on the subject of the transfer of corporeal qualities to the incorporeal soul, qualities which may then make their way back once more to the corporeal. Soranus is able to provide medical authority for the circumstance of Jacob’s ewes giving birth to variegated lambs after having gazed upon coloured rods during mating (*Gen. 30: 37 – 42*). An example of this phenomenon of maternal impression (as it is known) taking place among humans is found in the text of Soranus:

*Nam Dionysium tyrannum narrat, eo quod ipse deformis esset, nec tales habere filios vellet, uxori suae in concubitu formosam proponere solere picturam, cuius pulchritudinem concupiscendo quodam modo raperet, et in prolem quam concipiebat afficiendo transmitteret.*

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405 *Civ. dei* 21. 5. 1.
406 According to Augustine, the soul stores a sensual perception such as colour in the memory, and thus the body physically carries what the senses have perceived incorporeally. That this event happens, he argues, is proved by the existence of its reverse, that is, the transfer of colour from the memory into the bodies of the newly-conceived.
He narrates that the tyrant Dionysius, because he was deformed and did not wish his sons to be like himself, used at time of intercourse to place before his wife a picture of great beauty, so that she, desiring its beauty, might somehow absorb it, and this effect might be transmitted to the offspring she conceived.\(^{407}\)

The second mention of Soranus occurs five years later. When writing *Retractationes* (Reconsiderations), his work of literary revision, Augustine corrects himself slightly on this passage in *Contra Julianum*: “I gave the [husband] a name as though this were certain knowledge, although it was not certain, for my memory deceived me” (*nomen hominis qui hoc facere soletbat, quasi certum posui, cum sit incertum. quia memoria me fefellit*).

Augustine adds that Soranus, the medical authority (*Soranus, auctor medicinae*), had not in fact named the king.\(^{408}\)

Augustine is accurate in his correction of the passage, which is indeed found in Soranus’ *Gynaecia*.\(^{409}\) This passage from Soranus is, however, the only one from his work to appear in the Augustinian corpus. Of all the ancient medical writers, it is the iconic Hippocrates, whom Augustine calls a “very old and wise physician” (*antiquissimi et peritissimi medici*), who is appealed to most frequently as a medical authority.\(^{410}\) References to Hippocrates appear six times in five of Augustine’s works.

The first occurrence is in the *Confessions*, in a statement made by Vindicianus.

While attempting to dissuade Augustine from the study of astrology, Vindicianus describes his own earlier interest in the subject, and he draws a direct comparison between books of

\(^{407}\) *C. Jul*. 5. 14. 52. Trans. mine. See Temkin 1956: 37, n. 71 on the “very old and widespread” idea of maternal impressions upon the fetus, one which stretches back to the Pre-Socrats.

\(^{408}\) *Retr*. 2. 62.

\(^{409}\) Sor., *Gyn*. 1. 39: ο δε των Κυπριων τορανως, κακομορφος δεν, εις ηγαλματα περικαλλη κατα τους πλησιασμος των γυναικων βλεπειν αναγκαζον [δη] πατηρ ειμωροφων εγενετο παιδον (The tyrant of the Cyprians who was misshapen, compelled his wife to look at beautiful statues during intercourse and became the father of well-shaped children.). Soranus also cites as evidence for this phenomenon the fact that some pregnant women who have looked at monkeys have given birth to simian-looking children.

\(^{410}\) *Qu*. 93.
astrology and the writings of Hippocrates, in terms of both their degree of difficulty and their
credibility:

\[
\ldots \text{dicens ita se illam didicisse, ut eius professionem primis annis aetatis suae}
\text{deferre voluisse qua vitam degere, et si Hippocraten intellexisset, et illas utique}
\text{litteras potuisse intelligere: et tamen non ob alien causam se postea, illis relictis,}
\text{medicinam assecutum, nisi quod eas falsissimas comperisset, et nollet vir gravis}
\text{decipiendis hominibus victum quaeere.}
\]

He said that as a young man he had studied astrology himself, intending to make a
living by it, and that if he could understand Hippocrates I need not doubt that he had
been able to master these textbooks as well. All the same, after a time he had given
them up and taken to medicine instead, for the very good reason that he had found out
that they were entirely wrong, and, being an honest man, he had no wish to earn his
living by deception.\footnote{411}

A few years after he began work on the \textit{Confessions}, Augustine composed \textit{Contra
Faustum} (\textit{Against Faustus}), an anti-Manichaean work.\footnote{412} In one passage of this work, he
takes the supposedly-learned Faustus to task for the fact that the Manichees reject the Old
Testament scriptures on the grounds that these works are spurious. Augustine argues that it
is possible to confirm the authority of the Old Testament scriptures by way of the apostolic
writings of the New Testament, and he draws a parallel with secular literature, noting that
false attributions of authorship can be discerned through close examination of the texts. He
appeals to the texts of Hippocrates as a specific case in point:

\[
\text{Nonne, ut alios omittam, sub Hippocratis medici nobilissimi nomine quidam libri}
\text{prolati, in auctoritatem a medicis non recepti sunt? Nec eos adiuit nonnulla}
\text{similitudo rerum atque verborum; quando comparati eis quos vere Hippocratis esse}
\text{constaret, impares indicati sunt; et quod ab eo tempore, quo et caetera scripta eius,}
\text{non innotuerunt quod vere eius essent. Hos autem libros, quibus illi qui de transverso}
\text{proferuntur comparati respuuntur, unde constat esse Hippocratis, unde si quis hoc}
\text{neget, nec saltem refellitur, sed ridetur, nisi quia sic eos ab ipso Hippocratis tempore}
\text{usque ad hoc tempus et deinceps successionis series commendavit, ut hinc dubitare}
\text{dementis sit?}
\]

\footnote{411 Conf. 4. 3. 5.}
\footnote{412 The traditional chronology of the \textit{Confessions} and \textit{Contra Faustum} places their composition within a year of
each other, with the former begun in 397 and the latter in 398. Hombert’s recent work has challenged this; he
has argued that \textit{Contra Faustum} was not written until 400. Hombert 2000: 25 – 29.}
To give a single example, were not some books published lately under the name of
the distinguished physician Hippocrates, which were not received as authoritative by
physicians? And this decision remained unaltered in spite of some similarity in style
and matter: for, when compared to the genuine writings of Hippocrates, these books
were found to be inferior; besides that they were not recognized as his at the time
when his authorship of his genuine productions was ascertained. Those books, again,
from a comparison with which the productions of questionable origin were rejected,
are with certainty attributed to Hippocrates; and any one who denies their authorship
is answered only by ridicule, simply because there is a succession of testimonies to
the books from the time of Hippocrates to the present day, which makes it
unreasonable either now or hereafter to have any doubt on the subject.  

The next reference made by Augustine to Hippocrates is to be found in Sermon 360B,
which was preached in a small city situated between Hippo and Carthage, and which the
translator Edmund Hill dates to 404:

\[ \textit{Audi ergo unde aegrotet homo, unde non oculos tantum, sed nulla membra sana}
\textit{habeat. Audi unde aegrotet, accipe de scripturis ubi ars medici scripta est. Non enim}
\textit{tibi certior est qui de Hippocrate tibi legit morbum, quam ille qui de divina scriptura}
\textit{tibi demonstrat unde intus aegrotes.} \]

So just listen to what is making man ill, to why he has no health, not just in his eyes
but in any part of his body at all. Listen to what makes him ill, accept it from the
scriptures in which the art of the doctor has been written down. I mean, the man who
diagnoses your illness for you from Hippocrates is not more to be relied on by you
than the one who demonstrates to you from the divine scripture how you are
internally ill.  

Hippocrates then makes several appearances in City of God, in the first instance under
the aegis of Cicero, in another examination of the claims of astrology:

\[ \textit{Cicero dicit, Hippocratem, nobilissimum medicum, scriptum reliquisse quosdam}
\textit{fratres, cum simul aegrotare coepissent, et eorum morbus eodem tempore}
\textit{ingravescet, eodem levaretur, geminos suspicatum.} \]

Cicero tells us that Hippocrates, the famous of all doctors, left it on record that in a
case where two brothers fell ill at the same time and their illness grew worse
simultaneously, and began to subside at the same moment, he suspected that they
were twins.  

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413 C. Faust. 33. 6.
414 Serm. 360B. 17. See WSA 3.11: 383, n. 1 on his arguments for the dating.
415 Civ. dei 5. 2. The passage in Cicero’s De fato which mentions Hippocrates is no longer extant.
Augustine proceeds to contrast the position of the Stoic Posidonius, who would have attributed the coincidence of the two men’s illness to the stars, to that of Hippocrates, who would have assigned it to a similar constitution and upbringing:

In hac causa multo est acceptabilior et de proximo credibilior conjectura medicinalis: . . . De qua re facillimam, quantum mihi videtur, rationem redderet Hippocrates, diversis alimentis et exercitationibus, quae non de corporis temperatione, sed de animi voluntate veniunt, dissimiles eis accidere potuisse valetudines.

In a case like this the medical assumption is more credible from the start . . . And, as far as I can see, Hippocrates offers the easiest explanation of [any] divergence in respect of illness, in ascribing it to differences in diet and in exercise, which arise not from physical temperament but from deliberate choice.416

The venerable Greek physician is mentioned again at the end of City of God. In Augustine’s account of the healing miracle of Innocentia, a Carthaginian Christian who was told that she had an incurable cancer of the breast, he describes the standard medical treatment for the disease:

Aut ergo praecidi solet, et a corpore separari membrum ubi nascitur; aut, ut aliquanto homo diutius vivat, tamen inde morie quaedam tardius adfutura, secundum Hippocratis, ut ferunt, sententiam omnis est omittenda curatio.

Therefore the general practice is to cut out the cancer, removing from the body the part which harbours the growth; or else they use no treatment at all, in order to prolong the life of the sufferer to some extent, although death, even if somewhat delayed, is the inevitable result of the complaint. This latter course, they say, follows the advice of Hippocrates.417

Innocentia’s healing intrigues her doctor, who, or so Augustine assumes, was eager to learn if she has found a treatment which might refute Hippocrates.

416 Augustine cites Hippocrates again on this same topic at Civ. dei 5. 5: Quid iidem ipsi, quorum morbum, quod eodem tempore gravior leviorque apparebat ab omnibus, medicinaliter inspiciens Hippocrates, geminos suspicatus est . . . (Then recall the instance of the two brothers whose illness grew worse and then grew better simultaneously, which led Hippocrates, observing them professionally, to conjecture that they were twins.)
417 Civ. dei 22. 8. 3.
The final reference to Hippocrates is found in *Quaestiones in Heptateuchum* (Questions on the Heptateuch), which was written in 419. The story of Jacob and his coloured wands from Genesis and the medical parallels for it which had appeared in *Contra Julianum* had actually made an appearance two years earlier in *Quaestiones in Heptateuchum*; the physician cited as the medical authority on this occasion, however, was not Soranus, but Hippocrates:

*In facto Jacob cum virgas excorticavit detrahens viride, ut album varie adpareret et sic in conceptu fetus pecorum variarentur, cum matres in alueis aquarum biberent et visis virgis illam varietatem conspicerent, multa dicuntur simililiter fieri in animalium fetibus. Sed et mulieri accidisse traditur et scriptum reperitur in libris antiquissimi et peritissimi medici Hippocratis, quod suspicione adulterii fuerat punienda, cum <puerum> pulcherrimum peperisset utrique parenti generique dissimilem, nisi memoratus medicus soluisset quaestionem illis admonitis quaerere, ne forte aliqua talis pictura esset in cubiculo: qua inventa mulier a suspicione liberata est.*

Indeed, when Jacob peeled the rods, pulling away the green so that the white part appeared with different colours, thus the offspring of his flocks when conceived were variegated in colour, since the ewes were drinking at the troughs of water and, while looking at these rods, conceived in varieties of colour. Many similar things are said to happen among animals. But it is handed down and is found written in the books of that very ancient and very wise physician, Hippocrates, that this happened to a woman, which might have caused her punishment on suspicion of adultery. For she bore a beautiful child who did not resemble either of his parents or the family at all. But the physician, mindful of the example of animals, solved the problem for those bringing this situation to his attention by asking if perhaps there had been some picture of this nature in her bedroom. This turned out to be the case, and so the woman was freed from suspicion.  

It seems appropriate here to pause to draw attention to one of the most striking aspects of references to Hippocrates in Augustine’s work, namely the emphasis which he places on the Hippocratic texts themselves. Augustine draws particular attention to the actual texts themselves through his employment of words such as *litterae, libri* or *scriptum* in the passages in which Hippocrates appears, words which do not appear in his reference to the

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418 Qu. 1. 93. Trans. mine. Further references to Jacob’s lambs are made at *Trin. 11. 2. 5* and *Civ. dei 18. 5*, but in both cases without any reference to medical texts or authors.
other medical writers. More remarkable, however, is the way in which he chooses to elevate the Hippocratic texts beyond mere medical texts. In the first instance, they are contrasted favourably by Vindicianus in *Confessions* to astrological texts: both contain difficult, even arcane knowledge, but it is made clear that, of the two, only the Hippocratic texts hold knowledge which is permissible, necessary, and, above all, valid. In roughly the same time period, in *Contra Faustum*, Augustine seizes upon the Hippocratic texts as appropriate parallels to holy Scripture, using them as examples of texts which can be analyzed for their truth, accuracy and authority.

Augustine takes the juxtaposition of Hippocratic and religious texts even further a few years later in 404 in his reference to the Greek physician in *Sermon* 360B, cited above. In the course of his sermon Augustine employs rather exceptional diction: he designates both the “scriptures” which contain the art of the doctor—the art of Hippocrates in particular—and the holy Scriptures themselves as means by which illness, both physical and spiritual, may be diagnosed (*scripturis ubi ars medici scripta est* ... *divina scriptura*). The word *scriptura* is employed consistently and exclusively by Augustine to identify the Scriptures; its use here to designate a secular work, even within the rhetorical setting and its metaphorical context, is unique in the Augustinian corpus, and thus rather startling.

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419 Although the two references to Soranus use *scribo*, the mention of Celsus in *Contra academicos* fails to use these or any similar words.
420 *Serm.* 360B. 17: *Audi unde aegrotet, accipe de scripturis ubi ars medici scripta est. Non enim tibi certior est qui de Hippocrate tibi legit morbum, quam ille qui de divina scriptura tibi demonstrat unde intus aegrotet* (Listen to what makes [the sick man] ill, accept it from the scriptures in which the art of the doctor has been written down. I mean, the man who diagnoses your illness for you from Hippocrates is not more to be relied on by you than the one who demonstrates to you from the divine scripture how you are internally ill).
421 A search of the *PL* on-line database of Augustine’s use of “*scriptur*” near *sanct*” produces over 970 citations; a search of “*scriptur*” not *sanct*” results in only eleven returns, all but one of which refers specifically to the Christian Scriptures. The single exception is a more generalized reference in *Quant.* 34 to *tam multas Ecclesiae scripturas* (so many writings of the Church). This search of the *PL* database is highly indicative of Augustine’s use of this term, although it must be admitted that the database is not wholly comprehensive of the Augustinian corpus. Epistles and sermons found during the last century are not found in
with the earlier descriptions of Hippocratic texts in *Confessions* and *Contra Faustum*,
suggests an extremely high regard on his part for medical texts as objects in their own
right.\textsuperscript{422}

It is not clear where Augustine's approbation of medical texts arises, but there is
evidence to suggest that any natural regard which he may have had for the authority of texts
*per se* may have received additional reinforcement in the case of medical texts (and their
authors) from Vindicianus, who spoke highly of medical texts, particularly those of
Hippocrates.\textsuperscript{423} Vindicianus' *Epistula ad Pentadium* praises the texts of the ancient
physician, but even more telling in this regard is an episode in *Epistula ad Valentinianum*,
the dedicatory preface to his lost medical treatise which collected together "the [medical]
precepts of our forefathers" (*veterum instituta*). This preface is in essence an argument in
favour of the preservation of the medical ideas and texts of earlier physicians. In the epistle,
Vindicianus describes his successful treatment, in two separate instances, of sick men who
were finding no relief at the hands of other physicians. The second case, that of a man who
had undergone incision, cautery, and venesection in an effort to heal his weepy, oozing eyes,
is particularly poignant. Vindicianus sees the man sitting and weeping in the middle of a
circle of physicians: "he had borne with patience the torments [of the medical treatments] for
the sake of his health" (*tormenta, quae desiderio sanitatis patienter tulerat*), and is steeling
himself to undergo even more painful venesection, when Vindicianus steps in and stops his
fellow physicians from pursuing their intended course of action:

\begin{footnotesize}
\textsuperscript{PL, but the number of these works is extremely few compared to the whole. A similar, though less direct, parallel between scripture and medicine is found at *Doc. Chr. 3. 17. 25.*}\\
\textsuperscript{422} Lütcke's 1969 analysis of *auctoritas* in Augustine predates the discovery of this sermon. It would have been instructive to see how he would have viewed this particular placement of a human authority in juxtaposition with divine authority. See Lütcke 1969: 116 – 177 in particular for his discussion of Platonic and Hippocratic texts as forms of authority to which Augustine appeals.\\
\textsuperscript{423} See O'Donnell 2005: 328 – 329 on Augustine's influence on the postclassical concept of the text as scripture.}
\end{footnotesize}
Quod cum pati coepisset infirmus, flens et gemens illud Catonis saepe dicebat: corporis exigua medico commite fidel. Ego autem dico: et perito. Restiti igitur his nec venam laxari permisi magnoque silentio facto auctores nostros in medium protuli ac recitavi dixique ad eos . . .

When the sick man began to suffer, weeping and moaning he began to repeat that line from Cato: "Entrust the weakness of your body to a trusty physician." But I myself say: "And to an experienced one!" Therefore, I opposed those physicians, and I did not allow them to open his vein, and when a great silence occurred, I brought forth our authors into the middle of the group, and I read them out, and I spoke to the assembled physicians . . . 424

This episode suggests the possibility that the chief legacy of Augustine's relationship with Vindicianus may not have been particular bits of medical information, as earlier scholars have suggested, but may rather have been an attitude towards medical texts which would later allow Augustine to describe them as *scripturae*.

Augustine's references to Soranus and Hippocrates naturally raise the question as to whether he read the works of these medical writers (and possibly others, such as Galen) in the original Greek, or if he had access to and read them in Latin translations. It is clear that at least one of the Hippocratic references in *City of God* came to him second hand and in Latin, by way of Cicero, although, due to the fragmentary nature of Cicero's text, it would be rash to assume further that Augustine's subsequent discussion of Hippocratic theory in that same passage was also taken directly from Cicero's work. 425 The answer to the question concerning the language in which he read medical texts must itself begin with another question: would Augustine have had the capability to read Greek medical texts in the original language? Some scholars have concluded that Augustine was essentially illiterate in Greek

425 The fragmentary state of *De fato* makes it impossible to make an argument either way. Certainly Cicero alludes to the Hippocratic tenet on the importance of local environment on health, but the extant work does not carry the argument as far as Augustine does, nor does it mention Hippocrates himself: see *De fato* 4. 7—8.
and that he was entirely dependent upon Latin translations for Greek patristic texts. Courcelle argues, however, that although Augustine's ability to read Greek was very weak in the period up to around 400, in the following couple of decades his interest in the language grew, as evidenced by the obvious signs of effort in his work to acquire greater knowledge of the language. Even though real fluency always escaped Augustine, Courcelle asserts that he read some texts, including medical texts, in the original Greek, and he particularly draws attention to Augustine's citation of Soranus in *Contra Julianum* and his subsequent self-correction in *Retractationes*; Courcelle takes these as certain evidence that Augustine consulted the original Greek medical text once early in life and then again later during the composition of the *Retractationes*.

Courcelle's argument is not strong. While it is true that the cited passage appears in Soranus' *Gynaecia*, it is also found in Caelius Aurelianus' now-fragmentary Latin translation of Soranus' treatise. It is of further note that Augustine attributes the citation twice to Soranus and once to Hippocrates, for whom there is no record for such a passage. The

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427 Courcelle 1969: 153 – 165. See also O'Donnell 1992: (vol. 2) 75, s. v. *graeas litteras*, who states that the consensus is that Augustine "had limited but usable knowledge [of Greek] throughout his career (sufficient, for instance, to check readings in the Greek scriptures . . . ) and that he enhanced that skill later in life (in the 410s) to expand his knowledge of Greek patristic literature."


429 Courcelle 1969: 195. *Cael., Gyn.* 1. 50: *Merito dicendum quod anime (sic) habitudo exortis tradat corporibis formas, et propterea faciat conceptionem depravari. Sic denique in concubitu feminæ vis simia vultus similis pepererunt. hinc etiam Ciprius tirannus ne sui turpitudinem corporis posteris daret, in amplexu venerio signa pulcherrima xorem suam coegit intueri. quod adulterato visu alienas femine sumerent formas* (It is worth noting that the occupation of the soul transmits forms to bodies while they are being created, and furthermore might make their conception be disfiguring. In this way then women who look upon a monkey while copulating with their husbands have produced children with simian features. Hence even a Cyprian tyrant, lest he pass on his own physical ugliness to his offspring, forced his wife to look upon very beautiful statues while they were in sexual embrace, so that by changing what his wife was gazing at his children might take on different looks). Trans. mine. See Hanson and Green 1994: 1043 n. 278 on Courcelle's conclusions, including his misstatement that the passage was not to be found in Caelius' work.
attribution to Hippocrates could be a simple error on Augustine’s part, which is Courcelle’s view.\textsuperscript{430} Notwithstanding its absence in Hippocrates, however, the concept of maternal impression on the fetus was apparently well-known in the ancient world, and other versions of it were circulating in late antiquity. Jerome, for example, brings it into his own commentary on this same passage from Genesis; he does not adduce a medical source for the story, however, but states that it came from the rhetorician Quintilian, who successfully offered the evidence of a natural process of heredity through maternal impression when defending a married woman who was the subject of a lawsuit for having given birth to an “Ethiopian.”\textsuperscript{431} The earlier version in Augustine, that is, the one attributed to Hippocrates, in fact bears greater resemblance to that of Quintilian as cited by Jerome than to the Soranus or Caelius version: the focus of the narrative in Jerome and the one attributed by Augustine to Hippocrates is the suspicion laid upon the mother of the child, and indeed no mention is made of a father’s desire to avoid having ugly offspring, which is the basis of the Soranus or Caelius text. Whether Augustine read the narrative in a now-lost and unknown Hippocratic or pseudo-Hippocratic text cannot be known, but the conclusion can be drawn that this concept of maternal impression was one which Augustine could have taken from a number of sources, Greek or Latin. Thus Courcelle’s argument in favour of Augustine’s reading medical texts in Greek is substantially weakened.

It is beyond the scope of this study to determine Augustine’s ability to read Greek patristic literature in the original language of composition, but in regard to medical texts it

\textsuperscript{430} Courcelle 1969: 195 conjectures that Augustine was quoting from memory when writing Quaestiones in Heptateuchum and thus that the attribution to Hippocrates was a memory lapse. Agaësse and Solignac 2000: 711 put forth the possibility that Augustine owed the corrected attribution to Vindicianus, a supposition which appears to rest upon no evidence beyond the fact of the known relationship between the two men.

\textsuperscript{431} Jerome, Quaestiones Hebraicae in Genesim 30: 33. This passage is not found in extant volumes of Quintilian, nor could it be located in Pseudo-Quintilian. Jerome additionally notes that the Spaniards claimed that this kind of colour-heredity occurred among their herds of horse; Soranus had also mentioned horse-breeding, without making a Spanish connection.
would seem unlikely that he did so. Augustine had no particular need to take the pains required to read medical treatises in the original Greek: medical texts did not form a field of debate for him which might have required close textual reading, and, moreover, he would have benefitted from the contemporary translation work into Latin for these texts which was occurring in his native North Africa. Caelius’ translations of Soranus may or may not have been available to Augustine as a young man, but there is no reason to believe that his was the only translation work being done of the texts of a medical writer who was well-regarded in late antiquity. Although other translations of Soranus which might date from this same period have been lost, there does exist a sixth-century Latin abridgement of Soranus by Mustio (also known as Muscio or Musio), who was a physician and possibly of African origin. This work is later than Augustine, of course, but it is indicative of the interest in Soranus in late antiquity among Latin readers and those from Africa in particular.433

Certain treatises in the Hippocratic corpus were also popular subjects of translation into Latin this period. Langslow lists seven extant Latin versions of Hippocratic texts from the fifth and sixth centuries, including Airs, Waters, and Places, the Prognostics, and the Aphorisms. Augustine’s reference in City of God 22. 8 to “the advice of Hippocrates” on the treatment of cancer is in fact to be found in the Aphorisms:

Οκόσοισι κρυπτοι καρκίνοι γίνονται, μη θεραπεύειν βέλτιον· θεραπευόμενοι γάρ ἀπόλλυνται ταχέως, μη θεραπεύομενοι δὲ πολὺν χρόνον διατελέσωσιν.

It is better not to treat those who have internal cancers since, if treated, they die quickly; but if not treated they last a long time.435

432 See Hanson and Green 1994: 1042 – 1049 on the prominence of Soranus in North Africa in late antiquity. Augustine was not the only North African Christian to mention him with favour: Soranus was praised by both Tertullian (De anima 6) and Cyprian (Ep. 69).
433 See Langslow 2000: 73 on Mustio and other surviving translations of Soranus and pseudo-Soranus into Latin.
435 Hipp., Aph. 6. 38.
Langslow notes that this particular Hippocratic text “was immensely important and influential in the history of medicine in the West in the Middle Ages.” It is not inappropriate, therefore, to suggest that Augustine was likely consulting a contemporary Latin translation of the work instead of the Greek original, perhaps even a translation by Vindicianus himself. Vindicianus seems to have rendered into Latin an unknown number of Greek medical authors, including Hippocrates: “I have put into Latin the most profound matters from the medical books of Hippocrates” (ex libris medicinalibus Hippocratis intima latinivi), he wrote to his nephew in the preface to his brief overview of Hippocratic humoral theory, a statement which might refer only to the text at hand, but which could also be read in a more general sense. As noted in the previous chapter, the manuscript tradition for Vindicianus’ Gynaecia suggests that his translation work was aimed precisely at men of a similar background to Augustine, that is, those who had an interest in Greek medical texts but who would prefer to, or who could only, read them in the Latin language (sermone in latino).

The absence of any reference in Augustine’s writings to Galen, the man who secured Hippocrates’ dominant place in medical thinking in the Latin west, is not particularly surprising. Although Oribasius, the personal physician of the emperor Julian and thus a contemporary of Vindicianus, drew heavily on Galen in composing his medical encyclopaedia, none of the extant North African medical texts mention the famous physician. Augustine may have met with some aspects of Galenism—what Nutton

439 Nutton 2004: 295. Oribasius, writing in Greek, produced a 70-volume medical compilation for Julian, of which around 30 volumes survive.
describes as the consolidation of Galen’s doctrine in late antiquity—particularly during his
stay in Rome, but translation of Galen texts into Latin in the first centuries after his death was
fairly slow.\textsuperscript{440} Augustine’s failure to mention Galen, therefore, in itself adds some strength
to the argument that he worked only with Latin translations and not with the original Greek
medical texts.

A possible relationship between Augustines’ \textit{Retractationes} and Galen’s \textit{De libris
propriis} and \textit{De ordine librorum}, however, has drawn comment from some scholars due to
some parallels in themes and structures.\textsuperscript{441} The likelihood that Augustine had read these
Galenic treatises appears to be fairly low, but there is reason to consider the possibility that
he may have been aware of the structure and content of these texts themselves. Galen’s two
works were written to meet a double purpose, one of which was specifically propaedeutic.
Both of his books were meant to clarify the content, purpose and function of his various
treatises in light of the confused state of their publication, although the “ordering” of his
books in \textit{De ordine librorum} refers not to the chronology of their composition, but rather to
Galen’s recommended program for the reading of his texts.\textsuperscript{442} As Georg Misch points out in
his \textit{History of Autobiography in Antiquity}, authorial lists such as Galen’s had a tradition in
the classical world, although only a few examples of this sub-genre of autobiography
remain.\textsuperscript{443} Cicero, for example, digresses at the beginning of the second book of \textit{De
divinatione} (\textit{On Divination}) to provide a brief inventory of his philosophical writings, and, in
the century after Galen, the works of the third-century Neoplatonic philosopher Plotinus were

\textsuperscript{440} Nutton 2004: 299 – 301. See also Temkin 1973 and Nutton 1984b: 2 – 5 on the rise of Galenism in the
West.
\textsuperscript{441} See, for example, Regenbogen 1950: 1437; Misch 1950: (vol. 2) 685 – 686; Mutzenbacher 1984: xiv;
\textsuperscript{442} Galen, \textit{Libr. ord.} = K. 19. 52 – 60.
\textsuperscript{443} See Misch 1950: (vol. 1) 326 – 338 on authors on their own works, and (vol. 2) 681 – 688 on \textit{Retractationes}
in particular as autobiography.
set out in their order of composition by his biographer, Porphyry.\textsuperscript{444} The sub-genre was still alive in late antiquity; Misch cites Jerome's \textit{De viris illustribus} (On Illustrious Men)—a list of Christian intellectuals which Jerome turns into autobiography by inserting his own brief biography and bibliography at the work's conclusion—as well as the additions to this work by Gennadius of Marseilles, as examples of late Latin writers who offered their readers autobiographical book lists, or what other scholars have deemed "bio-bibliography."\textsuperscript{445} Augustine himself was thinking of the necessity for such a book list when contemplating the composition of \textit{Retractationes}, the two-volume critical review of his own works, which he began to do as early as 412, although he was unable to attempt this revisionary work for more than a decade and a half.\textsuperscript{446} At some point in his life he read Cicero's \textit{De divinatione}, as well as Jerome's \textit{De viris illustribus}.\textsuperscript{447} Definitive evidence for his having read Porphyry's \textit{Περὶ τοῦ Πλοτίνου βίου καὶ τῆς τάξεως τῶν βιβλίων αὐτοῦ (On the Life of Plotinus and the Order of his Books)} is lacking, but scholars agree that Porphyry's writings had a great influence on Augustine, so the probability that he read this work in translation is reasonably good.\textsuperscript{448} Augustine's awareness of this sub-genre possibly

\textsuperscript{444} Cic., \textit{Div.} 2. 1. 1 - 2. 2. 7; Porph., \textit{Vita Plot.} 4 - 6.

\textsuperscript{445} Misch 1950: (vol. 2) 685. See also Rouse 1991: 471. See Rouse 1991: 469 - 494 on the manuscript tradition of Jerome's work.

\textsuperscript{446} His intention surfaces in a letter to Marcellinus, \textit{Ep.} 143. 2: \textit{Si enim mihi deus quod volo praestiterit, ut omnium librorum meorum quaecumque mihi rectissime dispicilum, opere aliquo ad hoc ipsum instituto, colligam atque demonstram; tunc videbunt homines quam non sim acceptor personae meae} (For, if God permit me, as I desire, to gather together and point out, in a work devoted to this express purpose, all the things which most justly displease me in my books, men will then see how far I am from being a partial judge in my own case). \textit{Retractationes} was written in 426 - 427. The review did not extend to his sermons and letters, although that had been Augustine's original intention. Burnaby 1950 argues that while correction of his works was Augustine's original purpose for writing, as he composed \textit{Retractationes} it became as much a theological defence as self-correction. Burnaby's assertion that the work as initially proposed to Marcellinus was without literary precedent should be modified.

\textsuperscript{447} Hagendahl 1967, v. 1: 70 - 72 on \textit{De divinatione}; O'Donnell 1980: 154 states "Augustine showed a general awareness of the contents of this work" while in the early stages of composing \textit{City of God}, that is, during the period of 413 - 417. Augustine's \textit{Ep.} 40 to Jerome states that he had recently read \textit{De viris illustribus}, although he was not sure of the title of the work.

\textsuperscript{448} Van Fleteren 1999: 661 - 663. Regenbogen 1950: 1437 cites both Galen and Porphyry as precursors to \textit{Retractationes}. Rouse 1991: 474 fails to take notice of either author; this is particularly remarkable in the case
came from these two particular sources, therefore, but in spirit and structure his

*Retractationes* is in fact much closer to Galen’s work than to those of either Cicero or Porphyry. The latter’s list of Plotinus’ works is minimalist in style: only the titles of the works are supplied, there is virtually no commentary, and only a brief amount of biographical detail intersperses the list of texts. The list was written, according to Porphyry, for the purpose of clarifying the titles and authorship of Plotinus’ works. Cicero’s index of books is somewhat more expansive: he organizes his philosophical writings in a roughly chronological order, as well as by category, giving a brief summary of their contents. His inventory, like that of Galen, is meant to be propaedeutic, in that his philosophical works were written to set a foundation for learning for his fellow citizens.

What differentiates Galen and Augustine’s works from either Cicero’s or Porphyry’s and invites comparison between them is their common blending of autobiography with compositional lists: Galen and Augustine supply much greater detail concerning their works, particularly the circumstance of composition. Moreover, while each writer differs somewhat in the overall purpose of the catalogue of their works—Galen lacks any interest, for example, in Augustine’s self-imposed “judicial severity” (*judiciaria severitate*) towards his own works—it is of note that both agree on the importance of their compositions being read in a certain order. For Galen, the greatest benefit will accrue to the student of his works who follows the sequence of reading which he carefully outlines, while for Augustine,

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of Galen, in light of their deeming Augustine’s *Retractationes* “the earliest representative” of a bibliography devoted to a single author.

Porphyry dryly commented only on the quality of Plotinus’ work: the twenty-four works of his middle period were the best, while the later works were the product of failing powers. *Vita Plot. 6.* Augustine’s biographer, Possidius, also produced an “Indiculus” or list of Augustine’s works which he appended to the biography. *Poss., Vita Aug. 18. 1.*

*Cic. Div. 2. 1. 1 and 2. 2. 4.*

Mansfeld 1994: 117 n. 206 notes that Augustine lacked the systematic classification which Galen and Porphyry employed.

*Retr. prol. 1.*
the chronological reading of his works charts for the reader the spiritual progress of the author, a progress which may be of benefit by offering itself as a positive example of Christian growth.\textsuperscript{453} This shared interest in the order of reading particularly invites speculation that Augustine knew something at least about the form and content of Galen’s two treatises, even if he had in fact never read them.

What can be reasonably concluded from the discussion above is that Augustine likely had access to and read some of the medical texts which were readily available in North Africa, and that these texts were more likely in Latin translations than in the original Greek. His reading appears to have been rather limited in scope, but this presumption may be misleading and essentially an argumentum e silentio. Augustine’s primary interest was not medicine, thus evidence of his medical knowledge is revealed in an entirely incidental manner. For comparison’s sake, however, one can look at the medical citations in the works of contemporary Christians, such as Ambrose and Jerome, both of whom were writing works in which medicine played as subsidiary a role as it did in Augustine.

For his part, Ambrose scarcely mentions specific medical authors; only Hippocrates, “the master of medicine” (medicinae magister), is named.\textsuperscript{454} Jerome, on the other hand, while he mentions neither Celsus or Soranus, cites a greater number of medical authors, most of whom wrote in Greek. Hippocrates and Galen are frequently adduced as authorities by

\textsuperscript{453} Gal., Libr. ord. = K. 19. 52 – 60. Retr. prol. 3: Quapropter quicumque ista lecturi sunt, non me imitentur errantem, sed in melius profectum. Inveniet enim fortasse quemodo scribendo profecerim, quisquis opuscula mea ordine quo scripta sunt legerit (Let those, therefore, who are going to read this book not imitate me when I err, but rather when I progress toward the better. For, perhaps, one who reads my works in the order in which they were written will find out how I progressed while writing). Both Regenbogen 1950 and Mutzenbacher 1984 insist on the unique character of Augustine’s emphasis on individual growth. O’Donnell 2005: 317 – 319 astutely characterizes the Retractationes as “the second installment of the Confessions,” one in which Augustine narrates his own evolution as a bishop.

\textsuperscript{454} Ambr., Ep. 44. 10. Hippocrates is mentioned again in De Noe et Arca 25.
Jerome, the former a dozen times, the latter four times. Of the other writers whom Jerome mentions, some are to be found only once, all in the same short passage of *Adversus Jovinianum* (Against Jovinian):

*Legat qui vult Aristotelem et Theophrastum prosa, Marcellum Sidetem, et nostrum Flavium hexametris versibus disserentes: Plinium quoque Secundum, et Dioscoridem, et caeteros tam physicós quam medicós, qui nullam herbam, nullum lapidem, nullum animal tam reptile, quam volatile, et natatile, non ad suae artis utilitatem referunt.*

If you think proper you may read Aristotle and Theophrastus in prose, Marcellus of Side, and our Flavius, who treat these subjects in hexameter verse; the elder Pliny also, and Dioscorides, and others, as much naturalists as physicians, who assign to every herb, stone, and animal, whether reptile, bird, or fish, its own use in the art of which they treat.  

This list of medical writers is impressive, but it reads rather as if the author were merely larding the argument to bolster his polemic against Jovinian. Jerome makes no other reference to either Marcellus of Side or Dioscorides, although a brief and entirely incidental mention of Flavius is to be found in Jerome’s entry on Lactantius in *De viris illustribus*, but Jerome’s acknowledged skill in Greek and his long sojourn in the Greek East could account for his greater familiarity with Greek medical writers and their texts. Nonetheless, if one were basing the extent of Augustine’s knowledge of medicine simply on the names of specific medical texts or authors found in his work—which is not a satisfactory method of assessment—he would fall somewhere between Ambrose and Jerome.

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455 References in Jerome to Hippocrates include: *Ep.* 52, 109, 121, 125; *Adv. Jov.* 1, 2. References to Galen include: *Ep.* 54; *Adv. Jov.* 2.


457 Jerome has been accused elsewhere by at least one scholar, Jean Gribomont, of attempting “to create the impression that he is familiar with the works he is describing,” as he phrases it, when in fact this may not be the case. See both Courcelle 1969: 88 and Gribomont 1986: 228.

458 *Jer.*, *Vir. ill.* 80. Flavius was a contemporary of Lactantius, a third century North African Christian writer, and is described as a grammarian who wrote a medical text, *De medicinalibus* (*On Medical Matters*). See p. 104, n. 333 on Flavius. References to Aristotle, Theophrastus and Pliny can be found elsewhere in Jerome, although not in a medical context.
Non-textual Sources for Medical Knowledge

The scholarship on Augustine has naturally emphasized the textual aspects of his world, and rightly so considering the prominence which Augustine gave to specific books, such as the Hortensius, in his own account of his intellectual and spiritual development. This emphasis on the textual, however, sometimes obscures the continued importance of the oral culture in classical and late antique society. Augustine, while wrestling in *City of God* with Varro’s tripartite division of theology, cites the latter’s belief that theology is better confined within the walls of the schoolroom than left in the forum (*sic alia, quae facilius intra parietes in schola, quam extra in foro ferre possunt aures*). Augustine then glosses “the forum” for his readers as referring in the wider sense to “the general public” (*a foro, id est a populis*), but the literality of Varro as it applies to both his own and Augustine’s day should not be ignored.

There is evidence, albeit limited, of the non-textual aspect of Augustine’s intellectual life in his works. He had been, or so he later claimed, the leading student in his school of rhetoric in Carthage, and from his late teens through his twenties, when he worked in that city as a teacher of rhetoric himself, he and his friends frequently participated in various rhetorical competitions:

*Hac popularis gloriae sectantes inanitatem, usque ad theatricos plausus et contentiosa carmina et agonem coronarum faenearum . . .*

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459 Some scholars, of course, do give full due to the non-textual aspect of the classical world. See, for example, MacCormack 1998: 2, in her study of Vergil in Augustine’s work, where she draws attention to the “ample and retentive memories of people who lived in what was still, despite much literacy, an oral culture in which texts were spoken . . .”. See also Stock 1998: 5 – 7 on the oral nature of literary culture in Augustine’s day, as well as Banniard 1992: 65 – 104 on Augustine’s use of oral communication in Christian education.

460 *Civ. dei* 6. 5. 2.
One the one hand we would hunt for worthless popular distinctions, the applause of an audience, prizes for poetry, or quickly fading wreaths won in competition.\textsuperscript{461}

The nature of the debate and discussion in which Augustine and his friends are portrayed engaging in throughout the Cassiciacum dialogues, Augustine’s earliest post-conversion treatises, is not invalidated by their doubtful historicity.\textsuperscript{462} An older Augustine will go on to decry “the leisure of learned men wasted in debates” (otia doctorum conterere disputando) on philosophical matters.\textsuperscript{463} He does agree, nonetheless, to field certain questions on Christianity which arose among a large gathering of the friends of a certain Volusianus, all of whom had been involved in a spirited discussion concerning rhetoric, philosophy and religion, a gathering reminiscent of that found in Macrobius.\textsuperscript{464}

It is worth remembering as well that a good portion of the Augustinian corpus has its roots in the oral aspects of this highly literary culture. Some works, such as the \textit{Contra Felicem Manichaeum} (Against Felix the Manichaean) and the \textit{Conlatio cum Maximino Arianorum episcoporum} (Debate with Maximinus, an Arian Bishop), for example, are verbatim accounts of public theological debates.\textsuperscript{465} In the latter, Augustine specifically notes that it was held “in the presence of many on-lookers, as many clergy as laity” (praesentibus

\begin{footnotes}
\item[461] \textit{Conf.} 4. 1. 1. His residence in Carthage was interrupted briefly while he taught in Thagaste. The literary contests could be fiercely competitive in Augustine’s day. In \textit{Conf.} 4. 2. 3 Augustine related that as a contestant in a dramatic verse competition he was approached by a haruspex who offered his services for a guaranteed win. Augustine declined the offer.
\item[462] See McWilliam 1999 on the Cassiciacum dialogues, particularly on the debate concerning their historicity.
\item[463] \textit{Ep.} 118. 5. 32. Trans. mine.
\item[464] The request to answer the questions which arose was made of Augustine by Volusianus, whose letter, together with Augustine’s reply, comprises \textit{Ep.} 135 and 137. Volusianus was, in fact, the son of one of the Albini whom Macrobius placed at the symposium in the \textit{Saturnalia}. See p. 102 n. 328. Volusianus is portrayed by Augustine as a pagan, but both Brown 2000: 298 – 299 and O’Donnell 2005: 247 – 248 note that his paganism was not that of the older Roman world. Many of Volusianus’ family were Christians who were well-known to Augustine, and O’Donnell comments that Augustine was delighted to respond to Volusianus’ queries, seeing in him much of his own self prior to his conversion. See O’Donnell 2005: 248.
\item[465] See Possidius, \textit{Vita Aug.} 6, for example, on the “crowds of the curious” (turbisque curiosis) gathered to hear Augustine’s debate with Fortunatus, a Manichaean, which was set down in the notebooks of recording secretaries (notarii tabulis).
\end{footnotes}
multis, tam clericis quam laicis). The sermons of this ex-rhetor, moreover, though
delivered in a religious setting, were in essence apodeictic lectures. On one occasion
Augustine even draws attention to the fact that he was not always preaching only to the
faithful, but that non-Christians sometimes made up a portion of his audience—curious
members of the public, perhaps, who attended these lectures as they might attend other
oratorical displays.

There is no firm evidence of Augustine’s attendance as a spectator at public lectures,
demonstrations or debates, medical or otherwise, although Augustine’s use of the verbs
demonstrare (to show) and dicere (to speak) in a detailed passage on the ventricular structure
of the human brain according to medici suggests the possibility that he gathered that
particular knowledge from an oral presentation, if not an actual anatomical demonstration:

Et quoniam corporalis motus, qui sensum sequitur, sine intervallis temporum nullus
est, agere autem intervalla temporum spontaneo motu nisi per adiutorium memoriae
non valemus; ideo tres tanquam ventriculi cerebri demonstrantur: unus anterior ad
faciem, a quo sensus omnis; alter posterior ad cervicem, a quo motus omnis; tertius
inter utrumque, in quo memoriae vigere demonstrant, ne cum sensum sequitur motus,
on non connectat homo quod faciendum est, si fuerit quod fecit oblitus. Haec ills certis
indicis probata esse dicunt . . .

And since bodily movement, which follows upon sensation, always involves intervals
of time, and since we cannot perform deliberate movements over intervals of time
without the aid of memory, that is why the brain is shown to have three ventricles;
one in front, at the face, from which all sensation is controlled; a second behind at the
neck, from which all movement comes; the third between the two, in which they
demonstrate that memory is active; otherwise, since movement follows upon
sensation, you may fail to link to your perceptions what has to be done, if you have

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466 Conl. Max. 1. Trans. mine. The debate took place in Hippo c. 427.
467 See O’Donnell 2005: 1 – 3 on Augustine’s eloquence in front of his congregation.
468 Serm. 360B. The manuscript is headed Sermo sancti Augustini cum pagani ingredentur (A sermon of saint
Augustine when the pagans were admitted). See WSA 3. 11: 383 – 384 n. 1 on this title, drawn from Possidius
as well as the manuscript tradition. The non-Christians are asked to leave the church at the end of the sermon:
quicumque hic sunt qui non crediderunt, ecce sumus, ecce est ecclesia: si volunt, credant. si differendum
putant, quod, arbitror, iam putare non debent, locum faciant acturis divina mysteria (Any who are here that
have not yet come to believe, well, here we are, here is the church; if they wish, they can become believers. If
they think it’s to be put off, which in my opinion they ought not to be thinking any longer, let them give up their
places to those who are about to celebrate the divine mysteries). Serm. 360B. 27.
forgotten what you have done on previous occasions. These medical men say there
are sure and certain indications to prove all this . . . 469

In a passage in *De anima et eius origine* (On the Soul and its Origin) Augustine notes that
anatomy is an essential aspect of medical training; he further adds that while knowledge of
anatomy is known to few men, any man might acquire it if he wished, a statement which
implies perhaps that access to anatomical demonstrations or lectures was relatively easily
obtained.470

Even lacking specific evidence, however, it is not an unwarranted presumption that as
a member of the educated élite he would have formed part of the audience at lectures and
debates, particularly while he himself was working as a rhetorician prior to his conversion to
an ascetic life. In a long letter concerning the various philosophic sects, Augustine evokes
the noisy and lively debates which were held in front of packed audiences:

*Quod qui non vident, ut dixi, bellant inquietis altercationibus, varie pro suo quisque
captu, in corpore constituentes summum hominis bonum, et carnalium seditiosorum
turbas concitant; inter quos Epicurei apud indoctam multitudinem excellentiore
auctoritate viguerunt.*

As I have said, those who do not see this point make war with each other in
tumultuous contests of words, each of them caught up by his own point of view, but
all setting the supreme good of man in the body, and these men stir up the crowds of
the factious and carnally-minded; among these men, the Epicureans have flourished
with pre-eminent authority in front of the unlearned multitude.471

This passage suggests formalized debating, but some apparently informal public gatherings
for the purpose of disseminating texts can be glimpsed in Augustine’s work as well. The

*Contra adversarium legis et prophetarum* (Against Adversaries of the Law and the

469 Gn. litt. 7. 18. 24. Augustine mentions the skeleton of a whale on display in Carthage in Qu. c. pag. 6. 31; the context does not make it clear if this was a permanent or temporary exhibit and whether it formed part of a public demonstration.

470 An. et or. 4. 6. 7: *Quia ilii didicerunt artem anatomicam vel empiricam, quas medicinalis continet disciplina, quam pauci assequuntur; caeteri vero ista discernere noluerunt, cum potuissent si utique voluerent* (Because they have learnt the art of anatomy or experiment, which are both comprised in the physician’s education, which few obtain, while others have refused to acquire the information, although they might, of course, if they had liked).

471 Ep. 118. 3. 14, written late 410/early 411. Trans. mine.
Prophets), for example, is a rebuttal to an anonymous heretical text which was brought to his attention by friends who had come across it being read aloud on the street near the harbour in Carthage, to the curiosity and great delight of the gathered crowd (concurrentibus turbis . . . curiositate et delectatione legeretur).472

While some scholars are wont to place sole responsibility for Augustine’s medical knowledge on his reading of medical writers, particularly Vindicianus—although it is of note that Augustine only ever mentions conversations with Vindicianus and not his texts—the public medical discourse, which could range from anatomical lectures and demonstrations to debates between differing medical sects to open-air operations, may have been just as important an aspect of Augustine’s medical literacy as his private reading of medical texts.473 As noted in an earlier chapter, ancient medical practice was seldom a private affair; consultations, examinations, diagnoses, and treatments frequently took place in a very public setting. A good example of the public nature of late antique medical culture can in fact be found in Book 22 of City of God, in which Augustine describes how he and his companion Alypius were spectators at an operation. Surgery to correct an anal fistula was to be

472 C. adv. leg. 1. 1. 1. That the public reading of this work took place in Carthage is confirmed at Retr. 2. 84. 58. Scholars conjecture that the work was written c. 418.
473 Bardy 1953 is one of the few scholars who has drawn the conclusion that Augustine’s medical knowledge did not rest upon texts, but he places his emphasis upon Augustine’s personal relationship with individual physicians over the course of his long life. He makes no mention of the public medical discourse as described in this study. At the opposite end from Bardy are those translators of Augustine’s works into English who often assume that his references to medici as sources for medical knowledge must be to medical writers: both Schumacher 1957 in translating C. Jul. 4. 3. 16 and Hammond 1982 in translating Gn. litt. 7. 13. 20, for example, render the term medici as “medical writers.” Of the three references to Vindicianus by Augustine, the only one which might possibly have a textual basis is discussed earlier in this chapter. The other two references arise from personal discussions between the physician and the young rhetorician: Conf. 4. 3. 5: eius sermonibus (erant enim sine verborum cultu vivacitate sententiarum iucundi et graves) adsiduus et fixus inhaerebam (I listened intently and without fail to what he had to say, for though he was not a gifted speaker, his lively mind gave weight and charm to his words); Conf. 7. 6. 8: Vindicianus acuto seni et Netredio . . . illi vehementer adfirmanti, huic cum dubitatione quidem aliqua sed tamen crebro dicenti non esse illam artem futura praeviendam . . . to that wise old man Vindicianus and to Nebridius . . . Vindicianus was quite outspoken on the subject of astrology. Nebridius was not so ready to declare himself; although he too repeated often enough that there was no art by which the future could be foretold).
performed upon their host Innocentius, a retired advocate of the vicarius prefect of Africa, with whom they were staying upon their return to Africa from Italy in 388. Augustine, although writing many years after the event, provides a particularly evocative picture of the scene for his readers:

_Iluxit dies qui metuebatur, aderant servi dei, sicut se aafuturos esse promiserant: ingressi sunt mediici, parantur omnia quae hora illa poscebat, tremenda ferramenta proferuntur, attonitis suspensisque omnibus. Eius autem quorum erat major auctoritas, defectum animi eius consolando erigentibus, ad manus secturi membra in lectulo componuntur, solvatur nodi ligamentorum, nudatur locus, inspicit medicus, et secandum illum sinum armatus atque intentus inquirit. Scrutatur oculis, digitisque contractat; tentat denique modis omnibus._

The dreaded morning dawned; the servants of God arrived as they had promised; the surgeons entered. All preparations had been made which that fateful hour demanded; the fearful instruments were produced, while we all sat there in dumbfounded suspense. Those of the visitors whose authority was greatest tried to raise the patient’s drooping spirits with words of encouragement, while his body was being laid in position ready for the work of the surgeon. The bandages were untied; the place was bared. The surgeon examined it, and knife in hand ready for the incision, he searched for the fistula that was to be cut. He inspected it closely; felt it with his fingers; then he examined it in every way . . .

Augustine’s purpose in this passage is the narration of a miraculous healing which ultimately renders the torturous surgery unnecessary; he wishes to make this and other such miracles, which he believes are known only to local populaces, known and celebrated more widely throughout Christendom. The fact that the miracle of healing was apparently known only to a relatively small number of people is not at odds with the fact that the surgery, if it had occurred, would have taken place in a setting which can only be described as public: those in attendance included not only medical personnel but also on-lookers, such as Augustine, who

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474 A medical fistula, a term still used today, is a pipe-like ulcer or passage between two or more internal organs, or between an internal organ and the skin. Its name comes from the Latin *fistula*, a reed or a musical instrument made from it.

475 _Civ. deI_ 22. 8. 3.
clearly had no medical role in the operation. There is no indication that Augustine and Alypius’ presence at Innocentius’ surgery was in any way unusual; they simply joined the other members of the household, as well as members of the local clergy ("those of the visitors whose authority was greatest") who were specifically invited as witnesses, in attendance at this medical "performance." 476

**Medicine as a Discipline**

There is little question that Augustine generally regarded the profession of medicine as an honourable and necessary one: medicine provides an extrinsic assistance to the intrinsic corporeal forces of providence. 477 In addition to Vindicianus, Augustine names other physicians with whom he was acquainted, most of whom he mentions in tones of respect: Gennadius, "a physician, known to almost every one, and very dear to us, who now lives at Carthage, and was in other years eminent as a medical practitioner at Rome" (Gennadius, notissimus fere omnibus, nobisque charissimus medicus, qui nunc apud Carthaginem degit, et Romae suae artis exercitacione praepolluit); an archiater from Hippo, Hilarinus, who was also the head of the municipal senate; another archiater of Hippo, Dioscorus, who came to be baptized only after a miraculous intervention by God; Maximus, a physician who was a convert from Arianism; and Ammonius, an elderly physician of “considerable reputation in

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476 Vössing 1992: 533 cites the fact that the personal physician to Innocentius, having failed to heal his master’s fistulae, was forbidden to join in the medical consultation held by the specialists whom Innocentius summoned earlier in this narrative, as evidence that all levels of medical education and practice in late antique North Africa were kept private and inaccessible. While this may have been true of formalized medical education for students of rival sects in particular, Roman medical care appears to be have continued its very public nature, as this episode demonstrates. Vössing offers no other evidence that the public medical discourse, in all its varieties, ceased to exist in Augustine’s time.

477 Gn. litt. 8. 9. 18. Augustine compares the profession of the physician to that of the agricultural worker who works on the exterior of a tree to assist its internal development.
his field” (*in illa arte laudatum*), as well as an unnamed Alexandrian doctor “who at that
time had the reputation of a surgeon of genius” (*qui tunc chirurgus mirabilis habebat*),
both of whom were called in for a consultation on the wretched Innocentius.\(^478\)

Even more telling evidence for the esteem which he granted to the practice of
medicine can be found in a late work, written in 427, *Speculum (The Mirror)*, which, without
editorial commentary, brought together in one book those precepts from both the Old and
New Testaments which Augustine considered to be of importance.\(^479\) The highly selective
nature of the Biblical passages included in *Speculum* offers a glimpse of the closely-held
beliefs of the aging bishop. Thus, this excerpt from *Ecclesiasticus* serves as compelling
proof of his continued regard for medicine and its practitioners:


Honour physicians for their services, for the Lord created them; for their gift of
healing comes from the Most High, and they are rewarded by the king. The skill of
physicians makes them distinguished, and in the presence of the great they are
admired. The Lord created medicines out of the earth, and the sensible will not
despise them.\(^480\)

If it is clear that Augustine held both medical texts and the practice of medicine in
such esteem, one can pose the question as to what role Augustine thought medicine played in
intellectual life: did he consider medicine a worthy intellectual pursuit? Was it one of the
*liberales artes*? Would he, as did Varro, include medicine among the disciplines? Would

\(^{478}\) *Ep.* 159. 3; 41. 2; 227; 170. 1; *Civ. dei* 22. 8. 3.

\(^{479}\) According to Possidius, the work was intended to provide his fellow Christians with a ready means of
evaluating their obedience to God. *Vita Aug.*, 28. 3: *ut qui vellet legeret, atque in eo vel quam obediens deo
inobediensque esset, agnosceret: et hoc opus voluit Speculum appellari* (He who wishes may read it and learn
therefrom how obedient or disobedient he is to God. This work he desired to have called *The Mirror*).

\(^{480}\) *Spec.*, Eccl. 38: 1.
Galen’s placement of medicine amongst the arts which are closest to the divine have meaning for Augustine?

Augustine placed a value, even if somewhat qualified at times, upon a general knowledge of the physical world. Indeed, early in De Genesi ad litteram (On the Literal Interpretation of Genesis), one of several of Augustine’s exegetical treatments of the story of creation, he warns his fellow-Christians that it is dangerous for a Christian to talk foolishly on topics such as astronomy and natural history, as it will provoke the laughter of pagans who may then reject the truth of Christian salvation.\(^{481}\) In De doctrina Christiana (On Christian Teaching), he suggests that for Christians a general knowledge about the natural world, including such relatively esoteric information as the healing properties of the herb hyssop, is necessary for understanding metaphors and thus “for solving the riddles of the scriptures” (ad aenigmata scripturarum solvenda).\(^{482}\) A knowledge of medicine is also considered valuable, although Augustine sets it on a scale of values, a somewhat variable scale. In his treatise on the nature of the soul, De anima et eius origine, he posits that an understanding of medical ideas is of lesser benefit than knowledge of scripture.\(^{483}\) In a similarly-titled work addressed to Jerome on the same topic, De origine animae (On the Origin of the Soul), however, he takes particular pains to make sure that his views on the nature of the soul are both doctrinally and “scientifically” sound:

\(^{481}\) Gn.litt. 1. 19. 39. At Gn. litt. 1. 21. 41 he argues that physical science, when it is based on reliable evidence, is not contrary to the Scriptures.

\(^{482}\) Doc. Chr. 2. 29. 45; see also 2. 16. 24.

\(^{483}\) An. et or. 10. 14: Nam longe utique praestantius est, nosse resurrecturam carnem ac sine fine victuram, quam quidquid in ea medici scrutando discernere potuerunt (For it is by far better to know that the flesh will be resurrected and will live forever than anything which physicians have been able to find out with their experiments in this matter). Trans. mine. An. et or. was written c. 419 – 21 in response to the perceived threat of Pelagianism, which was controversial for views it espoused on the concept of free will; ultimately it involved Augustine in the issues of infant baptism, original sin and sexuality. Augustine’s challenges to Pelagian thought began in 411 and continued right up to his death in 430. For a historical and theological summary of Pelagius and Pelagianism in Augustine’s life, see TeSelle 1999: 633 – 640.
Neque haec proinde loquor, ut te quae tibi nota sunt doceam: sed ut aperiam quid firmissime de anima teneam, ne me quisquam, cum ad ea venero quae requiro, nihil de anima vel scientia vel fide tenere arbitetur.

These things I am stating, not with the view of teaching you what you already know, but in order that I may declare explicitly what I hold as indisputably certain concerning the soul, lest any one should think, when I come to state the questions to which I desire answers, that I hold none of the doctrines which we have learned from science or from revelation concerning the soul.\textsuperscript{484}

In the \textit{Enchiridion}, a “handbook” of Christian teaching which he composed in the early 420s, he even places knowledge of medicine and the body on a higher plane than knowledge of other aspects of the physical world: in reference to Christian faith, he argues, no Christian should be ashamed of being ignorant of the natural world, such as astronomy or geography, since even philosophers are limited in their knowledge. If we must know the causes of convulsions, we ought not to worry about those which happen during earthquakes, but ought to have concern for those which occur in our bodies and affect our health, forcing us to consult physicians.\textsuperscript{485}

Scholarship on Augustine’s ideas on education has examined both his notions concerning the classical disciplines and his role, if any, in their transformation into the mediaeval trivium (grammar, rhetoric and logic) and quadrivium (arithmetic, geometry, astronomy, and music).\textsuperscript{486} Varro’s \textit{Disciplinae}, which encompassed nine subjects, has long been held as the source for subsequent Latin models of the liberal arts, including that of Augustine, although the actual number of disciplines on any given list varied in late

\textsuperscript{484} \textit{Orig. an.} (= \textit{Ep. 166}) 2. 4. The letter was written in 415 to Jerome and concerns the questions, none of which he answers at the time, of when and where the soul contracts the guilt of original sin. Translating \textit{scientia} as “science” is apt in this context, as the word can denote a body of knowledge in a particular area of human endeavour. See \textit{Trin.} 12. 14. 21 – 22 for Augustine’s use of the word.

\textsuperscript{485} \textit{Ench.} 9, 16.

\textsuperscript{486} See, for example, Marrou 1958; Hadot 1984; Pollmann and Vessey 2005.
antiquity. Augustine, whose interest in the liberal arts had waned markedly by the end of the first decade after his conversion, reports in Retractationes that around the time of his baptism he had attempted to compose books on the various disciplines:

Per idem tempus, quo Mediolani fui baptismum percepturus, etiam disciplinarum libros conatus sum scribere, interrogans eos qui mecum erant atque ab huiusmodi studiis non abhorrebat, per corporalia cupiens ad incorporalia quibusdam quasi passibus certis vel pervenire vel ducere. Sed earum solum De grammatica librum absolvere potui, quem postea de armario nostro perdidi, et De musica sex volumina, quantum attinet ad eam partem quae rithmus vocatur. . . . de alis vero quinque disciplinis illic similiter inchoatis—de dialectica, de rhetorica, de geometrica, de arithmetica, de philosophia—sola principia remanserunt, quae tamen etiam ipsa perdidimus.

At the very time that I was about to receive baptism in Milan, I also attempted to write books on the liberal arts, questioning those who were with me and who were not adverse to studies of this nature, and desiring by definite steps, so to speak, to reach things incorporeal through things corporeal and to lead others to them. But I was able to complete only the book on grammar—which I lost later from our library—and six books, On Music, pertaining to that part which is called rhythm. . . . Of the other five arts likewise begun there [in Milan]—dialectic, rhetoric, geometry, arithmetic, and philosophy—the beginnings alone remained and I lost even these.

This excerpt suggests that Augustine numbered the disciplines at seven, that he followed Varro’s model, but that he excluded both architecture and medicine. The vagueness of the Latin in this passage, however, prevents such definitive conclusions: the lack of a definite article in Latin allows the phrase de alis quinque disciplinis to be read as either “the other five disciplines,” as this translator has done, or simply as “five other disciplines,” which would allow either for more than seven areas of study, or for areas of study other than those specifically mentioned. Danuta Shanzer, in fact, has drawn up four lists of disciplines.

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487 The reconstruction of the lists of disciplines from classical and late antiquity is a daunting task. Hadot 1984 challenged the influence of Varro on the late antique and mediaeval lists. Her conclusions, however, were effectively refuted by Shanzer 2005.
488 Retr. 1. 6.
set forth by Augustine at various times, all with some variation in the make-up of the list.489

Augustine consistently, however, numbers the disciplines at seven, and in light of the
significance which he placed on numbers, it would seem that seven disciplines was canonical
for him.490

The liberal arts could themselves be a form of intellectual medicine—"they heal [their
opinions] with the liberal arts" (liberalibus medicant disciplinis), Augustine states in De
ordine (On Order)—but medicine does not find a place on any of Augustine’s lists of
disciplines.491 Although one should keep in mind Shanzer’s useful caveat, gleaned from
Marrou, that completeness was not necessarily a desideratum for a writer of such a list, the
evidence suggests that medicine would not have taken the place of one of the other seven
disciplines in Augustine’s mind.492 Medicine had strong connections in antiquity to both
philosophy and rhetoric, as has been seen, but its close association with the corporeal made it
problematical as a discipline, and not just for Augustine. Maximus Victorinus, for example,
a grammarian of unknown date, organized the arts in a three-fold division: those which were
of the mind alone, those which were of the body alone, and those which encompassed both
body and mind. He included medicine in the latter category, setting it side by side with
agriculture, gymnastics, and the mechanical and technical skills.493

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43 (grammar, dialectic, rhetoric, music, geometry, astronomy, philosophy), Ord. 2. 4. 13 – 5. 14 (grammar,
dialectic, rhetoric, arithmetic, music, geometry, astronomy), Quant. 33. 72 (grammar, dialectic, rhetoric,
arithmetic, music, geometry, astronomy/astrology/divination), and Retr. 1. 6 (grammar, dialectic, rhetoric,
arithmetic, music, geometry, philosophy).
490 See Shanzer 2005: 98, n. 117 on the importance of the number seven. Augustine used numbers as a heuristic
in many texts.
491 Ord. 1. 1. 3.
492 Shanzer 2005: 99: “Many students of canons and canonical lists fall victim to the fallacy of demanding a
higher degree of precision or exhaustiveness from their sources than those very sources required or were
intended to have.”
Sunt quaedam animi tantum, quaedam corporis, quaedam animi et corporis. Quae sunt anime tantum? Hae
sunt, poetice, musice, astrologice, grammatiche, rhetorice, iuris scientia, philosophia. Quae sunt corporis?
Augustine's own early enthusiasm for the liberal arts was based upon the belief, articulated in the passage from Retractationes quoted above, that they were a means to assist in the Platonic ascent from the corporeal to the incorporeal (per corporalia cupiens ad incorporalia). It would be difficult to reconcile that goal with the fact that medicine, despite its philosophical basis, has the corporeal as its focus of activity. Perhaps Augustine was too recently an ex-Manichaean to feel comfortable joining Galen in envisioning the physically-laden medicine as an art which could occupy a place so close to the divine. He would likely have been in greater agreement with the sentiments of Martianus Capella, a fifth-century North African who wrote an elaborate allegory on the seven disciplines, De nuptiis Philologiae et Mercurii et de septem artibus liberalibus (On the Wedding of Philology and Mercury and on the Seven Liberal Arts), in which he described how Jupiter refused to allow Medicine and Architecture to entertain the wedding guests as had the other disciplines, on the grounds that they were devoted to mundane matters which had nothing in common with the divine.494

Augustine in fact seldom uses the word disciplina to refer to medicine.495 His preferred term is ars, a word which nonetheless Augustine recognizes as denoting

494 Martianus, 9.888 – 890.
495 Medicine is described as a disciplina on only four occasions: Div. qu. 45. 2; Doc. Chr. 2. 20. 30; Ep. 205; and An. et or. 4. 6. 7. Only in the last instance does he use the word to denote educatio, the act of learning which is the first sense assigned to it by the TLL: he designates medicine as a discipline and anatomy and experiment as arts learned within it: artem anatomicam vel empiricam, quas medicinalis continet disciplina (the arts of anatomy and experiment which the discipline of medicine includes). The other uses of disciplina refer to the knowledge base or the profession of medicine. See TLL 1316 – 1325 for the range of uses of this word.
excellence. Although apparently not able to be elevated to the status of a canonical
discipline, medicine is still regarded as an essential activity. It finds a place in his influential
paedagogical treatise, De doctrina Christiana, for example. In this work he places medicine
in the same field of arts as navigation and agriculture, since these arts provide services
through which God works, but these three are part of a larger category of arts which includes
both crafts, such as pottery and housebuilding, and physical pursuits, such as dancing,
running and wrestling. What binds these disparate activities together, Augustine reasons,
is their relationship with time:

Harum ergo cunctarum artium de praeteritis experimenta faciunt etiam futura
coniici; nam nullus earum artifex membra movet in operando, nisi praeteritorum
memoriam cum futurorum exspectatione contexat.

In all these arts knowledge gained from past experiences causes future ones to be inferred. None of these craftsman moves a muscle at his work except to link his experience of the past with his plans for the future.

Further on in De doctrina Christiana, medicine, by reason both of its social utility
and its “study of things past or present which concern the bodily senses” (vel praeteriti
temporis vel praesentis, ad sensus corporis pertinentium) is implicitly included in the list of
secular studies upon which Augustine confers his blessing:

Illa vero instituta hominum, quae ad societatem convivientium valent, pro ipsa huius
vitae necessitate non negligat. In caeteris autem doctrinis, quae apud gentes
inveniuntur, praeter historiam rerum, vel praeteriti temporis vel praesentis, ad sensus
corporis pertinentium, quibus etiam utilium artium corporalium experimenta et
coniecturae annumerantur, et praeter rationem disputationis et numeri, nihil utile
esse arbitror.

496 In Civ. dei 4. 21 he derives ars directly from the Greek ἀρτεῖα, which means “virtue,” as he notes, but which is best translated into English as “excellence.” It denotes excellence of skill or moral excellence. Bettenson states in a footnote to the English translation that the derivation is quite correct. A few examples of the use of ars with medicine include Vera rel. 28. 51 (where it is ars ineffablis medicinae); Ep. 138. 1. 3 (arte medicinali); En. in Ps. 125. 14 (exerceatur ars medici).
497 Doc. Chr. 2. 30. 47.
In view of the demands of this present life do not neglect the human institutions vital to the cohesion of society. As for the other branches of learning found in pagan society, apart from the study of things past or present which concern the bodily senses (including the productions and experimentations of the practical arts) and the sciences of logic and number, I consider nothing useful here.\textsuperscript{498}

The evidence indicates that Augustine looked favourably upon medicine as an art, although we have at least one hint that he was concerned that medical studies, which involved the arts of anatomy and experiment, as he noted, could be in danger of moving beyond the accepted bounds of human knowledge. In a sermon given around 410, he discusses the beauty of the human body, noting how its perfectly its parts function and what harmony there is in its proportions. Near the end of the sermon, however, he adds that the human body’s beauty excites not just lust, but research by the studious or curious (\textit{tanta corporis pulchritudo, quae illicit libidinosos, et ad quaerendum excitat sive studiosos sive curiosos}).\textsuperscript{499} It seems an innocent enough statement about the activities of physicians, but \textit{curiositas} was always a dangerous state of mind to Augustine: it connoted for him an inappropriate desire for knowledge.\textsuperscript{500} His statement suggests, therefore, a certain unease with the knowledge which medicine could potentially uncover.

This chapter has attempted to establish that there was a significant role for medicine in Augustine’s intellectual life, that it was an area of knowledge which interested him enough

\textsuperscript{498} Doc. Chr. 2. 39. 58. See also Gn. litt. 8. 9. 18, where medicine is characterized as the external help for the intrinsic, natural forces of Providence on the human body.

\textsuperscript{499} Serm. 243. 7.

\textsuperscript{500} See Mor. 1. 21. 38, in which Augustine warns against inquisitiveness, which leads to pride: \textit{Sunt enim qui desertis virtutibus, et nescientes quid sit deus, et quanta maiestas semper eodem modo manentis naturae, magnum aliquid se agere putant, si universam istam corporis molem, quam mundum nuncupamus, curiosissime intentissimeque perquirant. Unde tanta etiam superbia gignitur, ut in ipso coelo, de quo saepe disputant, sibimet habitare videantur. Reprimat igitur se anima ab huiusmodi vanae cognitionis cupiditate, si se castam deo servare disposuit} (For some people, neglecting virtues, and ignorant of what God is, and of the majesty of nature which remains always the same, think that they are engaged in an important business when searching with the greatest inquisitiveness and eagerness into this material mass which we call the world. This begets so much pride, that they look upon themselves as inhabitants of the heaven of which they often discourse. The soul, then, which purposes to keep itself chaste for God must refrain from the desire of vain knowledge like this.). Similarly, Conf. 10. 35. 54 – 57, in which curiosity is characterised as a disease (\textit{morbus cupiditatis}). Torchia 1999: 259 – 261 offers a concise discussion of the place of curiosity in Augustine's thinking.
to be worth pursuing it for its own sake, both through the reading of medical texts which he encountered and through the available aural means by which medical information was so frequently disseminated in the Roman world. That he valued medical knowledge, and that he regarded medicine as a form of authority which could be appealed to, is also evident from the examination of his works.

The following chapters will shift from these intellectual considerations to appraise the use to which Augustine actually put his knowledge: his knowledge and employment of medical language and of medical metaphor will be presented in chapter five, while chapter six will discuss more fully why medicine and medical metaphor held such great appeal for him, particularly in relation to the polemical debates he carried out against the supporters of the Donatist and Pelagian schisms.
Chapter 5
Medical Language and Metaphor in Augustine’s Writing

*O medicinam omnibus consulentem, omnia tumentia comprimentem, omnia tabescentia reficientem, omnia superflua resecantem, omnia necessaria custodientem, omnia perdita reparantem, omnia depravata corrigentem!*

O Medicine, making provision for all: deflating what is distended; renewing what is wasting away; cutting away what is superfluous; preserving what is necessary; restoring what has been lost; curing what is corrupted!

_Agon._ 11. 12

This chapter and the next will establish two points: firstly, that Augustine’s knowledge of and interest in medicine was more substantial than is generally acknowledged, and secondly, that his use of medical imagery was a significant aspect of his writing and thought. To these ends, this present chapter examines four particular areas. It will discuss his use of medical language, which was often quite sophisticated, and draw implications from this use about his audience; it will consider his discussions of human physiology, particularly the mechanics of sense perception, as a demonstration of one of his medical interests and the way in which he could employ this in his theology; it will examine his understanding of the medical sects; and finally, it turns to a discussion of Augustine’s extensive and pervasive use of medical metaphor, in particular his employment of the figure of _Christus medicus_. In the
final chapter, this study turns to a detailed examination of why Augustine was so particularly attracted to the language and metaphors of medicine.

**Augustine's Knowledge of Medicine**

In Rome in 388, during the course of his journey back to North Africa, Augustine wrote *De animae quantitate* (*On the Greatness of the Soul*), in which he modestly boasts that he himself would have been tricked into believing in the corporeal nature of the soul, “if I had not been well versed in questions about the nature of the body, the form that is in the body, about place, time and motion” (*nisi mihi tunc multa iam nota essent de corpore, de specie quae inest corpori, de loco, de tempore, de motu*), all of which knowledge pertained directly to the contemporary questions on the nature—corporeal or incorporeal—of the soul. 501 Two decades later, however, in 419, a North African Christian convert named Vincentius Victor expressed shock at the fact that the well-educated Augustine claimed to be ignorant about the origin of the soul. He attacked Augustine for his failure to understand the true nature of the soul, which he himself believed to be corporeal. Vincentius interpreted Augustine’s refusal to accept the physicality of the soul as a sign of his own ignorance about the physical nature of the human body in general:

*Sed mihi, crede, satis superque videtur absurdum atque incongruum rationi, ut homo ipse expers sui sit, aut is qui rerum omnium creditur adeptus esse notitiam, sibi ipsi habeatur ignotus.*

It appears to me excessively absurd and unreasonable that a man should be a stranger to himself; or that a person who is supposed to have acquired the knowledge of all things, should regard himself as unknown to his very self. 502

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501 *Quant.* 31. 63. Trans. mine.
502 *An. et or.* 4. 2. 2.
Augustine’s answer to Vincentius is *De anima et eius origine*, an extended treatise on the incorporeal nature of the soul, in which he does not fail to reply somewhat indignantly to the suggestion that he is insufficiently educated as to the nature and functioning of the physical body:

> Verum ego quam multa possim de hominis natura scientissime disputare, si explicare velim, plura volumina implebo: multa me tamen ignorare confiteor.

For my own part, indeed, if I wished to display how far it was in my power to treat scientifically and intelligently the entire field of man’s nature, I should have to fill many volumes; not to mention how many topics there are which I must confess my ignorance of.\(^{503}\)

Augustine’s understanding of the working of the human body and of medicine was attacked yet again a little later by Julian of Eclanum, in the course of their debate on human sexuality and the infection of sin: Julian, citing an unnamed medical authority to back his own position on an issue of human physiology, throws out the taunt that even Vergil knew more on “natural topics” than “the phony philosopher of the Phoenicians,” as he slyly dubs Augustine (*Mantuanus poeta naturalium gnarior quam philosophaster Poenorum*).\(^ {504}\)

Modern scholars have often been equally as dismissive. Marrou, for example, essentially reduces Augustine’s interest in medicine to a taste for the “les faits bizarres, singuliers, anormaux.”\(^ {505}\) Jean Courtès’ examination of Augustine’s knowledge of medicine is somewhat more forgiving. While he chastizes Augustine for being satisfied with elementary explanations for medical problems, he also argues that Augustine’ interest in medicine is not for its own sake, but merely for its rhetorical uses, and that it is unfair to

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\(^{503}\) *An. et or. 4. 2. 3.*

\(^{504}\) *C. Jul. imp. 5. 11. 1.* The “Phoenicians” is an oblique reference to the inhabitants of North Africa, a land which was colonized by the Phoenicians in the ninth century B. C.

\(^{505}\) Marrou 1958: 143. He cites examples from several works, including Augustine’s references to people born with six fingers or as deaf-mutes (*Quant. 2. 19. 33, 2. 18. 31,* incorrectly cited by Marrou as *Sol.*), those born with the ability to imitate noises, wiggle their ears, or fall into a catatonic state at will (*Civ. dei 14. 24. 2*), and those able to reproduce at an elderly age (*C. Jul. 3. 11. 22*). Passarella 2004: 73 – 74 also rates Augustine’s knowledge of medicine fairly low.
demand a precise understanding of the human body from the bishop. Courtès’ conclusions, however, as he himself admits, are based upon a relatively small number of Augustinian texts. Augustine’s understanding of contemporary medicine is in fact more sophisticated than Courtès acknowledges.

It is true that Augustine’s general knowledge of the physical human body and of contemporary medical practice is difficult to assess with a great degree of accuracy, as his references to the human body, to illness, and to therapeutics are seldom very precise. He understands, although he does not often elaborate upon, basic medical therapies, such as diet, baths, emetics, splints, ointments, surgery, venesection, and cautery; the reading of the pulse for diagnosis, a technique refined by Galen, is well-known to him. Scholars have noted, however, that Augustine employs a medical vocabulary which is often highly technical in nature. In 1991 Jean-Paul Rassinier, a French physician, undertook a quantitative and qualitative analysis of the medical vocabulary of Augustine’s work. By means of a database search of the Augustinian corpus, Rassinier identified over a hundred medical terms, with over 14,000 textual occurrences. Rassinier’s work does provide a quantitative indication of

506 Courtès 1954: 47.
507 Referencesto dietas therapy include: Gn. litt. 9. 15. 27; Reg. 3. 5; Serm. 299C. 3, 341A. 1, 346A. 8, 360C. 5 – 6. To baths: Ord. 2. 11. 32; Reg. 5. 5, 5. 7. To purging: Doc. Chr. 1. 16. 15; Jo. ev. tr. 25. 16; En. in Ps. 25. 1. 3; Ep. Jo. 3. 4. To splints or bandages: Serm. 15A. 8, 23B. 11. To ointments, in particular to collyrium, an eye ointment (ophthalmic diseases were endemic in the ancient world): Gn. litt. 9. 15. 27; Conf. 7. 8. 12; Qu. Mt. 1. 14. 5; Jo. ev. tr. 2. 16; 18. 11; 34. 9, and 35. 6; En. in Ps. 39. 21, 43. 14, and 65. 5. To surgery: Ex. Gal. 56; Mus. 1. 4. 9; Civ. dei 22. 8. 3, En. in Ps. 6. 3, 21. 2. 4, 66. 7, and 91. 1; Serm. 15A. 8, 23B. 11, and 162A. 6; C. Jul. imp. 3. 162. To venesection: Serm. 21. 7. To cautery (for which Augustine uses the common verb uro, “to burn”): Lib. arb. 1. 15. 33; Mor. 2. 8. 13; En. in Ps. 6. 3, 21. 2. 4, and 40. 6; Pat. 7. 6; Ex. Gal. 56; Serm. 23B. 11, 104. 2. 7. To pulse: Serm. 229O. 1, 229P. 3, 253. 3, 340AA. 8. See Nutton 2004: 237 – 238 on Galen and pulse.
508 See, for example, O’Donnell 1992 (vol. 2): 214, s. v. vir sagax, and 334, s. v. criticam.
509 Rassinier 1991. He employed the database of the Centre de Traitement Électronique des Documents, which produced a CD-ROM of Christian Latin texts (commonly known as CETEDOC), for his searches. Rassinier uses the word anima (soul), which is found about 6000 times in the Augustinian corpus, as a point of comparison to the 14,000+ figure. Unfortunately, Rassinier has yet to publish the list of medical terms which he located. His article is largely quantitative in nature, but he also analysed Augustine’s use of three disease terms: cancrum (cancer), phrenesis and phreneticus, the latter terms referring to a disease characterized by
the extent to which medical vocabulary was used by Augustine, although his conclusion that
the majority of medical terms are used in metaphoric contexts is hardly surprising even to the
most casual reader of Augustine's works.

The research for this study of Augustine's medical vocabulary has found similar
results to that of Rassinier, although the focus here lay on identifying Augustine's use of
more technical medical terms than on a quantitative analysis of these terms.510 Leaving aside
everyday Latin medical terms which Augustine employs with great frequency, such as
*aegritudo* (illness), *febris* (fever), *inflammatio* (inflammation), *vulnus* (wound), or *vena*
(vein), and their related forms, there are at least several dozen rather sophisticated medical
terms to be found in Augustine's works. Not surprisingly, the majority of the medical words
encountered are transliterations or adaptations of Greek (as they are in modern English).511
Over a dozen of these words are apparently rather specialized terms; many are words not
found in the Latin vocabulary of the classical period, but are late antique borrowings from the
Greek medical vocabulary. *Phlegma* (phlegm) for example, was not used by classical Latin
writers, but can be found, alongside the older Latin term, *pituita*, in the works of both
medical writers and laymen, such as Augustine and Jerome, during the fourth and fifth
centuries.512

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510 This analysis of Augustine's medical vocabulary was done through the *PL* database, with some reference to
CETEDOC, employing a lengthy list of Latin medical terms. The search list was culled from a number of
sources, including appendices in Langslow 2000, as well as those found in editions of Pliny, Celsus, and
Cassius Felix.

511 The less ordinary, though not particularly specialized, Latin medical words which appear in his work are
relatively few in number: *lippitudo* (an eye ailment), *sanies* (putrid matter), *lien* (spleen), *fistula* (fistula),
*collyrium* (eye-salve), *bilis* and *fel* (both terms for bile), for example.

512 See Jerome, *Ep. 54. 9*. An earlier borrowing from Greek into Latin was the term *phlegmone*, but this term in
Latin use did not refer to the humour per se. It denoted an inflammation accompanied by a fever. Augustine
uses *pituita* elsewhere, in *Jo. Ev. Tr. 1. 19* and *Serm. 81. 8*, for example.
The more recondite Greek terms found in Latin medical texts of the classical period and employed by Augustine include *rhagades* (ῥαγάδες, a fissure in soft tissue), *chirurgus* (χειρουργός, surgeon, for which the usual Latin term would be a phrase such as *medicus vulnerarius*, “wound doctor”), *splen* (σπλήν, spleen), *apostema* (ἀπόστημα, an abscess or ulcer), *cataplasma* (κατάπλασμα, a plaster), *phthisicus* (φθισικός, a person suffering from φθος, a consumptive disease), and *epithema* (ἐπίθεμα, a poultice).\(^{513}\) Specialized Greek medical terms in Augustine’s work which, like *phlegregma* (φλέγμα), are unique to late antique Latin include the following: *epilepticus* (ἐπιληπτικός, used instead of the standard Latin term for the disease, *comitialis morbus*), *phlebotomo* (φλεβοτομέω, to perform a venesection), *exochas* (ἐξοχάς, a rare word for the more common *haemorrhoida*, itself a direct borrowing from Greek), *criticus* (κριτικός, in the phrase *accessio critica*, the critical onset of an illness) and *anatomicus* (sc. medicus, from the Greek ἀνατομικός, itself from ἀνατομή, literally, “a cutting up”).\(^{514}\)

As a measure of medical knowledge, Augustine’s use of a range of medical terms, including highly specialized vocabulary, is in itself not indicative of any competency of understanding. The appearance of these more obscure terms nonetheless offers several

\(^{513}\) *rhagades*: Ep. 38.1; *chirurgus*: Civ. dei 22. 8. 3; *splen*: B. vita 1. 2. 14; *apostema*: En. in Ps. 66. 7; *cataplasma*: C. Jul. imp. 6. 16; *phthisicus*: Serm. 77. 10. 14; *epithema*: En. in Ps. 90. 2. 6, 130. 7. 55, 65, Serm. 154. 5. 6.

\(^{514}\) *epilepticus*: C. Jul. imp. 6. 16; *phlebotomo*: Serm. 21. 7 (Vindicianus, interestingly, uses a different Greek term, arteriotomos, Ep. Val. 8.); *exochas*: Ep. 38. 1; *criticus*: Conf. 6. 1. 1, En. in Ps. 72. 20 (all of the manuscripts for *En. in Ps.* have accessionem creticam, but this is an obvious transcription error); *anatomicus*: Civ. dei 22. 24. 4, An. et or. 4. 3. A comparison of Augustine’s medical vocabulary with that of his religious contemporaries Ambrose and Jerome finds that Augustine, albeit based on a much larger body of work, uses considerably more technical medical vocabulary than Ambrose, and, perhaps somewhat surprisingly, as much as, if not perhaps a fraction more than, Jerome, who is known to have read Greek medical treatises. The sophistication of all three men in regards to medical terminology seems to be on the same general level: there are a fair number of terms which are found in common among the three, but there are also a few terms found only in Ambrose, while Augustine and Jerome employ a roughly equal number of medical terms not found in the works of either of the other two. This comparison admittedly does not rest on a definitive autopsic review of the Latin texts of all three authors. On Jerome’s medical knowledge, see Pease 1914, Courcelle 1969: 86 – 87, and Lançon 1988. On Ambrose’s, see Müller 1967, Foley 2001, Passarella 2002 and 2004.
conclusions: first of all, it demonstrates that Augustine took great interest in medical issues, to the extent of picking up and retaining highly technical vocabulary which he then appropriates for his own purposes; secondly, it affirms that there existed sufficient opportunities in the textual or oral culture for becoming familiar with this technical language; and thirdly, it suggests that he has an audience which he could generally expect to understand his medical terms and allusions.

The fact that Augustine uses highly specialized medical vocabulary, particularly in his sermons, would appear to bolster an argument put forward by scholars such as Ramsay Macmullen, that the audience which gathered to hear the sermons of a Christian preacher in this time was composed almost exclusively of the wealthy and well-educated, that it was a case of a Christian elite speaking only to the elite.515 A brief digression will be made here to consider this conclusion, since Augustine’s use of technical vocabulary may not give as much support as first glance would make it appear. A closer examination of his employment of this vocabulary reveals that when he does use such technical medical language, in most cases he provides his audience, whether they be the congregation listening to his sermons or the readers of his treatises, with some sort of direct or indirect explanatory comment. Two examples illustrate this tendency. The term caducarii (“the fallers,” i.e. epileptics), for example, an offshoot of the phrase caduca passio (“the falling sickness”), which was coined in late antiquity as an alternate to comitialis morbus, is put into the mouth of his mother Monica in one of the Cassiciacum dialogues to describe certain philosophers. Augustine adds as a way of clarification for his readers that “it is by this name that those whom the comitialis morbus throws down are commonly known among us” (quo nomine vulgo apud

515 MacMullen 1989. Rousseau 1993 argues against MacMullen, stating that the Christian preacher, in the Latin West at least, addressed a wider audience than just the educated.
The term *arteria* was another medical word which Augustine evidently believed required glossing. Its older and more common meaning was not the blood vessel which is recognized today, but rather the windpipe; when the term was applied to the circulation system in antiquity, it was as a carrier of *pneuma* or air, not blood. Augustine refers to this second meaning on four separate occasions, in each case taking care to differentiate clearly between veins which carry blood and those which carry air, “which they call arteries” (*quas artes vocant*).

Augustine provides explanations for the term *arteria* to each of the three relatively distinct groups—his educated friends (or foes), the congregations gathered to hear his sermons, or the general readership to whom he addressed works such as *City of God* or *De musica* (*On Music*)—which comprise his audience. Some medical terms, such as *arteria*, *anatomicus*, or *chirurgia* (surgery), seem to require an explanatory note no matter which audience is addressed, although in general, and perhaps not surprisingly, those who are (presumably) of the same educational level receive fewer glosses on medical terminology.

One such instance of the latter case is his Pelagian adversary Julian of Eclanum, for whom...
Augustine felt no necessity to elucidate either *cataplasma* or the very rare term *epilepticus*, for example.\(^{520}\) The fewest explanations of specialized medical terms are provided, however, in his sermons. There is no gloss for *phlebotomo*, for example, nor for the transliterated term *paregorizo* (παρηγορίζω, to soothe, to alleviate), a rare term in Latin which, as far as can be established, is found outside of Greek and a few Latin medical texts only in this passage from Augustine’s sermon on Psalm 112: *Paregorizamur quotidie medicamentis Dei, quia manducamus et bibimus: medicamenta ipsa sunt, quae nobis apponuntur* (Every day our condition is alleviated by God’s medicines as we eat and drink, for these are themselves the remedies which are prescribed for us).\(^{521}\)

Augustine’s use of such a distinctive and highly technical medical word such as *paregorizo* in a public sermon without any explanation as to its meaning may seem to argue for a highly educated audience. It is of note, however, that the specialized medical terms which Augustine employs in his sermons are virtually always supported in some manner by the context of the passage, so that their meanings would be understood, to a greater or lesser degree of precision, by every listener. Those Carthaginians in attendance at a sermon he gave in that city who were not entirely certain as to the meaning of *apostema*, for example, would nonetheless likely follow with ease Augustine’s meaning in the following passage:

*Conscientia tua saniem collegerat, apostema tumuerat, cruciabat te, requiescere non sinebat: adhibet medicus fomenta verborum, et aliquando secat.*

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\(^{520}\) *C. Jul. imp. 6. 16.* Augustine also finds it unnecessary to gloss *exochas* or *rhagades* in *Ep.* 38. 1, addressed to Profuturus, the bishop of Cirta.

\(^{521}\) *En. in Ps.* 122. 11. Trans. mine. παρηγορίζω is formed from παρηγορία (paregoria), a soothing medicament; according to the *TLL*, the verb, noun and adjectives formed from the root παρηγορ- are used exclusively by Greek medical authors and are not otherwise found transliterated into Latin. *TLL* 10, fasc. iii. 1986. The given name Paregorius appears on occasion in the literature of late antiquity, but no other form of the word is recorded in *PL* until the twelfth-century *Dei Gesta per Francos*, a chronicle of the First Crusade.
Your conscience had collected putrid matter, and a pus-filled sore (apostema) had become swollen; it was torturing you, it would not let you rest. The physician applies the fomentation of his words, and eventually lances it.\footnote{522}

Similar contextual devices are found with a term such as phlebotomo, which is preceded and followed by frequent repetitions of the word sanguis (blood), or words such as phthisicus and elephantiasis (the latter not equivalent to the modern disease, but most probably a form of leprosy), which are named as two of several fatal diseases, the third being hydrops, that is, dropsy or edema, a condition and term which would be familiar to most of the audience.\footnote{523}

In an apparent effort to ensure that the members of the audience in attendance at his sermons follow his arguments, Augustine occasionally provides Latin glosses, both direct and indirect, for a Greek medical term. He does both when using paralysis, for example. Latin had no single commonly-used word for the medical condition; it devised phrases with forms of the verb solvo (to loosen), such as dissolutio membrorum (“dissolution of the limbs”) or resolutio nervorum (“a loosening of the sinews”), phrases which emphasize a physical slackening.\footnote{524} Paralysis was not a particularly rare medical word; the term is used by a few classical authors, both medical and lay, as well as by later Latin Christian writers, such as Jerome.\footnote{525} Nonetheless, it was still a somewhat unusual Greek medical term, perhaps known to many Christians only from the healing of a paralyticus in several passages in the New Testament.\footnote{526} Augustine has at least one occasion in which he is concerned that paralysis might be unfamiliar to some portion of the audience: in a sermon dated to 416, he

\footnote{522}{\textit{En. in Ps.} 66. 7. Trans. mine.  
523 \textit{Serm.} 77. 10. 14. Other references to dropsy: \textit{Gn. litt.} 9. 10. 17; \textit{Qu. ev.} 2. 29; \textit{Serm.} 61. 3. 3, 77. 10. 14, 177. 6, 220. 5 and 229H. 3; \textit{C. ep. Pel.} 2. 1. 1.  
524 Vitruvius 8. 3. 4; Cels., \textit{Med.} 2. 1. 12. Celsius adds \textit{paralysin Graeci nominant} (which the Greeks call paralyysis) to his Latin construction. The Greek root for \textit{paralysis}, λύω, also means “to loosen.” 
525 Pliny, \textit{NH.} 20. 3. 8, 14; Jerome, \textit{Vita Hilarionis} 19, \textit{Adversus Jovinianum} 2. 11.  
526 Three different paralytics: the centurion’s servant at Matt. 8: 6; the paralytic whose friends lowered him from the roof into Jesus’ presence at Mark 2: 4 and Luke 5: 18; and Aeneas, whom Peter healed in Christ’s name at Acts 9: 33. See O’Donnell 1999 on the Bible as a text and Christian canon for Augustine and his contemporaries.}
makes a point of explaining its meaning: “by any paralysis, that is, by any loosening of your limbs” (aliqua paralysi, id est dissolutione membrorum). In another sermon preached on Psalm 36, his approach is more indirect; he precedes his main argument—about the danger of falling into (literally, “dissolving into”) spiritual paralysis (paralysi quadam interiore dissolutus)—with phrases which would emphasize the more common Latin expression for the medical condition: “all his limbs may slacken from undertaking good works” (dissolvanturomniae eius membra ab opere bono); “the inner self may be loosened” (in interiorehomineresolutis); “with all the internal members of the body loosened” (dissolutis membris omnibus interioribus).

One can conclude that although his extensive use of medical metaphor indicates that Augustine holds expectations that he is addressing an audience which also has a basic understanding of medical principles, he is aware that his own command of medical terminology is more developed than that of some members of his audience, and he makes adjustments accordingly.

In the matter of the physiology of the whole human being, Augustine holds quite firmly to the theory of humours as espoused by Hippocrates and the Dogmatists, a loyalty which his high regard for Hippocrates might alone suggest. It should be kept in mind that the

528 En. in Ps. 36. 3. 2 – 3. Trans. mine. The use of solvo, dissolvo, or resolvo with paralysis may have been a stock phrase in late antique Latin, although it seems to be encountered more frequently in Augustine’s works than in those of others: a woman is said to have been “loosened” into paralysis (illa solveretur paralyst) in C. Adim. 17. 5, for example, just as it is reported in a letter to Alypius that the physician Dioscorus “was loosened into paralysis in many and almost all of his limbs” (in paralysim solvitur multis ac pene omnibus membris). Ep. 277, trans. mine. Similarly, En. in Ps. 100. 4; Serm. 46. 6. 13.
529 Augustine obviously recognizes the disparate nature of the audience gathered to hear his sermons. In a sermon given in Carthage around 413, for example, he notes that while many would be familiar with the ideas and goals of the Epicurean and Stoic philosophers, some in his audience may not be; a sketch of the two philosophic schools and how they differ from Christian belief is therefore provided by Augustine for the latter; see Serm. 150: 3. In an address dating a few years earlier, he notes that his audience’s knowledge of Vergil has been mostly obtained from the theatre, not from reading the texts themselves; see Serm. 241. 5. See also Cat. rud. 15. 23 for his advice to priests and bishops on adapting one’s address to the makeup of the audience.
theory of humours was not the only explanatory model available to him. The eventual
ascendancy of the humoral theory in the history of medicine in the West can lead scholars
into forgetting that other theoretical options existed from which Augustine could choose.530
The extant medical texts from the North Africa of Augustine’s day in particular demonstrate
Methodism’s continued influence, even dominance, in the Latin West in late antiquity.531
Although Augustine had read Soranus, either in the original Greek or, more likely, in a
contemporary Latin translation such as that of Caelius Aurelianus, it is clear that he did not
subscribe to the Methodist model of disease aetiology, which was based upon states of
corpuscular stricture and relaxation.532

References to the four humours and/or the four qualities, as well as to the need for an
internal balance of the humours and qualities, appear on numerous occasions, right from
eyearly works, such De animae quantitate, through to later works, such as Contra Julianum,
composed in 421.533 A few examples will suffice to demonstrate the primacy which humoral
theory held in Augustine’s thinking. The first is from is exegesis of Psalm 6 in Enarrationes
in Psalms (Explanations of the Psalms), published in 392:

Manifestum est autem ad corpus quaternarium numerum pertinere, propter notissima
elementa quatuor quibus constat, et quatuor qualities, siccam, humidam, calidam,
frigidam. Unde quatuor etiam temporibus administratur, verno, aestate, autumno,
hieme. Haec sunt notissima.

However, it is clear that the number four refers to the body because of those four
well-known elements in which the body consists and because of the four qualities:

530 See, for example, Keenan 1936: 188 n. 147, in which, in commenting on humoral theory in the work of
Augustine, she states that it “dominated medicine from the days of Hippocrates almost to our own.”
531 Nutton 2004: 188 notes that Methodism “influenced early mediaeval medicine in the West to a far greater
extent than Galenic Hippocratism.”
532 At Gn. litt. 2. 4. 8, Augustine specifically rejects the notion of indivisible physical elements upon which
Methodist corpuscular theory relies (although without making any reference to the latter).
533 The seminal text on humoral theory is Hippocrates’ De natura hominis (Nature of Man); for a more concise
outline of the theory, see Vindicianus’ Ep. ad Pent.
dry, wet, warm, and cold. As a result, the body is also regulated by four seasons: spring, summer, autumn, and winter. All of this is very well known.\textsuperscript{534}

A second example is found in \textit{In epistulam Joannis ad Parthos tractatus} (\textit{Tractates on the First Letter of John}), a series of ten sermons which Augustine preached during Easter week of 407. Christ’s body is said to contain, metaphorically speaking, unwholesome humours which must be purged:

\begin{quote}
\textit{Et sunt qui intus sic sunt in corpore Domini nostri Jesu Christi; quandoquidem adhuc curatur corpus ipsius, et sanitas perfecta non erit nisi in resurrectione mortuorum: sic sunt in corpore Christi, quomodo humores mali. Quando evomuntur, tunc relevatur corpus: sic et mali quando exeunt, tunc Ecclesia relevatur.}
\end{quote}

And there are those who inwardly are in such sort in the body of our Lord Jesus Christ—seeing His body is yet under cure, and the soundness will not be perfect save in the resurrection of the dead—are in such wise in the body of Christ, as bad humors. When these are vomited up, the body is relieved: so too when bad men go out, then the Church is relieved.\textsuperscript{535}

A final example can be drawn from a letter written in 420 to Consentius, in which Augustine refutes scepticism concerning the corporeal nature of the resurrected Christ:

\begin{quote}
\textit{Fortassim enim, accepta occasione sanguinis, urgebis nos molestior perscrutator, et dicit: si sanguis, cur non et pituita, cur non et fel flavum et fel nigrum, quibus quatuor humoribus naturam carnis temperari etiam medicinae disciplina testatur?}
\end{quote}

For perhaps a bothersome questioner, taking the opportunity of the question of the blood [of the resurrected Christ], will press us and say: “If there was blood, why was

\textsuperscript{534} \textit{En. in Ps. 6. 2.} The composition of \textit{Enarrationes in Psalms} took Augustine’s attention for about a quarter of a century, and individual homilies on the psalms can be difficult to date; his homilies on the Psalms 1 – 32 were circulating in 392, according to Cameron 1999. A similar passage in which Augustine relates the body to the qualities through the number four is \textit{Div. qu. 57}. As noted in the previous chapter, Augustine, like many of his contemporaries, saw significance in numbers, and he frequently adduces relationships between the lives and bodies of human beings and numbers: the six ages of humanity, the world, and days of creation at \textit{Gn. adv. Man.} 1. 23. 25 – 24. 42, \textit{Div. qu.} 58, et al.; fetal development in a numerical parallel to the forty-six years of building the temple at Jerusalem at \textit{Div. qu.} 56; the five husbands of the Samaritan woman aligned with the five senses of perception and the five Mosaic books at \textit{Div. qu.} 64. 7, for some examples. More generally, he states in \textit{Serm.} 243. 8. 7 that the mathematical proportions of the human body parallel those found in the heavens, and at \textit{Vera rel.} 40. 75 that the human body has a beautiful form which exhibits clear traces of the primal numbers (\textit{manifesta vestigia primorum numerorum}), which unfortunately are mixed with all manners of ills. \textit{At Mus.} 6. 3. 4, he notes that the soul produces the numbers which are found in the pulse and the intervals of respiration of the human body. See also \textit{Mus.} 6. 11. 33 and 6. 14. 45.

\textsuperscript{535} \textit{Ep. Jo.} 3. 4, written in 407.
there not phlegm, why not both yellow and black bile, by which four humours the discipline of medicine teaches that the nature of the flesh is kept in balance?\textsuperscript{536}

The Hippocratic theory of humours was not a particularly complex model of medicine, and it fit comfortably into many aspects of human existence in the ancient world, conforming to patterns which were both notionally and experientially valid. Different humours, for example, were thought to predominate not only in different organs or areas of the body, but in different seasons, ages, and temperaments. Phlegm, for example, was the primary humour of the head, of winter, of old age, and of those who were temperamentally placid.\textsuperscript{537} Augustine exhibits an understanding of the tenets of humoralism, however, which is relatively learned. He is cognizant of its pre-Socratic philosophic roots, and of the relationship posited between the four elements—with their accompanying oppositional qualities of hot/cold and wet/dry—and the corporeal humours: the alliance of air, which is hot and wet, with blood; of hot, dry fire with bile; of cold, dry earth with black bile; and of cold, wet water with phlegm.\textsuperscript{538} He connects the four elements to the five senses of the human body in De Genesi ad litteram—in which he cites, without attribution, the pre-Socratic philosopher Anaxagorases’ maxim that “all the elements are in everything” (elementa omnia in omnibus esse)—and notes that fire, the highest of the elements in the cosmic sphere and therefore the element closest to the divine, penetrates everything to give the human body motion.\textsuperscript{539} Augustine employs the model of the elements, the humours, and the body to take

\textsuperscript{536} Ep. 205. 1. 3. Trans. mine. Other passages in which Augustine makes explicit mention of the theory of humours include Quant. 22. 38; Gn. litter. 7. 19. 25; Trin. 3. 3. 8; Ep. 9. 3 – 4; CIV. dei 11. 34; Jo. ev. tr. 25. 16; C. Jul. 4. 3. 16 and 5. 7. 28; Serm. 81. 8, 277. 4. 4 and 341. 4; Div. daem. 5. 9; Div. qu. 73; C. adv. leg. 2. 6. 21; C. Prisc. 8. 11; Nat. et gr. 54. 63.

\textsuperscript{537} Cf. Serm. 81. 8: “The complaints of old age are multitude: cough, phlegm, bleariness in the eyes, anxiety, fatigue—they are all there” (Querelae multae in senecta: tussis, pituita, lippitudo, anxietudo, lassitudo inest). Trans. mine.

\textsuperscript{538} C. Prisc. 8. 11. Similarly, Gn. litter. 7. 13. 20.

\textsuperscript{539} Gn. litter. 3. 4. 6 – 7 and 3. 5. 7. Augustine states that human vision depends upon fire; hearing, upon air; smell, the humid vapours of the air; taste, water in its liquid state; and touch, upon earth (the human body’s
to task those who misunderstand God’s placement of water in the heavens in the Genesis account of creation:

_Sed hi qui in nomine aquarum quae super coelos sunt, Angelos intelligi volunt, ponderibus elementorum moventur, et ideo non putant aquarum fluidam gravemque naturam in superioribus mundi locis potuisse constitui: qui secundum rationes suas si ipsi hominem facere possent, non ei pituitam, quod Graece φλέγμα dicitur, et tanquam in elementis corporis nostri aquarum vicem obtinet, in capite ponerent. Ibi enim sedes est phlegmatis, secundum Dei opus utique aptissime: secundum istorum autem conjecturam tam absurde, ut si hoc nesciremus, et in hoc libro similiter scriptum esset, quod Deus humorem fluidum et frigidum, ac per hoc gravem, in superiore omnibus caeteris humani corporis parte posuerit, isti trutinatores elementorum nequaquam crederent._

But those who want “the waters above the heavens” to be taken as meaning the angels, are influenced by the question of the specific gravity of the elements. They think it impossible that water should be established in the upper regions of the universe, because it is by nature a fluid and heavy substance. According to this line of reasoning these men, if they could make a human being, would not put _pituita_ (what the Greeks call _phlegma_) into the head, since this phlegm takes the place of water in the elements of the body. For the head is in fact the seat of phlegm; appropriately, according to the creative work of God, but absurdly, according to the theory of these thinkers. So much so that if we had been ignorant of this fact, and it had been recorded in the book of Genesis that God placed this fluid, cold, and consequently heavy moisture in the uppermost part of man’s body, those element-weighers would utterly have refused to believe it.540

An interest in human physiology is evident in many of Augustine’s writings, although the two works in which this is most noticeably demonstrated are _De Genesi ad litteram_ and _De anima et eius origine_. The primary issue in both treatises is creation: in the former, the creation of the universe; in the latter, the creation of the soul. The human body, an integral part of God’s creation and the residence of the soul, is central to the discussions in both

primary constituent). Similarly on the elements and the senses, _Mus._ 6. 5. 10. On fire as highest element, _Gn. litt._ 2. 3. 6: _super aerem purus ignis esse dicitur coelum_ (the sky above the air is said to be pure fire). Trans. mine. Augustine seems to have relied upon a translation of Plato’s _Timaeus_ in writing _Gn. litt._, although whether Cicero’s version (the extant portion for which does not cover Plato’s discussion of the human body) or the Latin commentary on the _Timaeus_ by the fourth-century Chalcidius is not certain. Marrou 1958: 34 opts for Chalcidius; Courcelle 1968: 169, O’Donnell 1980: 156, and Van Fleteren 1999: 651 for Cicero. O’Daly 1999: 405, however, argues that Augustine owes much of his knowledge of Platonic concepts, including those found in the _Timaeus_, to his readings in Porphyry.

540 _Civ._ dei 11. 34. The argument over the placement of the four elements within creation is addressed at greater length at _Gn. litt._ 2. 1. 1 – 2. 5. 9.

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books. In *De anima et eius origine*, the later of the two works, Augustine’s challenge is not only to prove to Vincentius Victor the incorporeal nature of the soul, but also to justify why he himself cannot confirm the origin of the soul. He adopts the tactic of demonstrating that the soul, which exists in all the inward parts of the body, must use the bodily eyes to examine these very parts, and yet even so the soul itself cannot comprehend the body fully. There follows a long list of questions which Augustine posits the soul might ask about the body in order to understand it better: how seed becomes blood and flesh; how bones harden and fill with marrow; how many kinds of veins and sinews there are; by what channels and circuits the veins serve for irrigation and the sinews for ligature; whether skin is to be reckoned among sinews, and teeth among bones; how nails differ from both those and from hair; what use there is of the arteries which circulate air; whether the soul set veins in motion to produce life in the body, but sets sinews in motion to move limbs; whether the soul moves sinews only at will, while it affects the pulse in the veins without intermission or willing; whether the rational principle of the body—“which they call the ἅγεμονικόν” (*quod ἅγεμονικόν vocant*)—is located in the heart or the brain, or whether motions arise from the heart and sensations from the brain, or both sensations and motion from the brain and pulse from the heart.

Augustine presents this list of queries as proof of the ignorance of the soul (and, presumably, of himself) in respect to the functioning of the human body, arguing from this that if the soul, which gives life to the body, cannot answer these questions concerning the body, how can it be expected to know its own origins? Courtès dismisses the questions as

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541 Augustine was never able to provide a satisfactory answer as to the origin of the soul, either in this work or in others. All he can legitimately claim in *De anima et eius origine* is that the soul is made by God, but he cannot prove if it has a pre-existence or was generated at the same time as the body. See O’ Daly 1987: 15 – 20 on the origin of the soul in Augustinian thought.

542 *An. et or. 4. 5. 6.* τὸ ἅγεμονικόν is a term used mostly in Stoic philosophy.
elementary and indicative of a low level of reasoning on Augustine’s part. Plagnieux more correctly interprets them as rhetorical dazzle, meant as much to demonstrate Augustine’s familiarity with the world of contemporary medical speculation as to evince proof of Augustine’s ignorance in these matters.

In *De Genesi ad litteram*, Augustine also attempts to demonstrate the incorporeal nature of the soul, but here he approaches the topic in a more dispassionate manner. The immaterial soul, as Augustine phrases it in another work, functions as the director of the material body: “it pervades the whole body which it animates, not by a local distribution of parts, but by a certain vital influence” (*per totum . . . corpus quod animat, non locali diffusione, sed quadam vitali intentione porrigitur*). The soul regulates the breath; it produces the pulses in the blood vessels; it controls both the spontaneous movements and the autonomic systems of the body. It is the soul which holds the whole being together, striving to maintain unity in the face of any disintegration caused by physical pain and suffering. Augustine notes the interconnection between soul and body: when the soul is distressed by a bodily affliction, its activity of ruling the body is thwarted because of rupture in the balance of the system, and this affliction is called pain. Pallor, blushing, trembling, and illness are all conditions which can be caused by either a disturbance of the body or a disturbance of the soul by strong emotion.

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544 Plagnieux 1975: 834.
545 *Orig. an.* 2. 4. Similarly, *Imm. an.* 16. 25.
546 Breathing: *Gn. litt.* 7. 3. 4, *An. et or.* 3. 4. 4 and *Mus.* 6. 3. 4; pulse: *Mus.* 6. 3. 4 (pulse was not considered a function of the heart in ancient medical theory); spontaneous movement: *Gn. litt.* 7. 15. 21 and *Quant.* 22. 38; autonomic systems: *Gn. litt.* 7. 20. 26.
548 *Gn. litt.* 7. 19. 25. See also *Ep.* 9. 3 – 4 (on the reciprocal effect of bile on the emotions) and *Ep.* 7. 3. 7 (on the spontaneous changes in bodily aspect and complexion brought about by the emotions).
549 *Gn. litt.* 12. 19. 41.
The mediating instruments between the body and the soul are the senses: the five senses are the messengers of the body (*quinque notissimis nuntiis corporis*) which report to and are directed by the soul.⁵⁵⁰ Thus sense perception happens not through the body, but through the soul.⁵⁵¹

Sense perception is the aspect of human physiology which most fascinates Augustine: it forms the crucial link between the physical body and the immaterial soul. He gives over significant portions of *De Genesi ad litteram* to explanations of the mechanics of perception, particularly vision, and discusses in detail the anatomy and functioning of the three ventricles of the brain, in which sensation, motion, and memory are processed and stored.⁵⁵² Gerard O’Daly has noted that Augustine’s theory of sense perception is based upon a well-established classical model of physiology, one which has its roots in Neoplatonism, but which incorporates aspects of Stoicism as well.⁵⁵³

His interest in the mechanics of sense perception is not just for its own sake but has a strong theological dimension as well. Augustine sees the study of the senses as one means of approaching an understanding of the divine. In a letter written to Volusianus, for example, he counsels him on the path to take to discern the nature of the soul and the nature of God; the first action to be undertaken by the human mind is an examination of itself, and it can best attempt this through a careful examination of the senses:

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⁵⁵⁰ Similarly, *Gn. litt.* 12. 24. 51; *Util. cred.* 1. 1; *Lib. arb.* 2. 3. 8; *En. in Ps.* 145. 4. At *Gn. litt.* 7. 14. 20 – 15. 21 he specifies that fire and air are the elemental components by which the senses move their messages to the soul.

⁵⁵¹ *Gn. litt.* 3. 5. 7.

⁵⁵² *Gn. litt.* 1. 16. 31 (in which he cites an unnamed authority), 4. 34. 54, 12. 16. 32, all on vision; 7. 17. 23 – 19. 25 on the physiology of the brain. Augustine considered vision to be the most important of the senses; see *Mor.* 1. 20. 37; *Lib. arb.* 2. 18. 48.

⁵⁵³ O’Daly’s observation is not surprising in light of the strong links between medicine and philosophy which have already been discussed in this study. See O’Daly 1987: 80 – 105 for a detailed study of sense perception in Augustine’s writings. Miles 1979: 9 – 39 also discusses Augustine’s theory of sensation, but without reference to the physiology of Augustine’s explanation. Miles is interested in analyzing the development of Augustine’s ideas on sensation, from his early emphasis on the soul’s active role in sensation to his belief, expressed in *Trin.* and *Gn. litt.*, that sensation is proof of bodily unity.
Miratur hoc mens humana, et quia non capit, fortasse nec credit: seipsam primitus ingrata miretur, seipsam paululum, si potest, attollat a corpore, et ab eis rebus quas solet sentire per corpus; et videat ipsa quid sit quae utitur corpore. Sed forte non potest: magni quippe est ingenii, ut ait quidam, sevocare mentem a sensibus, et cogitationem a consuetudine abducere. Ipsos ergo corporis sensus aliquanto insuetius, et vigilantius perscrutetur.

The human mind marvels at [the incorporeal nature of God], and, because it does not understand it, perhaps does not believe it. Let it first examine and marvel at itself; let it lift itself out of the body for a little while, if it can, and rise above those things which it is accustomed to experience through the body and let it see itself what it is that uses the body. But perhaps it cannot do that: as a certain man said: "It is a mark of great genius to withdraw the mind from the senses and turn thought from its customary course." Let him, therefore, examine the very senses of the body rather more attentively than usual.554

Augustine extends the role of sense perception in approaching a comprehension of the

divine even further in a section of De trinitate (The Trinity) that was written perhaps about

the same time as his letter to Volusianus.555 De trinitate has been described as a “theological

anthropology;” it is an examination of the means by which human beings, through their

actions, desires, and thoughts, participate in the actions of God.556 In Book 11, Augustine

explores the ways in which sense perception forms a kind of external image of the threefold

inner nature—of memory, understanding, and will—of a human being.557 He uses the

familiar external world of sensual perception, in particular the sense of sight, as another

means of representing the nature of the Trinity: the visible object, the vision, and the

attention of the mind, are all distinctive in nature, but all fit together in a unity of form,

impression, and will to accomplish the single task of seeing.558

554 Ep. 137. 2. 5. The “certain man” is Cicero, Tusc. 1.38. On Volusianus, see p. 148, n. 463.
555 Augustine began writing De trinitate around 399; early books, up to Book 12, were circulating, without
Augustine’s approval, by about 416. The dating of the later books of De trinitate is conjectural: Books 13 to 15
may have been completed as early as 415 or as late as 422. See Williams 1999: 846.
556 Williams 1999: 846.
557 Trin. 11. 1. 1.
558 Trin. 11. 1. 1, 11. 2. 2, and 11. 2. 5. Augustine purposely chooses vision here as the sense with which to
make the Trinity intelligible: Is enim sensus corporis maxime excellit, et est visioni mentis pro sui generis
diversitate vicinior (For this sense of the body far excels the rest, and comes closer to spiritual vision, though it
Augustine’s knowledge of medicine was not confined to medical vocabulary and an understanding of physiology; it extended as well to some of the theoretical aspects of medicine. In a passage from *De anima et eius origine*, he names the three most important sects: Empiricist, Dogmatic and Methodist (*medicos empiricos . . . dogmaticos . . . methodicos*).\(^{559}\) This is the only place where Augustine specifies the sects by name, and one scholar, writing about Augustine and the medical profession, dismisses the reference with the statement that Augustine “tells us nothing further about these groups.”\(^{560}\) Other passages in his works, however, provide convincing evidence of Augustine’s awareness of the principles which separated these three schools of medical opinion. The essential difference among them, as may be recalled from the earlier discussion on Roman medical culture, was on the level of theory, not practical therapeutics.\(^{561}\) Augustine has no reason to identify himself explicitly with any medical sect, of course; his writings show, however, both that he understands the distinct positions held by the medical camps and that he deliberately aligns himself in thought with the Dogmatists, at least for a time. This alliance with Dogmatism is not an accidental one: the two aspects of Dogmatism which he seizes upon as weapons in many instances of theological or polemical disputes are precisely those which most distinguished that sect from Empiricism and Methodism.

The first principle to which he appealed was the stress laid by the Dogmatists (and, to a much lesser degree, by the Empiricists) upon the importance of treating the patient and/or

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\(^{559}\) *An. et or.* 4. 6. 7.

\(^{560}\) Keenan 1936: 173.

\(^{561}\) See p. 57 – 64.
the illness on the basis of its own characteristics. His first appeal occurs in 390, in *De vera religione* (On True Religion), an anti-Manichaean work composed just prior to his ordination:

*Siautem praecepta vitae movent, quod in veteri Lege minora sunt, in Evangelio majora, et ideo putatur non ad unum Deum utraque pertinere: potest qui hoc putat perturbari, si unus medicus alia per ministros suos imbecillioribus, alia per seipsum valentioribus praecipiat ad reparandam, vel obtinendam salutem. Ut enim ars medicinae, cum eadem maneat, neque ullo pacto ipsa mutetur, mutat tamen praecepta languentibus, quia mutabilis est nostra valetudo.*

If the trouble is that the moral precepts under the old Law are lower and in the Gospel higher, and that therefore both cannot come from the same God, whoever thinks in this way may find difficulty in explaining how a single physician prescribes one medicine to weaker patients through his assistants, and another by himself to stronger patients, all to restore health. The art of medicine remains the same and quite unchanged, but it changes its prescriptions for the sick, since the state of their health changes.

*De vera religione* is addressed to Romanianus, a fellow-North African whose patronage had provided for Augustine’s higher education and who had become a Manichaean after Augustine’s own example. The work is intended to persuade the older man to change his religious affiliation yet again, as Augustine had done. The cited passage confronts one of Manichaeism’s fundamental positions, namely that the Old Testament had no relevance for Christianity. One of the arguments which Augustine employs is that God as mankind’s Physician had given one remedy—the Law of the Old Testament—to the Jews, but another—his Son and the New Testament Gospel—to all of mankind, in each case as the individual circumstances, that is, “as the state of their health,” required.

562 This principle is specifically alluded to on at least nine occasions, including: *Veraret. 17. 34; C. Faust. 32. 14; Doc. Chr. 3. 17. 25; Serm. 374. 16; Ep. 138. 1. 3; F. et op. 3. 4; Cat. rud. 15. 23; Civ. dei 5. 2; Trin. 4. 18. 24.
563 *Veraret. 17. 34.* LCC
564 Brown 2000: 43.
565 *Veraret. 17. 34:* *negat utrumque Testamentum ab uno Deo esse posse, quia non eiusdem sacramentis tenetur populus nosser, quibus Judaei tenebantur vel adhuc tenentur* ([Manichaeism] denie[s] that both Testaments come from the same God for the reason that our people are not bound by the same sacraments as those by which the Jews were bound and still are bound).
Augustine's defence of the Old Testament against attacks by Manichaeans and pagans alike continued for a number of years, and he draws upon this same Dogmatic principle as support for his position in *Contra Faustum*, where he parallels the Old Testament with the Hippocratic texts, as was described in the previous chapter, as well as in a passage in *De doctrina Christiana*.\(^{566}\) In a sermon given possibly in 409 (although it may date to as much as a decade earlier), Augustine admonishes those who question the reason for the sacrifices performed in the Old Testament in light of their being made unnecessary by the New Testament. "O my dear sick man," the bishop remonstrates, "don't start giving the doctor advice about how you are to be cured" (*O aeger, noli consilium medico dare, quomodo cureris*): the profession of medicine, he continues, is not inconsistent when it changes prescriptions, but in fact is responsive to the changes in disease, whether of a physical or spiritual nature.\(^{567}\) And on the same topic of Old Testament sacrifice, in a letter dated around 411 to Marcellinus, Augustine calls on the authority of Vindicianus himself, relating an anecdote in which it is made clear that a good physician adjusts the remedy to suit the age of the patient.\(^{568}\)

Augustine did not limit the use of this Dogmatic principle to vindication of the Old Testament alone: the validity of seemingly contradictory passages in the Gospels are defended in the same manner in *De fide et operibus* (*On Faith and Works*), a treatise written

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\(^{566}\) *C. Faust. 32. 14*. See p. 135 – 136. *Doc. Chr. 3. 17. 25*: *Erit igitur etiam hoc in observationibus intelligendarum Scripturarum, ut sciamus alia omnibus communiter praecipi, alia singulis quibusque generibus personarum; ut non solim ad universum statum valetudinis, sed etiam ad suam cujusque membro propriam infirmitatem medicina pertineat. In suo quippe genere curandum est, quod ad melius genus non potest erigi* (Among points, therefore, to be observed in trying to understand the scriptures there will also be this one, that we should realize that some things are enjoined universally upon everybody, others upon this or that particular class of person; thus medicine is provided not only to ensure a general state of good health, but also to cope with each member's own peculiar weakness. What cannot be raised up to a higher class is of course to be cured in its own lower one). This section of *Doc. Chr.* was composed circa 396.

\(^{567}\) *Serm. 374. 16*. Dolbeau dates the sermon to 409, but Hill has some reservations about this dating and suggests an earlier dating: see *WSA* 3. 11: 409, n. 49 and 410, n. 57.

\(^{568}\) *Ep. 138. 1. 3*. The passage was given in full in the previous chapter; see p. 124 – 125. This letter was written in response to questions raised by Volusianus and his circle of companions.
in 413 in response to lay concerns in regard to the scriptures. On the topic of the need for discipline within the Christian church, Augustine argues that Christ’s dictum that one should rebuke one’s erring brother in private (Matt. 18: 15 – 17) is not at odds with Paul’s direction to do this in public (1 Tim. 5: 20): "both remedies must be used according to the malady of those whom we undertake to treat . . . one must be restored to health in one way; another in another way (utrumque enim faciendum est, sicut infirmitatis diversitas admonet eorum quos . . . susceprimus; et alius sic, alius autem sic sanandus est).569 Those who are involved in catechizing the newly-converted are also advised by Augustine to keep in mind the composition of their audience, for “although the same charity is due to all, yet the same medicine is not to be administered to all” (cum eadem omnibus debeatur charitas, non eadem est omnibus adhibenda medicina).570

The principle is turned to again in *City of God*. Augustine composed his refutation of astrology in Book 5 of this work in 414, and his argument relies in part upon appeal to Hippocratic authority, as was discussed in the previous chapter.571 A fuller citation of the passage demonstrates, however, that his case is based not just upon the power of Hippocrates’ name, but depends as well upon the Hippocratic and Dogmatic concept that environment has a significant effect upon the individual. There is a necessity to consider this terrestrial effect, and not the heavens, when assessing illness. It is not being born under the same stars which makes twins fall ill at the same time: twins who share the same

569 *F. et op. 3. 4. FC*
570 *Cat. rud. 15. 23.* The instruction addressed to them ought to be adapted depending on whether the catechumens are few or many, learned or unlearned or a mixture of both, urban or rural or from both locales, or of higher or lower station in life. This treatise, the first manual on Christian catechism still extant, was written, according to Hombert, in 403. Augustine also advises the instructor to keep the converts’ attentions by making unexpected and extraordinary remarks on occasion, but only brief ones, in case the very medicine (*ipsa medicina*) used to spark a catechumen’s interest increase his malady of physical and mental weariness. *Cat. rud. 13. 19.*
571 See p. 132 – 133.
environment, he notes, enjoy the same constitution and thus are liable to the same maladies:

“All those similarities [of food, water, climate, locale, domestic setting, and exercise] produce the same kind of physique, and so they fall ill of the same diseases, at the same time, from the same causes (assuefacti tam similia corpora gerent, ut etiam ad aegrotandum uno tempore eisdem causis similiter moverentur). Likewise, the differences between twins is attributable to factors of choice, such as diet and exercise, rather than physical temperament.

Lastly, in Book 4 of *De trinitate*, the incarnation of Christ is described as the necessary means by which human nature is able to be cleansed, since temporal ailments require temporal remedies:

*Purgari autem ut contemperaremur aeternis, non nisi per temporalia possemus, qualibus jam contemperati tenebamur. Sanitas enim a morbo plurimum distat: sanitas enim a morbo plurimum distat: sed media curatio, nisi morbo congruat, non perducit ad sanitatem.*

But we could not be cleansed so as to be tempered with eternal things, except by means of the temporal things with which we had already been tempered and held fast. For there is an immense distance between health and disease, and unless the healing process, though all the intermediate stages, is adapted to the disease, it does not lead to perfect health.573

The second Dogmatic tenet on which Augustine draws repeatedly is the importance of aetiology, a notion which, of the three major medical sects, Dogmatism alone espoused.574 Failure to find the root cause of a disease, they argued, brought about only a temporary relief of physical symptoms; a disease not dealt with at its source, they argued, would resurface to torment the patient later. Root causes were established by a combination of *logos* and

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572 *Civ. dei* 5. 2. Augustine refers specifically to environmental causes of ill health in *C. Sec.* 19. 1: solent corpora vicinae paludis exhalatione corrumpi (bodies are often corrupted by the vapours of a nearby swamp).

573 *Trin.* 4. 18. 24. FC.

574 This principle is specifically alluded to on at least six occasions, including: *Gn. litt.* 12. 20. 43 – 12. 22. 45; *Trin.* 3. 3. 8, 14. 17. 23; *Serm.* 159B. 11; *Serm.* 360B. 17; *Jo. ev. tr.* 25. 16.
The importance of determining the aetiology of a disease is a concept greatly in harmony with, although not itself derived from, Neoplatonism’s search for the ultimate cause, or the “remoter principle,” as the translator Stephen MacKenna renders Plotinus' phrase from his treatise Περὶ τοῦ καλοῦ (On Beauty). Augustine himself, while a resident of Milan in the late 380s, was profoundly affected by reading the works of Neoplatonists prior to his conversion; he may in fact have read On Beauty, as well as other works of Plotinus, through the Latin translations of Marius Victorinus, although which Platonic authors or texts Augustine read remains a matter of some conjecture. Whichever texts they may have been, Augustine’s encounter with Neoplatonic ideas allowed him to abandon Manichaeism, which had become increasingly unsatisfactory to him, by providing him with the means of envisioning both an incorporeal God and an incorporeal soul.

575 Augustine recognizes that *logos* may not always immediately explain the observation of physical phenomena in every instance, but he nonetheless embraces the principle that *logos* is the primary foundation upon which to base deductions. In one of the Cassiciacum dialogues, for example, Augustine warns his friend Evodius about drawing false conclusions concerning the nature of the soul in light of their observation of a worm which had been cut into smaller and smaller segments. Each segment continued to move as if animated by a soul, but this conclusion went against the reasoned principle that the soul does not have corporeal quantity: *Fieri enim potest ut hujus rei causa nos lateat, quae vel humanae naturae occultata est; vel sit alicui hominii cognita, nec iste a nobis interrogari possit; aut etiam hoc ingeni ipsi simus, ut satisfacere nobis interrogatus non possit* (For, it may be that the cause of this phenomenon is hidden from us because it is beyond the comprehension of human nature, or, if known to some one, even if we could question him, our minds might be too dull to grasp his explanation). Quant. 31. 64. Augustine illustrates his argument with the example of a man whose reputation as a man of honour is without doubt but who is found among robbers and dies before he can offer an explanation. His association with the robbers would be a permanent mystery, but it would be preferable to attribute almost any reason at all to this fact than to assume that he too must have been a criminal.

576 Plotinus, Ennead 1. 6: ὅταν δὲ δὴ καὶ τῆς αὐτῆς συμμετρίας μενοῦσης ὅτε μὲν καλὸν τὸ αὐτὸ πρόσωπον, ὅτε δὲ μὴ φαίνεται, πῶς οὖκ ἄλλο δὲ ἐπὶ τῷ συμμέτρῳ λέγειν τὸ καλὸν εἶναι, καὶ τὸ σύμμετρον καλὸν εἶναι δὲ ἄλλο; (Again since the one face, constant in symmetry, appears sometimes fair and sometimes not, can we doubt that beauty is something more than symmetry, that symmetry itself owes its beauty to a remoter principle?)

577 Augustine states in Conf. 7. 9. 13 that he read quosdam platonicorum libros ex graeca lingua in latinam versos (some of the books of the Platonists, translated from the Greek into Latin), books which could have been given to him by any one of the many Neoplatonics who were resident in Milan at the time. The general consensus among scholars seems to be that Augustine read a number of Plotinus’ works and may have read some of Porphyry as well: O’Daly 1999: 389; Brown 2000: 81 – 86, 485 – 487 (particular emphasis given to On Beauty); O’Donnell 2005: 122 – 123. There are scholars who argue that Augustine was familiar with Plotinus only through the mediation of Porphyry: see Beatrice 1989: 248 – 281. Emilsson 1999 provides a concise summary of Neoplatonism, which was the dominant philosophy in the ancient world from the third through to the sixth centuries, when the pagan schools were closed by the emperor Justinian.
His appeal to Dogmatism's insistence on the importance of root causes can be found in *De Genesi ad litteram*, written around 411, in an extended discussion concerning the problem of assessing the validity of paranormal visions: it is important, he argues, to discover the ultimate cause of such visions and to determine if the pathways of sensual perception in the body might be dormant, disturbed or blocked.\footnote{Gn. litt. 12. 20. 43 – 22. 45. If damage to the body is the source of the visions, the visions themselves may not have spiritual meaning. Although his analysis of the causes of visions and dreams might today be considered outside the sphere of concern of a Christian bishop, it would be a matter of intellectual, cultural and religious importance in a society which understood such phenomena to have real significance.} Around this same time, Augustine was working on the third book of *De trinitate*, in which he also emphasizes ultimate causes, noting that philosophers are wont to ascribe events such as eclipses and earthquakes to either false causes or proximate causes, when in fact the will of God is the ultimate cause to which these things should be assigned. He illustrates his argument with a medical narrative of a man who, "after consulting the supreme principle of divine justice, which he hears in the secret ear of his heart" (*consulta summa ratione divinae justitiae, quam in secreto audiret aure cordis sui*), engages in a work of mercy which causes him to become exhausted and thus ill. The sick man consults two physicians, one of whom tells him that the cause of his illness is dryness, while the other states that it is due to excess moisture; one of them is correct as far as the proximate cause goes, Augustine concedes, but neither are able to identify "the freely-assumed toil" (*voluntarius labor*) as a higher cause, nor do they recognize the ultimate cause: "the first cause of that illness, in the truest sense of the term, would be found to be nothing else than the will of God" (*ita nonnisi Dei voluntas causa prima illius aegritudinis veracissime reperietur*).\footnote{Trin. 3. 3. 8. Cf. Mor. 1. 28. 55.}

Establishing God as the ultimate cause of all events is not the primary use to which Augustine puts this central Dogmatic principle on root causes. Towards the end of *De
trinitate, he notes that spiritual renewal is not brought about in one moment, but that the process is slow and gradual, and that “the first step in a cure is to remove the cause of the disease” (*ita prima curatio est causam removere languoris*). In this passage, the cause of spiritual disease is defined in rather vague terms as sin (*peccatum*). In many other works, however, Augustine is far clearer about the ultimate cause of sin, which is human pride (*superbia*). “Experienced” (*peritus*) and “really experienced” (*peritissimus*) physicians follow the Dogmatic principle on aetiology: they “[don’t] attend to the immediate causes and neglect the origin of all the causes” of illness (*non attendit proximas causas et relinquit originem causarum omnium*), but provide treatment for the physical body, treatment which parallels the spiritual therapy of Christ, who “because he could see that pride was the root cause of all our disorders, . . . cured us with his own humility” (*quia causam omnium morborum nostrorum superbiam videbat, humilitate sua nos sanavit*).

These passages demonstrate the degree to which Augustine noticeably aligns himself with medical Dogmatism. Whether he found their principles attractive because they fit well with his Neoplatonic ideas, in the first place, and with his Christian beliefs later on, or whether both of these in fact received support themselves from Dogmatic principles which he had encountered earlier in the medical culture of North Africa, in particular through his interactions with the medical circle headed by Vindicianus in Carthage, is not easily ascertained. The lack of information as to which medical texts and doctrines he might have read (or heard, or saw demonstrated), and when he might have met them, makes any firm statement on the question impossible. While Augustine himself never expressly relates Dogmatism’s emphasis on the search for underlying medical causes to its Platonic and

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581 *Serm. 159B. 11.* Similarly, *Serm. 360B. 17* and *Jo. ev. tr. 25. 16.*
Aristotleian philosophical underpinnings nor explicitly places the sect in the context of his Neoplatonic beliefs, it is possible to suggest that he did in fact make some link between them. It is of note, for instance, that Augustine’s invocations of the two essential Dogmatic principles in defence of various Christian positions, as outlined above, belong almost exclusively to the period of 390 to 415, and that they faded away completely by the early 420s. This decline in appeals to Dogmatic principles coincides very closely with the timing of his interest in and then disillusionment with Neoplatonism.\textsuperscript{582} Augustine’s evolving belief in the value of the human body and of the essential place of the corporeal in the resurrection meant an increasing distance from the strict dualism of Plotinus and Porphyry.\textsuperscript{583} By the early 420s, although he continues to frame the Christian faith in medical allusions and metaphors, Augustine no longer establishes a specific connection between his Christian beliefs and the precepts of medical Dogmatism. It may be, therefore, that his growing discomfort with Neoplatonism extended even to its medical cousin.

A second and possibly more cogent factor, however, in explaining Augustine’s eventual dissociation from Dogmatism may lie with another of that medical sect’s fundamental principles, namely, the contention that it is possible, and even necessary, to understand the interior of the human body through the systematic study of anatomy. This was an idea which was scorned by Empiricism and Methodism alike: their adherents rejected anatomical investigations not only on the grounds that knowledge of the interior of the body was immaterial to external therapeutics, but also in the belief that the inner body in its living

\textsuperscript{582} On Augustine’s disillusionment with Neoplatonism, see Markus 1989: 21 – 23 and O’Donnell 2005: 123. \textsuperscript{583} Miles 1979: 99 – 125 charts the development of Augustine’s thinking about the resurrected body, from his earliest Neoplatonic belief that the body was to be fled by the soul after death, to his final vision of a resurrection which integrates both body and soul. See also Fredriksen 1991 on the resurrection of the flesh in Augustine, as well as Bynum 1995, who notes that Augustine’s discussions on Christian resurrection were the most influential of all the early church fathers in shaping medieval thinking on the topic.
state, with its natural colour, texture, and appearance, was not able to be ascertained from the examination of dead flesh.\textsuperscript{584} The importance, or even the possibility, of mapping the interior of the body is a Dogmatic tenet to which Augustine himself never makes an appeal, and in fact the anatomy of the inner person, both literally and figuratively, is a subject which produces a particular disquiet in Augustine's mind.

The inability of a person to perceive his inner self is a theme to which Augustine returns repeatedly in his writing. It appears even in his earliest writings: “man does not know himself” (\textit{homo sibi ipse est incognitus}), he writes in \textit{De ordine} in 386, and the process of confronting “the puzzle” which was himself (\textit{ipse mihi magna quaestio}) informs much of the \textit{Confessions}.\textsuperscript{585} As O'Donnell remarks in the introduction to his commentary on the latter work, “Augustine believes that human beings are opaque to themselves no less than to others. We are not who we think we are. One of the things Augustine had to confess was that he was and had been himself sharply different from who he thought he was.”\textsuperscript{586}

The search for self-knowledge is, of course, a spiritual quest, one which leads inward into the heart of the person.\textsuperscript{587} This search for understanding of the inner person is not always an entirely spiritual matter for Augustine or his congregation, however. Arguments in support of the incorporeal soul draw Augustine into discussing the nature of the corporeal body, and questions from his fellow Christians (and from scoffing non-believers) as to the

\textsuperscript{584} Cels., \textit{Med.} pref. 41. See Nutton 2004: 128 – 139 on anatomists and anatomical studies in ancient world. As mentioned earlier in this study, the Empiricists rejected anatomical studies on principle. Some Methodists, such as Soranus, did undertake anatomical studies, although this was done purely for the sake of knowledge and not for any contribution to therapeutic applications.
\textsuperscript{585} \textit{Ord.} 1. 1. 3; \textit{Conf.} 4. 4. 9.
\textsuperscript{586} O'Donnell 1992: (vol. 1) xviii.
\textsuperscript{587} \textit{Ep.} 1. 2: \textit{Et in natura rerum atque animorum altissima et implicitissima latere veritas sentiebatur} (Truth, though hidden deep and hard to be deciphered, lies hidden in the nature of things and of the human mind). This letter was written in late 386.
nature of the corporeal body after resurrection continue to dog the bishop, forcing him to confront such human realities as the physical nature of the flesh, both external and internal:

*Quis enim nesciat, quis non videat, ad videndum nos habere oculos, aures ad audiendum, languam ad loquendum, nares ad olfaciendum, dentes ad mandendum, manus ad operandum, pedes ad ambulandum; illa etiam membra quae pudenda dicuntur, ad generandum? Porro autem interiora etiam viscera, quae ne horrerent aspectibus, voluit Deus esse contecta; interiora nostra et intestina quae dicuntur, ad quos usus valeant, et multi hominum, et melius medici cognoverunt.*

For who does not know, who does not see that we have eyes for seeing, ears for hearing, a tongue for speaking, a nose for smelling, teeth for eating, hands for working, feet for walking, that we even have those parts which are called genitals for reproducing? Furthermore, there are the internal viscera, which, lest they disgust us with their appearance, God chose to have hidden away; our internal organs and intestines they’re called, whose functions are known to many men, and even more so to doctors.⁵⁸⁸

Although the inner organs of the body may cause disgust, Augustine hastens to assure his congregation that both the outer body and the inner body in fact have a beauty and a proportionality all their own, the latter of which will become apparent to us in the fullness of time:

*Istam rationem quisquis in membris humanis didicerit, tantum miratur, tantum delectatur, ut omni visibili pulchritudini ista ratio ab intelligentibus praeferatur. Modo eam nescimus; sed tunc sciemus: non quia nudabantur, sed quia etiam cooperta latere non poterunt.*

Anyone who has learned the proportionality in the parts of the body is so greatly amazed, so greatly delighted, that this proportionality is preferred by intelligent people to all other visible objects of beauty. We don’t understand it now, but then [after resurrection] we will understand it: not because our interior selves will be laid bare, but because they will not be hidden to us.⁵⁸⁹

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⁵⁸⁸ *Serm. 243. 3*, preached after 411. Trans. mine. Similarly, *Serm. 277. 8*: *Etenim multa habemus intus in visceribus nostris; quis ea nostrum sciret nisi in corporibus laniatis videret?* (For we have many things inside our entrails; who of us would know about them unless he saw them in butchered bodies?). Trans. mine. Augustine addresses at length questions concerning the physicality of the resurrected body—its size and age, its gender, its physical beauty, the question of physical defects such as blindness, even minutiae such as the length of hair or what happens to bodies which were scattered in death or eaten by other creatures—in *Chv. dei* 22. 13—17, 18—20. Similarly, *Gn. litt.* 3. 17. 26. See Lawless 1990 on human embodiment in Augustine.

⁵⁸⁹ *Serm. 243. 4*. Trans. mine.
Our physical interiors are hidden to us, and although physicians may know our internal selves better than we do, even they cannot claim to understand fully the nature of the inner being. The physician “did not make human beings, nor does he perfectly understand what goes on in the human body” (non fecit hominem, et non perfecte scit quid agatur in homine). The limits of the physician’s ability to comprehend the interior of the body are made evident in City of God in the instance of Innocentius and his fistulae. Augustine’s description of Innocentius’ suffering body is succinct: he describes the fistulae both as being “deep-seated” in the body (ima corporis parte) and as numerosas atque perplexas. The Loeb translator gives “numerous and complicated” as a translation for this latter phrase; Henry Bettenson, in the Penguin translation, opts merely for “intertwined.” Both of these translations are entirely adequate, but Augustine’s choice of perplexas is more than a purely medical description. It suggests that he perceives other aspects of this ailment and this body. An object or an idea which is described as perplexus in Latin is something which can be said to be dark, obscure, inscrutable, or unintelligible. Innocentius’ fistulae are not represented merely as being physically intertwined: they are mysterious and confusing, and

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590 En. in Ps. 85. 9. Similarly, En. in Ps. 102. 5.
591 See p. 151 – 152 in previous chapter on Innocentius’ surgery.
592 Civ. dei 22. 8. 3.
593 Fistulae can be tortuous, as Celsus puts it in De Medicina, and can appear in multiples, in which case it is Celsus’ advice that they are best dealt with by surgery rather than medicine. He gives special consideration in his medical text to anal fistulae such as those which plagued poor Innocentius, detailing specific surgical techniques for closing and healing these agonizing ulcers. He assures his readers that his recommended surgical treatment is lengthy but causes no pain; he concedes that the surgical process can be sped up, but only at the cost of great agony to the patient. Innocentius’ doctors apparently chose the latter course at first; prior to Augustine’s arrival in his household, Innocentius had already endured one excruciating operation on his fistulae. See Cels., Med. 7. 4. 1; 7. 4. 4.
594 The root of the word is the verb plecto (to weave), and Augustine does employ it to mean “interwoven” in other contexts, such as when in describing the intermingled nature of the two cities in Civ. Dei 1. 35: Perplexae quippe sunt istae duae civitates in hoc saeculo (In truth, those two cities are interwoven and intermixed in this era). Similarly, Civ. dei 10. 32. 4, 11. 1. The figurative use appears in other passages, such as C. Jul. 3. 18. 34: Noli evagari per multa obscura, perplexa, superflua: ad hoc unum apertum, simplex, necessariumque responde (Do not wander off through a multitude of obscurities, perplexities, and superfluities; answer this one plain, simple and necessary question). FC35
they are also concealed in a body which in turn is itself difficult to fathom. Augustine reports that the doctors failed to find one fistula which was deeply hidden, or, more precisely, he states that one fistula had deceived the doctors (*ferellerat medicos*) and had concealed itself so well (*ita latuerat*) that the doctors failed to touch it (*eum non tangerent*) during the earlier surgery which Innocentius had endured. Augustine’s description produces an image of a body whose interior is enigmatic and only partially accessible, a body which has “a mind of its own” as it literally hides its inner self from the probing hands of the doctors. The doctors who had operated in the first place on the fistulae had entered Innocentius’ body armed with knives (*ferro aperire debuerant*) and in the dark; they had to grope their way about with their hands. These men are acknowledged to be skilled in their profession—the unnamed Alexandrian surgeon is specifically characterised by Augustine as a marvellous surgeon (*chirurgus mirabilis*)—but even so it is implied that the skill of physicians is not a match for their opponent, the patient’s body.

Further on, as he is bringing *City of God* to a close, Augustine discusses once more the “harmonious congruence” of the parts of the human body (*omnium partium congruentia numerosa*), but he argues that while it might be possible for human intelligence to discover the precise proportions of the body’s exterior components, the same cannot be said for the interior of the body:

*Quae vero tecta sunt, atque a nostris remota conspectibus, sicuti est tanta perplexitas venarum atque nervorum et viscerum, secreta vitalium, invenire nullus potest. Quia etsi medicorum diligentia nonnulla crudelis, quos anatomicos appellant, laniavit corpora mortuorum, sive etiam inter manus secantis perscrutantisque morientium, atque in carnibus humanis satis inhumane abdita cuncta rimata est, ut quid, et quomodo, quibus locis satis esset addisceret; numeros tamen de quibus loquor, quibus coaptatio . . . extrinsecus atque intrinsecus totius corporis constat, quid dicam, nemo valuit invenire, quos nemo ausus est quaerere?*
As for the parts which are hidden from view, like the complex system \([\textit{perplexitas}]\) of veins, sinews and internal organs, the secrets of the vital parts, the proportions of these are beyond discovery. Even though some surgeons, anatomists they are called, have ruthlessly applied themselves to the carving up of dead bodies, even though they have cut into the bodies of dying men to make their examinations, and have probed into all the secrets of the human body, with little regard for humanity, in order to assist their diagnosis, to locate the trouble and find a cure—even after all that, no man could ever find, no man has ever dared to try to find, those proportions of which I am speaking, by which the whole body, within and without, is arranged as a system of mutual adaptation.\(^{595}\)

Augustine here clearly links the anatomists with the Dogmatists; the latter are precisely those physicians who would search the inner body “in order to assist their diagnosis, to locate the trouble and find a cure.” This passage was written late in Augustine’s life, but a few years earlier he had also talked about the activities of anatomists, and by extension Dogmatists, in much the same terms. He remarks specifically upon the role of anatomists in the human endeavour to chart the details of the human body:

\[\text{Medici tamen qui appellantur anatomici, per membra, per venas, per nervos, per ossa, per medullas, per interiora vitalia, etiam vivos homines quamdiu inter manus rimantium vivere potuerunt dissiciendo \textasciit{\textsuperscript{1}}\textsuperscript{scrutatis sunt, ut naturam corporis nossent.}\]

Those medical men, however, who are called anatomists have investigated with careful scrutiny, by dissecting processes, even living men, so far as men have been able to retain any life in the hands of the examiners; their researches have penetrated limbs, veins, nerves, bones, marrow, the internal vitals; and all to discover the nature of the body.\(^{596}\)

An acknowledgement that an understanding of anatomy was essential to the education of a physician—a basic Dogmatic principle—is found a few sentences later.\(^{597}\)

\(^{595}\) \textit{Civ. dei} 22. 24. 4. Further on in the same work Augustine reiterates that the hidden aspects of our bodies will be revealed in the resurrection: \textit{omnes quippe illi, de quibus iam sum locutus, qui nunc latent, harmoniae corporalis numeri non latebunt, intrinsecus et extrinsecus per corporis cuncta dispositi} (for even those elements in the bodily harmony of which I have already spoken, the harmonies which, in our present state, are hidden, will then be hidden no longer). \textit{Civ. dei} 22. 30. 1.

\(^{596}\) \textit{An. et or.} 4. 2. 3.

\(^{597}\) \textit{An. et or.} 4. 6. 7: \textit{artem anatomicam vel empiricam, quas medicinalis continet disciplina} (the medical discipline comprises the art of anatomy or experiment). Similarly, \textit{Gn. lit.} 5. 22. 43: \textit{medicis, qui haec propter artis suae necessitatem diligenter patefacta et dinumerata rimati sunt} (members of the medical profession who have dissected and examined [the organs of the body] sedulously in performance of their art).
This recognition, however, resides alongside an essential uneasiness with the sect; his discomfort with anatomical studies is not merely a response to the possibility that vivisection, particularly human vivisection, was being practised in order to obtain knowledge of the human body, although this may have been an unstated factor. The source of his disquiet was rather the very notion that the inner body was capable of being systematically revealed, that any human mind could hope to lay bare the enigma of the inner person, on either the physical or spiritual level:

Verumtamen cum omnis sensus ab anima insit et corpori, cur etiam in tenebris, et oculis clausis, sensu corporis qui vocatur tactus, membra forinsecus nostra numeremus; ipsius autem animae interiore praesentia, qua cunctis quae vivificat atque animat, praestò est, nulla intrinsecus nostra viscerà noverimus, non medicos empiricos, nec anatomicos, nec dogmaticos, nec methodicos, sed hominem scire arbitror neminem.

But although every sensation is imparted even to the body by the soul, how is it that we can count our external limbs, even in the dark and with closed eyes, by the bodily sense which is called “touch,” but we know nothing of our internal functions in the very central region of the soul itself, where that power is present which imparts life and animation to all else,—a mystery this which, I apprehend, no medical men of any kind, whether empirics, or anatomists, or dogmatists, or methodists, or any man living, have any knowledge of?

The evidence collected here suggests that there was on Augustine’s part a considerable familiarity with the technical language of medicine, with the structure and physiology of the human body, as well as with some the theoretical aspects of this body of knowledge. It has been shown that Augustine made appeals to Dogmatic principles, drawing both literal and metaphoric parallels between them and various aspects of the Catholic Christian faith. The remainder of this chapter will turn to one of the primary expressions of

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598 The repugnance he felt for vivisection was shared with many in the ancient world, both Christian and non-Christian alike. Cf. Cels., Med. pref. 74 – 75.
599 An. et or. 4. 6. 7.
Augustine’s interest in medicine, that is, his extensive use of medicine as metaphor, one which was particularly noticeable in the motif of *Christus medicus*.

**Medical Metaphor: Christus medicus**

Metaphor—to speak metaphorically—is the life blood of language and, some would argue, of thought. George Lakoff, a linguist, and Mark Johnson, a philosopher, who together have explored the cultural role of metaphor, argue that metaphor is more than just a “device of the poetic imagination and the rhetorical flourish—a matter of extraordinary rather than ordinary language.” It functions on a much deeper level: “metaphor is pervasive in everyday life, not just in language but in thought and action. Our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature.”600 Those metaphors which form part of the conventional conceptual system of everyday language provide coherent structure to the experience of life, but equally as important in creating an ordered system of thought are the imaginative, creative metaphors which are more consciously formed.601 The framing of experience or abstract ideas with particular images, especially when these images are chosen from among an array of possibilities, can betray much about how one perceives the world and one’s place in it.

Robert J. O’Connell’s study of metaphoric language in Augustine’s work has offered a glimpse into the possibilities which can be presented by a close examination of the imagery to be found in his writing.602 As O’Connell demonstrates, Augustine’s metaphors are often multivalent and intricate, filled with intersections, parallels, and what O’Connell calls

600 Lakoff and Johnson 1980: 3.
601 Lakoff and Johnson 1980: 139.
602 O’Connell 1994. See also Poque 1984 on Augustine’s use of symbolic language in his sermons.
fusions, where one image slides almost imperceptibly into another. The task of setting out in detail all of Augustine’s metaphors is a daunting one which O’Connell himself has not attempted: he concentrates “primarily but not exclusively” on Augustine’s homiletic works, and from these he sets out what he has determined to be three “basic images,” clusters of associations in Augustinian imaginative thought. This present study also does not pretend to comprehensiveness concerning Augustinian metaphor; its focus is tightly narrowed to the demonstration of the depth and power of medical imagery, that is, metaphorical images derived from medicine and medical practice, in his thought.

Let us begin, however, by touching upon some of the range of metaphorical images with which Augustine worked. Many of the figurative motifs which are found in the Augustinian corpus refer to Christ. Augustine readily recognizes the multiplicity of possibilities inherent in the divine figure: “Metaphorically Christ is both a rock, and a door, and a corner-stone, and a shepherd, and a lamb, and a lion (per similitudinem petra est Christus, et ostium est Christus, et lapis angularis est Christus, et pastor est Christus, et agnus est Christus, et leo est Christus), he tells his audience in one homily. Christ is also called the shepherd, the way, the teacher, the word, the light, and the bread of life, all of which are and were well-established Christian metaphors.
Other common metaphors which Augustine uses fall into one of a few categories. Some are agricultural. God is not only a shepherd but is a farmer as well, and we are the Lord’s vineyard in which heretics are pruned like overgrown vines.607 The Catholic church is a bird’s nest which offers shelter to Christians, or, more frequently, is the tree, from which the dead branches of heresy must be broken off.608 Food is another common source of metaphor, particularly in reference to his relationship with the Manichees, whose “teachings were like plates on which they served me not you but the sun and the moon” (erant fercula in quibus mihi . . . te, inferebantur pro te sol et luna).609

Augustine has a particular interest in the metaphor of the road or the journey, which O’Connell counts as one of his basic images:


Anyone who is still on pilgrimage, walking by faith, has not yet reached home but is already on the way to it. A person who is not in that homeland, but does not believe, is not even on the way there. Let us walk, then, like people who know the way. . . . To what are we travelling? To the truth. How shall we get there? Through faith. Whither are we travelling? To Christ. How shall we reach him? Through Christ. He himself said: “I am the way, the truth, and the life.”610

The Christian journey is away from “bad ways, broad ways” (vias malas, vias latas); it stays on the straight and narrow path of righteousness, upon which one is steered by the invisible

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607 En. in Ps. 66. 1; Serm. 46. 8. 18, 229J. 2. Pruning metaphors can also be found at C. Prisc. 1. 1.
608 Nest: Conf. 4. 16. 31. References to the Catholic church as a tree include Correct. 32, 44; Symb. cat 6. 14; serm. 162A. 7. In Serm. 162A. 9, the Jews are portrayed as dead branches on the tree of Christianity.
609 Conf. 3. 6. 10: . . . esuriebam et sitiebam . . . et tamen, quia te putabam, manducabam (I was hungering and thirsting for you. . . . I ate those offerings believing that I was feeding on you). Other non-Manichaean contexts exist for food and nourishment metaphors; see, for example, Vera rel. 28. 51, Serm. 299C. 3 on the necessity to feed catechumens with milky foods before giving them stronger meat, and Util. cred. 1. 2 on the Catholic faith acting as nourishing breasts.
Augustine further expands the use of this metaphor to include journeys on the sea, such as the voyage of philosophers “to the port of philosophy from which one enters the hinterland of the happy life” (ad philosophiae portum, de quo iam in beatae vitae regionem solumque proceditur), or the “miserable shipwreck of faith” (naufragium miserabili) in which he claimed one of his theological opponents found himself. The sea is almost always an image of danger in his works, such as in its dramatic appearance in the *Confessions*, where it symbolizes the pagan education to which even Christian children are subjected:

\[\text{Sed vae tibi, flumen moris humani! Quis resistet tibi? Quamdiu non siccabaris? quousque volves Evae filios in mare magnum et formidolosum, quod vix transeunt qui lignum conscenderint? . . . Et tamen, o flumen tartareum, iactantur in te filii hominum cum mercedibus . . .}\]

O flood of human custom, who can keep their footing against you, will you never run dry? How long will you keep tossing the children of Eve into a vast, terrifying sea, which even those afloat on the saving wood can scarcely cross? . . . O hellish river, human children are still pitched into you, clutching their fees.

These and other familiar Christian motifs, such as the shackles of sin, are all used in various texts. One of the most prevailing images in Augustine’s work, however, which forms a substantial part of O’Connell’s cluster of images of the caring and omnipotent God is medicinal. The language of medicine, health, and illness are regularly and widely encountered in Augustine’s work, from homilies:

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611 *En. in Ps.* 39. 7; *Conf.* 6. 5. 8: . . . fluctuabam, et gubernabas me, ibam per viam saeculi latam nec deserebas (I was tossed to and fro and you steered me aright. I wandered down the wide road of the world, but you did not desert me). Similarly, *Conf.* 5. 8. 14, 6. 16. 26, 7. 21. 27, 8. 1. 13. 7. 17.
612 *B. vita* 1. 1, but see also 1. 2 – 4 for the extended metaphor, *An. et or.* 2. 18. Augustine apparently is picking up on his antagonist’s imagery in the latter instance.
614 References to the chains of sin are particularly noticeable in the *Confessions*: see *Conf.* 2. 2. 2, 6. 12. 21, 8. 5. 10. See also *En. in Ps.* 106. 15
615 O’Connell 1994: 95 – 139. O’Connell groups together all medicinal metaphors and maternal or paternal images, as well as those of the nesting mother-bird, under the umbrella of the category of God’s omnipotent care. Poque 1984: 176 – 189 also discusses medical imagery in Augustine’s sermons, but in her organizational
Oculum tuum, ne istam lucem videre posses, premebat fortassis humor irruens, premebat fortasse fumus, pulvis, aliquid injectum; et levare oculum saucium non poteras ad istam lucem: quid ergo, cor saucium levabis ad deum? . . . Adhibeat mordax praeceptum quasi collyrium.

If some disease attacked your eye you could not see this natural light; nor could you if smoke or dust or something else invaded your eye. If you could not lift your sore eye toward the light, do you suppose you will be able to lift your sore heart to God? . . . [L]et the stinging commandment of the Lord be applied like an eye-salve.616
to doctrinal works:

Peccati iusta poena debetur, ad ipsum pertinet iusta correptio, quae medicinaliter adhibetur, etiamsi salus aegrotantis incerta est.

[T]he righteous penalty of sin is due, and righteous rebuke belongs to it, if it is medicinally applied, even although the salvation of the ailing man is uncertain.617
to polemical treatises:

Ex Priscilliani haeresi ad errorem Origenis apud vos homines fuisset delapsos, nec ab illa peste potuisse sanari, nisi et ipsa medicina morbidum aliquid intulisset.

[S]ome among you had slipped from the heresy of Priscillian into the error of Origen and they could not be healed from the former plague without the treatment of inducing some disease.618

and private letters:

Ego autem, si medicinalem correptionem tuam tranquillus accepero, non dolebo: si vero infirmitas, vel humana, vel mea, etiam cum veracier arguor, non potest nisi aliquantulum contristari, melius tumor capitis dolet, dum curatur, quam dum ei parcitur, non sanatur.

But I, if I receive your correction calmly as a necessary medicine, shall not be pained by it. If, however, through weakness, either common to human nature or peculiar to myself, I cannot help feeling some pain from rebuke, even when I am justly reproved, it is far better to have a tumour in one’s head cured, though the lance cause pain, than to escape the pain by letting the disease go on.619

categories, the figure of Christus medicus is examined within the larger framework of the imagery of tools, such as winnows, presses, and furnaces, which are used by God as a means of discrimination between the righteous and sinners. Her particular interest, therefore, is in Christus medicus as a knife-wielding surgeon, who cuts the rotten flesh away from the good flesh.

616 En. in Ps. 39. 21.
617 Corrept. 14. 43.
618 C. Prisc. 4. 4.
619 Ep. 73. 2. 4, written to Jerome in 404.
Some of the metaphors for Christ which were mentioned earlier are sometimes further associated with the imagery of medicine, in the process of O’Connell’s “fusion.” In one homily, for example, Christ is both the physician who restores sight and the light which is then able to be seen; in another, it is noted that diseased eyes react to the light as a punishment.620 In the Confessions, Augustine reveals to God that his unsated hunger for “the food that is you” (cibo, te ipso) has left his soul itchy and ridden with sores from a lack of nutrition.621 In Sermon 130A, Christ is the Bread who is looking for hungry people, but it is only a healthy mind, that is, the belly of the inner man, which is hungry for this bread. Sick people lose their appetite; they can praise bread, but they cannot eat it. When the inner man is ill, Augustine says, he is not inclined to eat the heavenly bread.622

Augustine’s extensive adoption of these medical images has been noted since at least the early part of the previous century. A half century ago, Rudolph Arbesmann became one of the first scholars to give a sustained treatment to the theme of Christus medicus (Christ, the Physician) in the works of Augustine.623 Scholars prior to Arbesmann had made minor allusions to Augustine’s use of this image, but it was his article which drew specific attention to Augustine’s employment of this motif.624 Arbesmann did not pretend to exhaustiveness on

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620 En. in Ps. 84. 1, 5. 14. Similarly, Cresc. 1. 23. 28.
621 Conf. 3. 1. 1. Cf. B. vita 2. 8: ista ipsa est, inquam, crede mihi, quaedam sterilitas et quasi fames animorum. nam quemadmodum corpus detracto cibo piernque morbis atque scabie repletur, quae in eo vitia indicant famem; ita et illorum animi pleni sunt morbis quibus sua ieiunia confinentur (“There exists, believe me,” I said, “a certain real sterility and hunger of the soul. For, as the body when its nutrition is withheld is generally ill and scabrous, bodily faults that indicate hunger, so are souls filled with ills through which they betray their impoverishment”). One might note as well that in the passage of the Confessions mentioned in the Introduction to this study, Augustine glides from an anecdote of Monica’s dangerous sea passage from North Africa to that of his own spiritual “crisis,” his own passage from sickness to health. See Conf. 6. 1. 1.
622 Serm. 130A. 1. Similarly, Serm. 28. 2, 299A. 2, 341A. 1, 360C. 5; Util. cred. 9. 21; En. in Ps. 144. 19. In Serm. 28, Augustine notes that Christ is the food which appeals to everyone with a healthy appetite, but hearing the word of God and not following it means that you eat well, but digest badly: it produces no useful energy, only belching and indigestion.
623 Arbesmann 1954a, 1954b. The former is a essentially an early précis of the latter, more extended work.
624 See Arbesmann 1954b: 1 – 2 for a brief review of the academic scholarship on this topic prior to his article.
the topic, and scholars have since further explored this imagery in patristic literature in
general, usually with particular reference to Augustine.625 The “medicinal economy” of
Augustine’s Christus medicus, as Thomas F. Martin most recently phrased it, has become a
recognized aspect of his work.626 What has generally passed without comment, however, is
the overall pervasiveness of medicine and medical language which one encounters in
Augustine, beyond that of Christus medicus alone.627

The themes, the language, and the imagery of medicine are a significant aspect of
Augustine’s work. Both medical language—which includes discussion of the physiology of
the body—and medical metaphor are widespread across the corpus of his work.

Approximately a fifth of both his sermons and letters contain medical metaphors and images,
as do fully a third of the roughly two hundred texts which comprise Enarrationes in Psalms;
of the remainder of his extant works, more than sixty percent use medical metaphor of some
kind.628 Few other metaphors, if any, appear with such consistency or across so many works
of Augustine. The most persistent and pervasive medical metaphor to which Augustine
reaches is that of Christ the Physician.

625 See, for example, Dumeige 1980; Fichtner 1982; Honecker 1985; Doucet 1989; Sauser 1992; Harmless,
1997; Martin 2001.
626 Martin 2001: 225. Sauser 1992: 109 cites Rudolf Schneider’s use of the term theologia medicinalis in
reference to Augustine’s work.
627 Arbesmann 1954b: 7 is incorrect, for example, in his assertion that Christus medicus is confined to
Augustine’s sermons, “except in a rather small number of cases.” The metaphor does appear more frequently in
sermons, at least forty of them, but it also can be found in no fewer than twenty-five other non-homiletic works,
which is hardly “a rather small number” in comparison. See also Harmless 1997: 8 for his criticism of
Arbesmann’s statement on much the same grounds.
628 It is easier to list those works, 49 out of a total of 111, which do not contain at least one instance of medical
metaphor than those which do; note, however, that the majority of the following works still contain discussions
of medical topics, such as digestion, disease aetiology, or miraculous cures, just not in any metaphoric sense: C.
invis., C. Fort., C. Gaud., Gest. Pel., Gn. adv. Man., Gr. et lib. arb., Gr. r. nov., Imm. an., Inq. Jan., Loc. in
The *Christus medicus* image is not unique to Augustine or his contemporaries, but has its roots in early Christianity. Although the phrase takes its starting point from the healing activities of Christ in the books of the New Testament, and although Christ alludes to himself as a physician of souls, it is of note that Christ is not referred to as a physician of either the body or the soul in Christian literature until the early second century. The metaphor is found first in a letter of Ignatius of Antioch to members of the Ephesian church: “there is one physician, both fleshly and spiritual” (ἐἷς ἱατρὸς ἢστιν, σαρκικός τε καὶ πνευματικός), whose holy communion offers “a medicine that brings immortality, an antidote that allows us not to die” (φάρμακον ἀθανασίας, ἀντίδοτος τοῦ μὴ ἀποθανεῖν). The concept of *Christus medicus* was employed thereafter by other Greek patristic writers, including Clement of Alexandria and Origen, and it quickly found its way into the works of Latin Christian apologists as well.

Its earliest appearance in the Latin West is found in North Africa in the works of Tertullian, most notably in his polemical treatise *Adversus Marcionem* (Against Marcion), where he cites Isaiah’s prophecy of Christ as a preacher and a healer. In *Scorpiace*, Tertullian makes an extended comparison between the physical pain of martyrdom and that inflicted by a physician during treatment, noting that both are done for the sake of *salus*. He exhorts his fellow Christians to put aside their “reluctance to suffer now from the cure”

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629 Matt. 9: 12: οὐ χρείαν ἔχουσιν οἱ ἰαχωντες ἵνα τροῦ ἄλλοις γάρ αὐτῶν ἔχοντες (“It is not those who are healthy who need a physician, but those who are ill”). Mark 2: 17 and Luke 5: 31 both use essentially the same wording. That Christ also healed bodies is acknowledged by Augustine at *Serm.* 63A. 2; we need the physician of the soul, but Christ healed the physical body in order to encourage the curing of the soul, to prompt us to desire inward healing.

630 Ignatius, *Epistula ad Ephesios* 7. 2, 20. Fichtner 1982: 5 makes the point that for the Christians of the New Testament, Christ’s miracles of healing were not important as healings per se, but rather were viewed as signs of God’s power made manifest.


632 Tertullian, *Adversus Marcionem* 3. 17, citing Isaiah 53: 4. See also *Adversus Marcionem* 1. 22 and 2. 16; *De Paenitentia* 10; *De Patientia* 15.
(gravatur pati nunc homo ex remedio) which God provides.\textsuperscript{633} Cyprian, the bishop of Carthage, martyred in 258 during the persecution of the emperor Valerian, is a North African predecessor whom Augustine held in high regard. He too picks up the theme of *Christus medicus* in several works:

\textit{Nam, cum dominus adveniens sanasset illa quae Adam portaverat vulnera, et venena serpentis antiqua curasset, legem dedit sano, et praecepit ne ultra iam peccaret, ne quid peccanti gravius eveniret.}

For when the Lord at his advent had cured those wounds which Adam had borne, and had healed the old poisons of the serpent, he gave a law to the sound man and bade him sin no more, lest a worse thing should befall the sinner.\textsuperscript{634}

Augustine may also have been influenced by the work of Hilary, the bishop of Poitiers from the middle of the fourth century, whose homilies on the Psalms Augustine was likely reading as he began writing his own *Enarrationes in Psalms*.\textsuperscript{635} In speaking of the human condition in a discussion of Psalm 13, Hilary sets out a vivid metaphor of a city in plague, where the sick and dying inhabitants are in need of a physician “who would be able to heal, if he were here” (*mederi posse, si adesset*), a clear albeit unstated reference to *Christus medicus*.\textsuperscript{636}

The theological value of this metaphor for Augustine is perhaps best expressed in the significance which he finds in the word *Salvator*, a term which is usually translated into English as “saviour” but which might just as properly be rendered “healer” or even “physician,” as Augustine himself is aware. In his exegesis in *Sermon 299* of Paul’s letter to

\textsuperscript{633} Tertullian, *Scorpiace*. 5.

\textsuperscript{634} Cyprian, *De opere et eleemosynis* 1. See also *De opere et eleemosynis* 3, *De lapsis* 14, 15, and 35. See also Aug., *C. ep. Pel.* 4. 27, where Augustine cites passages from Cyprian in which medical metaphors are used. Arnobius discusses Christ’s miracles of healing, but he does not move into the realm of the metaphoric. See *Adversus nationes* 1: 45 – 50. In an earlier passage (1: 43 – 44), he specifically refutes the charge that Christ performed his miracles, most of which are miracles of healing, by means of magic.\textsuperscript{635} See Dulaey 2000: 264 – 273 on Augustine’s readings in the works of Hilary prior to embarking on composition of the *Enarrationes in Psalms*.

\textsuperscript{636} Hilary, *In Psalms* 13. 3. Hilary draws upon Lucretius’ description of the plague-ridden city, which in turn is directly influenced by Thucydides’ account of the plague of Athens. See Lucretius 6. 1138 – 1286; Thucydides 2. 47 – 2. 54.
Timothy, on the apostle's words, *The word is faithful, and worthy of complete acceptance:*

*that Christ Jesus came into the world to save sinners,* Augustine draws specific attention to the medicinal role which *Salvator* denotes:


*Christ Jesus,* [Paul] says, that is, Christ Saviour, *Salvator.* That, you see, is what Jesus means in Latin. Nor should the grammarians ask how good it is as Latin, but Christians should just ask how true it is. *Salus,* you see, is a Latin noun. But as for *salvare* and *salvator,* these weren't Latin words before the Saviour came. When he came to Latin people, he coined these Latin words. So *Christ Jesus,* Christ Saviour, *came into the world.* And as though we asked him, "Why?," he said, *to save sinners.* That's why Jesus came.637

A similar discussion of *Salvator* occurs in *De Trinitate,* in which there is an even more precise identification of *Salvator* as *medicus:*

Leve aliquid videtur infirmitas; sed aliquando talis est, ut impietas nominetur. Nisi tamen infirmitas esset, medicum necessarium non haberet: qui est hebraice Jesus, grece Σωτήρ, nostra autem locutione Salvator. Quod verbum latina lingua antea non habebat, sed habere poterat, sicut potuit quando voluit.

Weakness seems something slight; but sometimes it is such as to be called impiety. Yet except it were weakness, it would not need a physician, who is in the Hebrew *Jesus,* in the Greek *Sotēr,* but in our language *Salvator.* And this word the Latin language did not previously have, but it could have had it, seeing that it was able to when it wanted it.638

Augustine understands the etymology behind the identification of *Christus salvator* as classical Greek to describe a deliverer from ills, including disease (*σωτήρ* νόσου, for

637 Serm. 299. 6, citing 1 Tim. 1: 15.
638 Trin. 13. 10. 14. Trans. mine. There are many passages in the Augustinian corpus in which the healing aspect of *Salvator* is specifically emphasized, including: En. in Ps. 63. 9, 130. 7; Jo. ep. 8. 13; Jo. ev. tr. 12. 12, 73. 3; Serm. 13. 5, 88. 1. 1, 136. 1, 155. 10, 156. 2, 159B. 11, 292. 4; Nat. et gr. 34. 39, 48. 56, 52. 60; Pecc. mer. 1. 23, 3. 4. 8; C. Faust. 3. 6; C. Jul. imp. 2. 131.
example), a word which served as an epithet of Zeus in particular, but also of Apollo and his son, Asclepius, and later even of the Roman emperor; it was used as well in the Septuagint and the New Testament for God and for Christ.\textsuperscript{639} In responding to the challenge of conveying the sense of the Greek, Latin chose to create two new forms: the noun \textit{salvator} and the verb \textit{salvare} are both from \textit{salus}, the word which most fundamentally conveyed the sense of health, in all its aspects, for the Romans.\textsuperscript{640} “His is the office of the healer, his the profession of medicine, \textit{so that those who do not see, might see} (\textit{salvatoris officium est, professio medicinae est}, ut qui non vident, videant).”\textsuperscript{641} For Augustine, this is one of Christ’s essential aspects; he is the \textit{salvator}, the healer, the \textit{medicus} who used the medicine of contraries to heal human pride with his divine humility:

\begin{quote}
\textit{Propter hoc vitium, propter hoc magnum superbiae peccatum, deus humilis venit: haec causa, hoc peccatum magnum, iste ingens morbus animarum, omnipotentem medicum de coelo deduxit, usque ad formam servi humiliavit, contumelius egit, ligno suspendit; ut per salutem tanae medicinae curetur hic tumor. Iam tandem erubescat homo esse superbus, propter quem factus est humilis Deus.}
\end{quote}

It was because of this vice, this great sin of pride, that the Lord came in humility. This great sin, this devastating disease in the souls of men and women, brought down from heaven the all-powerful doctor, humbled him to take the form of a servant, loaded him with insults and hung him on a cross, and all this so that through the healing properties of such powerful medicine our swelling might be cured. Now at long last let men and women be ashamed to be proud, since for them God became humble.\textsuperscript{642}

\textsuperscript{639} See Luke 2:10 – 11, for example: ὁ ἄγγελος, Μὴ φοβεῖσθε, ἵδον γὰρ εὐαγγελιζομαι ἡμῖν χαρὰν μεγάλην ἥτις ἔσται περὶ τοῦ λαοῦ, ὅτι ἐν ζωή ἡμῖν σήμερον σωτὴρ ὁ δὲ κύριος Χριστός κύριος εἰς πόλει Δανίδ (And the angel said to them, “Do not be afraid; for behold, I bring you good news of a great joy which shall be for all the people; for today in the city of David there has been born for you a Savior [σωτήρ], who is Christ the Lord.”). Other forms of the root σῶ- connoted healing as well: a τὰ σῶστα, for example, could mean a physician’s fee or the thank-offering left at a temple of Asclepius. See Fichtner 1982: 9 – 11 on \textit{salvator} in patristic literature.

\textsuperscript{640} See p. 79 – 81.

\textsuperscript{641} Serm. 136. 4, citing John 9: 39, on Jesus’ healing of the man born blind. Trans. mine.

\textsuperscript{642} En. in Ps. 18. 2. 15. Other references to human pride needing the humility of the divine physician include: En. in Ps. 9. 4, 35. 17; Doc. Chr. 1. 14. 13; C. ep. Parm. 3. 2. 5; Serm. 125. 2, 341A. 1, 142. 7; Jo. ev. tr. 3. 2. See Arbesmann 1954b: 8 – 17 on \textit{Christus medicus} as \textit{Christus humilis}.
As Gervaise Dumeige indicates in his overview of the literature on the topic, there are a number of facets to the patristic trope of Christus medicus, most of which are manifested in Augustine’s writings. Christ is characterized, to begin with, as the physician not only of the body but of the soul as well, an idea which has its roots in the Greek philosophic tradition. Christ as the physician of the soul appears very frequently in Augustine’s work, and in fact this aspect is the basis of the earliest specific reference to Christus medicus in his works: the human soul, Augustine argues in the anti-Manichaean work De moribus, is foolish, imperfect, helpless, sick, afflicted, and it needs Christ as its physician (medicus est Christus). The idea of Christus medicus as the physician of the soul appears as early as the Cassiciacum dialogues, however, as Dominique Doucet has astutely reasoned, even though there is no direct reference to this image made by Augustine in these works. Her reading of the dialogues has uncovered a progression in thought between De ordine and Soliloquia (the latter a treatise which purports to be Augustine’s inner dialogue with Reason) in the precise identification of Christ as the soul’s physician. In De ordine, the physician is philosophy, whose prescriptions men prefer to reject:

Quibus sapientia cum praecipere coeperit ut medicum perferant, sequam aliqua patientia curari sinant, in pannos suos recidunt. Quorum concalefactione tabificati, scabiem voluptatum aerumnosarum scalpunt libertus, quam ut monita medici paululum dura et morbis onerosa perpetiendi atque subeundo, valetudini sanorum lucique reddantur.

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643 Dumeige 1980 offers a useful overview of Christus medicus in patristic literature.
644 Mor. 2. 11. 22: Quamobrem, cum partem dei esse animam dicitis, quam non negatis et corruptam esse, quae stulta est; et commutatum, quae sapiens fuit; et violatam, quae propriam perfectionem non habet; et indigentem, quae poscit auxilium; et imbecillam, quae medicina eget; et miseram, quae beata esse desiderat: haec omnia in deum sacrilega opinione conferitis. . . . nec signaculis vestris perficitur, quia perfecta est; nec ei deus opem fert, quia non indiget; nec medicus est Christus, quia sana est . . . . (Hence, when you make the soul part of God, though you allow it to be corrupted as being foolish, and changed as having once been wise, and in want as needing health, and feeble as needing medicine, and miserable as desiring happiness, all these things you profanely attribute to God . . . . nor is it perfected by your symbols, since it is already perfect; nor does God give it assistance, since it does not need it; nor is Christ its physician, since it is in health.) Other references to Christ as the soul’s physician include: En. in Ps. 6. 4; Serm. dom. mon. 1. 19. 57; Jo. ev. tr. 2. 16; Civ. dei 5. 14; Serm. 16B. 1. 32. 1, 143. 1, 348A. 4; Conf. 1. 1. 5, 4. 7. 12. 4. 11. 16. 4. 12. 19. 6. 4. 6. 6. 9. 7. 8. 12. 645 Doucet 1989.
But, when wisdom begins to admonish these to bear with the physician and to permit themselves to be healed, they return to their rags; languid in the ever increasing warmth of those rags, they prefer to scratch the scab of itchy voluptuousness rather than to bear with and submit to the physician’s injunctions—painful indeed for a little while, and burdensome to bodily ills—and be restored to the health of sound men and to the light.\textsuperscript{646}

The key passage in Doucet’s analysis, however, is from \textit{Soliloquia}, in which it is Beauty which is now identified as the physician of the soul:

\begin{quote}
\textit{Et in eo saepe fallitur animus, ut sanum se putet et sese iactet; et quia nondum videt, veluti iure conqueritur. Novit autem illa pulchritudo quando se ostendat. Ipsa enim medici fungitur munere, meliusque intelligit qui sint sani, quam iidem ipsi qui sanantur. Nos autem quantum omorserimus, videmur nobis videre: quantum autem mersi eramus, et quo progressi fueramus, nec cogitare, nec sentire permittimur, et in comparatione gravioris morbi sanos esse nos credimus.}
\end{quote}

In this the soul is often mistaken, that it believes that it is healthy and boasts of the fact, and, since it cannot see, it complains as if it has a right to do so. But, that Beauty knows when to reveal itself. It performs the office of a physician and it knows which ones are healthy better than they themselves do who are being healed. We think we see how much of an advance we have made, but it is not granted to us to imagine or know how deep we had sunk or how far we had risen, and so, by comparison with more serious sickness, we think that we are in health.\textsuperscript{647}

Doucet places these images within a philosophical nexus in which the influences of both Cicero and the Neoplatonists Plotinus and Porphyry are evident. She very deftly draws together the Plotinian figure of Beauty and other elements in the dialogues which represent the Ciceronian philosophical and rhetorical traditions present in Augustine’s work, in order to demonstrate that the physician Beauty is in fact Augustine’s earliest reference to Christ as the physician of souls.\textsuperscript{648}

The \textit{Christus medicus} figure is the paramount healer, and thus references to his unrivalled power as a physician appear repeatedly in Augustine’s work. In drawing a

\begin{footnotes}
\item[646] Ord. 1. 8. 24.
\item[647] Sol. 1. 14. 25.
\end{footnotes}
comparison with a human physician, for example, Augustine calls a mortal doctor “a most
eexperienced archiater” (peritissimus archiater), but he implies that in reality this title
belongs only to Christ. 649 Somewhat surprisingly, this passage from Sermon 80 is his only
use of archiater in a metaphoric context. To highlight Christ’s greater healing power,
Augustine prefers to stress his omnipotence (omnipotentia):

Magni erant morbi, insanabilia erant vulnera, desperata erat aegritudo.
Magnitudinem mali tui attendis, omnipotentiam medici non attendis? Tu desperatus
es; sed ille omnipotens est.

Great were the diseases, incurable were the wounds, desperate was the sickness. Do
you note the greatness of your illness, and not note the omnipotence of the physician?
You are desperate, but he is omnipotent. 650

Christ is the great physician (magnus medicus), our complete doctor (totus medicus noster),
for whom there are no incurable diseases. 651 Unlike his mortal counterparts, who are advised
to stay clear of patients whose illnesses cannot be cured, he will not refuse to attend to even
the most irremediable of cases: “no malady is beyond the healing power of an almighty
doctor, nor is there any patient whom he will not accept” (omnipotenti medico nihil est
insanabile; non remuntiat ad aliquem). 652 Christ, therefore, is “the most trustworthy and
most powerful of all physicians” (omnia fidelissimus et potentissimus medicus). 653

649 Serm. 80. 1. 3.
650 Ep. Jo. 8. 13. Trans. mine. Other references to the omnipotence of Christus medicus include: En. in Ps. 6. 7,
18. 2. 15, 34. 1. 7, 50. 6, 58. 2. 11, 102. 5; Conf. 10. 43. 69; Cresc. 2. 12. 15; Serm. 17. 3. 3, 87. 11. 13, 352. 3.
8; Gr. et pecc. or. 1. 50. 55; C. Jul. 2. 10. 33.
651 Serm. 155. 10. 10; Jo. ev. tr. 3. 3. The case of Paul, whose “sting of the flesh” (2 Cor. 12: 7 – 10) was
applied as a healing remedy for swollen pride, is frequently used by Augustine to emphasize the superior
healing skills of Christus medicus, such as at En. in Ps. 130. 3. 7: Quomodo solent medici potentiam suae artis
in desperatis ostendere: sic dominus Jesus Christus, medicus et salvator noster (Doctors like to prove their
healing skills by treating desperate cases, and so did our physician and savior, the Lord Jesus Christ). Other
references to Paul’s spiritual (and probably physical, according to Augustine) illness and Christ’s healing
include: En. in Ps. 58. 2. 5, 98. 13; Ep. 130. 3. 7, 226; Serm. 354A. 4, 61A. 6, 163. 8, 176. 4, 306C. 7; C. ep.
Pel. 3. 20; Ep. Jo. 8. 2; Gn. litter. 3. 15. 24. See Martin 2001 on Paul’s relationship with Christus medicus.
652 En. in Ps. 58. 2. 11. Similarly, En. in Ps. 102. 5; Serm. 97A. 2, 335C. 10. See Serm. 77. 14 on the fallibility
of the diagnoses of human physicians. Cf. En. in Ps. 47. 4, where Augustine emphasizes that the physician
heals the patient out of love: quomodo suscipit medicus aegrotum curandum, non sicut est amandum. Etenim
februm odit medicus. Non amat medicus aegrotum, et amat medicus aegrotum: si aegrotum amaret, semper

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What gives Christus medicus the edge over human physicians and their patients is his superior knowledge of the human body and soul, his knowledge of the inner self which eludes us: “A person is not as well known to himself as he is to the creator, nor does the sick man know himself as well as the physician does” (Non enim sibi homo ita notus est, ut creatori; nec sic aeger sibi notus est, ut medico).654 “You, Lord,” Augustine acknowledges in the Confessions, “know everything about a human being because you made him” (tu autem, domine, scis eius omnia, quia fecisti eum).655 Christ is the experienced physician who knows better than the patient what is happening inside him, a message which is demonstrated repeatedly to Augustine’s audiences by way of the story of Peter’s denial of Christ:

Tunc enim se non noverat, quando dixit, tecum ero usque ad mortem: et quam esset infirmus, nesciebat. quomodo plerunque revera et infirmis contingit, ut aegrotus nesciat quid in illo agatur, medicus autem sciat: cum ille aegritudinem ipsam patiatur, medicus non patiatur. Magis dicit medicus quid agatur in altero, quam ille qui aegrotat quid agatur in se ipso. Petrus ergo tunc infirmus, dominus autem medicus. iste dicebat se habere vires, qui non habebat: ille autem tangens venam cordis eius, dicebat quod ter eum esset negaturus. Et ita factum est quomodo praedixit medicus, non quomodo praeumpsit aegrotus.

A time, indeed, when [Peter] didn’t know himself was when he said, I will be with you to the death (Lk 22: 33), and didn’t know how weak he was. As indeed usually happens with sick people; the patient doesn’t know what’s going on in him, but the doctor knows, while it’s the patient who is suffering the disease, not the doctor. The doctor says what’s going on in the other person much more accurately than the one who’s ill says what’s going on in himself. So at that time Peter was sick, the Lord was the doctor. The one claimed to have a strength of character which he didn’t have, while the other felt the pulse of his heart, and said he was going to deny him three

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653 En. in Ps. 6. 12.
654 Serm. 2. 3. 3. Trans. mine.
655 Conf. 10. 5. 7. Similarly, En. in Ps. 102. 5; Serm. 63A. 2. Cf. Nat. et gr. 26. 29, where Augustine argues that a human physician uses the means provided by God to effect a cure and not the resources of his own making.
times. And it happened just as the doctor foretold, and not as the sick man had over-confidently assumed.656

The spiritual ailments to which Christus medicus tends are varied. Heresy and schism, in addition to being described as dead branches on the tree of the Catholic church, are more often characterized as ailments which require divine healing: heresy is a tumour on the body of the church, for example, while the Donatist church is likened on one occasion to a patient who is severely wounded in one vital organ.657 Augustine frequently portrays spiritual doubt as a form of inner blindness, found in the “eyes of the scul” (oculi animae) or the “eyes of the heart” (oculi cordis). “By [Christ’s] very nativity he made an eye-salve to cleanse the eyes of our heart” (ipsa nativitate collyrium fecit, unde tergerentur oculi cordis nostri), which otherwise would not have the faith to see.658 The need for the blind to have faith in the physician before medical therapy can restore his sight is forcefully paralleled with Augustine’s assertion that a Christian must place faith before understanding:

Puta homini obcaecato aliqua caligine, et forte ab initio aetatis suae, ut iam nec quid videatur a videntibus noverit, dicere medicum: “Est quod tibi ostendam.” . . . Excitat in illo desiderium videndi quod nescit, volens eum curare, ut possit videre quod non videt. At ille si ita sit absurdus et aversus ab omni ratione veritatis ut dicat medico: “Non me curabis, nisi mihi demonstraveris quod visurus sum,” quid putabis medicum responsurum? “Oportet te curari ut videas, non videre ut cureris.”

Imagine a person blinded by some misting up of the eyes, and perhaps from the very beginning of his life, so that now he doesn’t even know what is being seen by those who can see; and the doctor says to him, “There’s something I’d like to show you.” . . . [The doctor] arouses a desire in him to see what he doesn’t know, wishing to cure him so that he may be able to see what he can’t see now. But if the other were so

656 Serm. 137. 3. Other references to Christus medicus foretelling Peter’s denial by reading his symptoms include: Serm. 4. 2, 229O. 1, 229P. 3, 253. 3, 299. 7, 340A. 8; Jo. ev. tr. 32. 5, 66. 1, 113. 6; En. in Ps. 39. 23, 43. 21, 140. 24, 141. 8.
657 Ep. 86; Bapt. 1. 8. 11. Other references to heresy and schism as disease or illness include: En. in Ps. 1. 1; Haer. 69. 1; Agon. 31. 33; C. Faust. 5. 7; Qu. Mt. 11. 3; Trin. 1. 1. 1. 1. 2. 4; Bapt. 1. 7. 9, 1. 18. 28; Ep. 4*. 3, 22. 1. 4, 93. 1. 2; Serm. 46. 13, 348.A. 8, 357. 4; Correct. 7; Ep. Jo. 3. 4; C. Jul. 1. 8. 38, 40, 43; Cresc. 4. 55.
658 Jo. ev. tr. 2. 16. Other examples of spiritual doubt as a form of blindness include: Sol. 1. 6. 12; En. in Ps. 36. 2. 8; Conf. 7. 8. 12; Jo. ev. tr. 18. 11; Vera rel. 50. 98; Serm. 195. 3. In the latter two cases, the inward eyes are healed by God’s smearing them with clay.
absurd and averse to all reason and truth as to say to the doctor, “You won’t cure me, unless you first show me what I am going to see,” what do you suppose the doctor will answer? “The right thing is for you to be cured in order to see, not for you to see in order to be cured.”

Christus medicus heals eyes damaged by sin as well, and in a general sense, of course, it is sin which he comes to heal. Augustine occasionally labels specific transgressions, such as avarice, lust, vanity, hatred, covetousness, concupiscence, even attendance at the games in the amphitheatres, or plain human stupidity, as diseases or illnesses. In true Dogmatic fashion, however, the divine physician looks to the root cause to apply his medicinal therapies: he targets the sin of pride. And in Augustine’s writings, pride is most often described in clear medical language: it is an infected swelling, a tumor, which must be treated by the hand of the physician. This human disease of the soul has only one certain cure, namely, the humility of Christ, a remedy based on the medical principle of contrariis contraria:


660 References to eyes damaged by sin include: Util. cred. 2. 4; En. in Ps. 39. 21; Serm. 88. 6, 195. 3, 265F. 1. References to the sin which Christus medicus came to heal include: Gn. litt. 10. 20. 36; Vera rel. 14; Spir. et litt. 52; Serm. 278. 5.

661 References to particular sins as diseases or illnesses include: Ord. 1. 10. 30; Gn. litt. 11. 15. 19; Ep. Jo. 5. 5; Serm. 9. 10, 177. 6; Civ. dei 6. pref, C. Jul. 3. 15. 29, 6. 18. 55; C. Jul. imp. 1. 68. 3; Mor. 2. 19. 68; Nupt. et conc. 1. 9. 8

662 En. in Ps. 18. 2. 15: Quaeritis quam magnum sit hoc delictum, quod deiecit angelum, quod ex angelo fecit diabolum, eique in aeternum interclusit regnum coelorum? magnum hoc delictum est, et caput atque causa omnium delitorum ([Y]ou may ask, “What could be as great as the sin of pride, which overthrew an angel, turned an angel into a devil, and debarred him from the kingdom of heaven for evermore?” Yes, this is a great transgression, the fountainhead and source of all transgressions). On superbia as the original sin from which all others spring, the sin which to Augustine’s mind is “obsessively reenacted in every particular sin,” see Cavadini 1999: 679 – 684.

663 References to pride as a tumor include: Conf. 3. 5. 9, 7. 711, 7. 18. 24; Ep. 118. 1. 5, 130. 14. 25, 157. 2. 5; Vera rel. 38. 69; Gn. litt. 11. 5. 7; Qu. Mt. 1. 14. 2; Jo. ev. tr. 6. 26; En. in Ps. 18. 2. 15, 74. 1, 97. 9, 120. 5, 141. 9; Serm. 46. 8. 9, 96. 3. 3, 142. 5. 5, 169. 7. 9; Cat. rud. 19. 33; Op. mon. 25. 32. Augustine frequently uses as well the late Latin term typhus for pride, a word which has its origin in Greek medical terminology: ὁ τύφος is a feverish, delusional condition in both Hippocrates and Galen. The word also took on the meanings of both “nonsense” and “vanity,” the latter in the works of the Stoic Zeno, for example. Augustine’s usage perhaps suggests that the word retained at least some of its early medical connotations. References to pride as typhus include: Conf. 3. 3. 6, 4. 14. 23, 4. 16. 28, 6. 6. 10, 7. 9. 13, 9. 4. 8, 10. 36. 58; Ep. 93. 6. 17; Gn. litt. 11. 31. 41; En. in Ps. 55. 6, 67. 3, 72. 13, 90. 1. 9, 102. 13.
E contrario ergo medicus sanat morbum: frigidum calidis adiutoris, calidum frigidis, humidis siccum, humidum siccis. Si videmus ergo artem medicinae contrariis sanare languentem, non est mirandum si humilitate dei sanamur, qui humana superbia aegrotabamus.

So the doctor cures the disease with its contrary: a cold condition with hot aids, a hot state with cold compresses, a dry state with moist dressings, a moist condition with dry ones. So if we see the art of medicine curing a patient by the application of contraries, it's not surprising if we who were sick with human pride are cured by the humility of God. 664

The sins named here, pride included, are all those of the individual patient who needs the therapeutic attention of Christus medicus, but in several instances it is the whole of humanity which is portrayed as the suffering invalid. In these passages, the human race is envisioned as an enormous sick patient, bedridden, stretched out and covering the whole surface of the earth. The patient is sick with sin—in particular, is swollen with pride—and needs the healing which only the humility of the omnipotent doctor can provide:

Aegrotat humanum genus, non morbis corporis, sed peccatis. lacet toto orbe terrarum ab oriente usque in occidentem grandis aegrotus. Ad sanandum grandem aegrotum descendent omnipotens medicus. Humiliavit se usque ad mortalem carnem, tanguam usque ad lectum aegrotantis. Dat salutis praecepta, contemnitor: qui audium, liberantur.

The human race is sick, not with a physical disease, but with sins. It’s laid low over the whole wide world, from the east to the furthest west, one gigantic invalid. To heal this gigantic invalid there came down the all-powerful doctor. He humbled himself to the level of mortal flesh, as though to the level of the sick person’s bed. He makes salutary prescriptions, he’s ignored; those who listen are set free. 665

It is above all Christ’s humility which is the true and recognized panacea for humanity’s ailments, but the lesser “salutary prescriptions” which Christus medicus prescribes vary according to the needs of the patient: one may need the medicine of

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664 Serm. 341. 4. References to pride as illness are almost innumerable, but include: Lib. arb. 3. 10. 29; En. in Ps. 9. 4, 18. 2. 5, 58. 2. 5, 74. 1, 121. 6, 130. 8, 118. 9. 2; Trin. 8. 5. 7; Jo. ev. tr. 25. 16; Pecc. mer. 2. 17. 27; Serm. 77. 11, 123. 1, 124. 3, 142 passim, 159B. 13, 360B. 17.

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discipline, for example, another that of repentance, a third that of the sound teaching of the church. On occasion, Augustine attempts to bring a greater concreteness to this aspect of the Christus medicus metaphor. The scriptures, for example, are characterized as an inexhaustible source of remedies for the soul, as in the opening words of Sermon 32:

Deus et dominus noster curans et sanans omnem animae languorem, multa medicamenta protulit de scripturis sanctis, velut de quibusdam armariis suis, cum lectiones divinae legerentur. . . . Multa lecta sunt, et magna, et necessaria; quamquam ita sint omnia: sed tamen alia secretius in scripturis absconduntur, ut quaerentes exerceant; alia vero in promptu et in manifestatione ponuntur, ut desiderantes curen.

Our Lord and God takes care of and heals every ailment of the soul, and so he produced many medicines from the holy scriptures (which you could call the shelves of his pharmacy or drugstore) when the divine readings were being read. . . . There have been many things read, both important and necessary. They are all like that, of course, and yet some things are hidden more thoroughly in the scriptures in order to stretch and test the students, while others are set there openly and ready to hand for the immediate treatment of patients.

This medical image is striking: the physician's consulting room, with its shelves full of medicines and with apprenticing students who are learning, but who do not yet have the knowledge held by the physician. Just as in the medical culture of the everyday Roman world, moreover, this medicinal knowledge is available to anyone who would take the trouble to seek it. "Few obtain [a knowledge of the human body such as physicians have], while others have refused to acquire the information, although they might, of course, if they had liked" (pauci assequuntur; caeteri vero ista discere noluerunt, cum potuissent si utique

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666 Mor. 1. 27. 52: aë corpus quod pertinet, medicina nominata est; ad animam autem, disciplina (What benefits the body is called medicine; what benefits the soul, discipline). Similarly on discipline as medicine, Mor. 1. 28. 55; F. et op. 26. 48; Vera rel. 5. 8. On the medicine of repentance, Ep. Rm. inch. 18, Civ. dei 15. 7. On sound teaching, Civ. dei 2. 1. Other remedies include the medicine of mercy, of peace, of wisdom.

667 Serm. 32. 1. The translator, Edmund Hill, acknowledges that the rendering of quaerentes as "students" and desiderantes as "patients" is a free translation, but these seem justified in light of Augustine's opening metaphor of scripture as shelves holding medicine; see WSa 3. 2: 151, n. 3. For similar descriptions of the scripture as or producing medicine, see Jo. ev. tr. 7. 12; Serm. Dom. mon. 1. 11. 32; Qu. c. pag. 3; C. Faust. 22. 97; En. in Ps. 36. 1. 3, 147. 1—2; Serm. 2. 2, 142. 3, 360B. 17 (where the scriptural text is compared to a Hippocratic text). At En. in Ps. 146. 12, Augustine advises that if a scriptural text seems dark to you, you can be sure that the physician made it that way (ergo quando obscurum est, medicus illud fecit).
voluissest), Augustine notes elsewhere. Likewise, a Christian may use the scriptures to find healing for their inner ailments:

\[N\]unc cognita aegritudine mea, debo scripturarum eis medicamenta omnia perscrutari, et orando ac legendo agere, ut idonea valetudo animae meae, ad tam periculosam negotia tribuat.

When I have learned my infirmity, my duty is to study with diligence all the remedies which the Scriptures contain for such a case as mine, and to make it my business by prayer and reading to secure that my soul be endued with the health and vigour necessary for labours so responsible.

With greater specificity than simply deeming the scriptures as a whole as medicine, the laws of the Old Testament and the words of the prophets are described as medicines into which the “healing virtue,” which could only be infused by Christ, “had not yet been instilled” (hoc medicamentum nondum erat medicatum).

Frequent mention is also made of the “medicine of the word” (verbi medicina), a phrase which alludes to Christus medicus himself as the Word, but just as often refers to the words which Christ spoke in the scriptures—he is said, for example, to have applied “the poultice of his words” (fomenta verborum) to the swollen and diseased conscience of the Christian patient—or to the scriptures in general, or even to the homilies spoken aloud in the churches of the day.

The sacraments could also be conceived of as medicines: the Eucharist as a set of divine bandages (alligamenta medicinalia), and baptism as a cleanser of the soul. The latter sacrament took on considerable importance, of course, in Augustine’s debate against

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668 \textit{An. et or.} 4. 6. 7.
669 \textit{Ep.} 21. 3. Similarly, \textit{Doc. Chr.} 3. 17. 25; \textit{Qu. c. pag.} 3; \textit{En. in Ps.} 146. 12, 147. 1 – 2.
670 \textit{En. in Ps.} 57. 8.
671 \textit{En. in Ps.} 66. 7. Other references include: \textit{Cresc.} 4. 42. 49; \textit{En. in Ps.} 57. 11, 87. 10, 93. 7, 106. 15; \textit{Jo. ev. tr.} 3. 6.; \textit{Ep. Jo.} 5. 2.; \textit{Serm.} 357. 4; \textit{Nat. et gr.} 52. 60.
672 \textit{En. in Ps.} 146. 8, 11. See also \textit{Inv. Jan.} 1. 3. 4; \textit{Pecc. mer.} 3. 8. 4; \textit{C. Jul.} 6. 18. 55. At \textit{C. Jul. imp.} 3. 162, Augustine describes how a mother with a child born with fused eyelids applied a poultice made from the Eucharist in order to heal him.
supporters of Pelagius on original sin. The vividness which this medicinal metaphor could hold in the North African communities of his day can be glimpsed in the mention which Augustine makes of the parents who appear at his church door seeking the salus of the sacrament for their sick children:

Quidam non ea fide ad baptismum percipiendum parvulos ferunt, ut gratia spirituali ad vitam regenerentur aeternam, sed quod eos putant hoc remedio temporalem retinere vel recipere sanitatem.

Some, indeed, bring their little ones for baptism, not in the believing expectation that they shall be regenerated into life eternal by spiritual grace, but because they think that by this as a remedy the children may recover or retain bodily health.673

It is in the Pelagian controversy, in fact, that the figure of Christus medicus comes to the forefront in Augustine’s polemical writing; this is particularly evident in the debate carried out in his treatise Contra Julianum opus imperfectum (Against Julian, an Unfinished Book). Pelagians such as Julian are accused by Augustine of withholding the saving baptism of Christus medicus to infants by their refusal to recognize the congenital infection of sin which all infants carry: “It is evident, then, that your heresy indeed denies to the little ones the Christian medicine” (Manifestum est igitur, haeresim vestram parvulis prorsus christianam negare medicinam).674 William Harmless has shown how effectively Augustine employs the emotionally-charged image of parents rushing to the church to baptize their sick and dying children, some arriving too late, against the Pelagians.675 He rightly argues that this event

673 Ep. 98. 5.
674 C. Jul. imp. 3. 151 (2). The important element in Augustine’s thinking is that the punishment of illness is always deserved in some manner, for it is not possible that the will of God is unjust (nec potest domini voluntas esse in aliquo inusta); see Serm. 20B. 1. Augustine argues that children suffer these torments—particularly congenital defects—justly, even if there is no sin of their own doing as the cause. On the illnesses of children, see Lib. arb. 3. 23. 66; Orig. an. 6. 16; Ep. 98; C. Jul. 3. 5 passim; C. Jul. imp. 1. 39. 1, 2. 87, 2. 236. 3, 3. 48, 3. 6. 13, 3. 95. 2, 3. 146, 3. 162.
675 Harmless 1997: 22 – 28. Harmless argues that the theoretical discussion of infant baptism did not necessarily mean that it was the normative practice within the Catholic church at the time, but that it was likely only resorted to in emergencies, such as the serious illness of infants. Other references to parents hurrying to the church include: Pecc. mer. 1. 18. 23; Jo. ev. tr. 38. 6; Ep. 217. 6. 17; Serm. 293. 10, 324; Persev. 12. 31.
was not a matter of rhetorical overstatement, but instead was firmly rooted in the realities of contemporary infant mortality and Augustine’s own personal and pastoral experience. In his argument on the issue with Julian, Augustine in fact points to the many physical ailments and troubles to which infants are prone, and to the risk which they face of their dying and being damned before reaching an age at which they could choose for themselves the saving water of baptism:

*Non enim numerari possunt mala quae patiuntur infantes, febrem, tussim, scabiem, dolores quorumque membrorum, ventris fluxum, lumbricos, et alia innumerabilia ex ipsa carne existentia, et ipsarum curationum quam morborum plura tormenta, et extrinsecus ictus vulnerum, plagas verberum, incursus daemonum. Vos autem sapientes haeretici, ne fateamini originale peccatum, parati estis talibus floribus implere paradisum.*

The evils that infants suffer are past counting: fever, coughing, rashes, pains of various members, diarrhea, worms, and countless other woes stemming from the flesh, more torments from their cures than from their diseases, wounds externally inflicted, blows from beatings, and attacks of demons. But you wise heretics, you are ready to fill paradise with such flowers to avoid admitting original sin.

Infants in particular need the care of the divine physician: “What is more insane,” demands Augustine of Julian, “than to keep Christ the physician from little ones by saying that they do not have what he came to heal?” (*Quid enim insanius, quam prohibere a parvulis medicum Christum, dicendo non esse in eis quod venit ille sanare?*). The argument that the medicinal baptism of *Christus medicus* is the only hope for infants is one to which Augustine returns repeatedly in his final debate with Julian. It is, in fact, his most focussed use of the metaphor of *Christus medicus.*

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676 Augustine’s personal and pastoral experiences with illness will be discussed in the next chapter.
678 *C. Jul. imp.* 1. 22. 4.
679 See as well *C. Jul. imp.* 1. 39. 1, 2. 115. 1, 2. 151, 2. 221, 3. 145. 1, 3. 146 – 147. See Bonner 1986: 371 – 375 on original sin as both a disease and a crime in Augustine’s estimation.
Augustine takes great care in differentiating between *Christus medicus* and the suffering, wounded Christ on the cross. Although paradoxically Christ could be both the physician and the medicine, he was decidedly not both the physician and the patient in need of healing, although Augustine concedes that it may appear that way. It was, on the contrary, a healthy Christ who submitted to the physicianly hand of his Father: “he in whom there was no disease submitted to the surgeon’s knife” (*secatus est qui putredinem non habebat*). In his own role as the best of all physicians, he, although not sick himself, underwent the treatment proposed for the patient, drinking first the cup of bitter medicine:

*Ipse ergo medicus nihil tali indigens medicamento, tamen ut exhortaretur aegrotum, bibit quod opus ei non erat: tanquam recusantem alloquens, et trepidum erigens bibit prior.*

So he is the doctor who in no way needs any such medicine; and yet to encourage the sick person he drinks what he had no need of himself, by way of coaxing him out of his refusal and easing his dread of the medicine; he drinks it first.  

In the midst of his crucifixion, moreover, Christ continues to act as the physician, “pray[ing] for the delirious patients” (*rogavit medicus pro phreneticis*) at his feet and ministering to their symptoms:

*Ego, inquit, ego medicus tango venam, de ligno aegrotos inspicio; pendo, et tango; morior, et vivifico; sanguinem fundo, et inde inimicis meis medicamentum salutis conficio. Saeviunt et fundunt: credent et bibent.*

“I,” he was saying, “I, the doctor, am feeling their pulse, from the tree I am examining the sick. I’m hanging here, and I’m feeling their pulse; I’m dying, and I’m saving life; I’m shedding my blood, and with it compounding the medicine of salvation for my enemies. They are raging, and shedding it; they will come to believe, and drink it.”

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680 *En. in Ps.* 40. 6. Other references to Christ’s innate health include: *En. in Ps.* 29. 2. 12; *Serm.* 360B. 16.  
682 *En. in Ps.* 134. 22; *Serm.* 305. 3, 360B. 18. Cf. *Conf.* 9. 13. 35: *Exaudi me por medicinam vulnerum nostrorum, quae pepepedit in ligno et sedens ad dexteram tuam te interpellat pro nobis* (Hear me through that healing remedy who hung upon the tree, the medicine for our wounds who sits at your right hand and intercedes for us).
Christus medicus does not lose concern for his patient even while hanging on the cross, even though it is in fact the patient who has placed him there. The absurdity and the horror of the patient killing the physician who has come to treat him is brought forward by Augustine: “What greater sin can a sick person commit than to murder the physician? Can the patient do anything worse than killing his doctor?” (Quod gravius peccatum aegri, quam medici interfectio? quid gravius potest aeger facere, quam si medicum suum occidat?). The patient, so sick with sin, was delirious and failed to recognize the physician; he fought with him, just as he would with a mortal doctor, but the divine physician continued to care for him. And yet, in another of the paradoxes of the Christus medicus motif which seem to appeal to Augustine, the patient is meant to kill the physician: “Yet the sick man’s very action in killing the doctor was his means of healing, for the doctor who came to see the patient was killed to cure him” (sed hoc quoque valuit ad aegroti medicamentum, quod medicum occidit aegrotus: venit ut visitaret, occisus est ut sanaret). The patient, having killed but then belatedly recognized the physician, must now drink his medicinal and salvific blood.

The citations and references supplied here for the motif of Christus medicus in Augustine’s thought and work are but a sampling of the whole. What is clear even from this selection is that this medicinal image held immense attraction for Augustine, right from the

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683 En. in Ps. 45. 4.
684 Serm. 360B. 18. Similarly, En. in Ps. 73. 12. Augustine frequently depicts the Jews as the patient who fought and killed the doctor in their delirium. References to this include: En. in Ps. 58. 2. 5, 63. 3 – 9, 65. 4, 68. 2. 5, 96. 2; Serm. 80. 4, 360B. 18, 175. 1 – 2.
685 En. in Ps. 109. 3. Similarly, Jo. ev. tr. 110. 7: Nam quale est ideo se velle laudari, quia vitio suo tam detestabiliter aegrotavit, ut non posset alter quam medici morte sanari? Non est haec nostrorum gloria meritorum, sed medicina morborum (For what can be the character of the man who wishes himself to be lauded, because he has become so abominably diseased through his own wickedness, that he can only be healed by the death of his physician? That surely is not the glory of our deserts, but the medicine of our diseases). Fichtner 1982: 11 notes that these medical paradoxes appealed greatly to Augustine, in part because of their rhetorical shock.
686 En. in Ps. 45. 4. On Christ’s blood as the medicine of the soul, other references include: Serm. 265F. 1, 302. 3, 313B. 4, 317. 2, 348A. 4.
earliest days of his faith to the end of his life. Other scholarship has shown that Augustine’s interest in *Christus medicus* considerably outweighs those of his contemporaries, including Ambrose and Jerome, who did employ the metaphor but only sporadically, and have further noted that the use of the *Christus medicus* motif in Christian literature for the most part faded away after Augustine’s death.687 The question to be addressed, then, is why among all the Latin patristic authors, did Augustine in particular embrace this figure with such fervour? Was this a matter of mere rhetorical trope on the part of a highly skilled rhetorician? Or is it the case that the metaphors of medicine held a deeper significance for him and his audience than it would seem on the surface of a casual reading from our modern perspective? The next chapter will address the reasons why the metaphors of medicine, not just *Christus medicus* but other medical images as well, appealed so strongly to Augustine.

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687 Arbesmann 1954b: 4 – 5. Arbesmann also argues that Jerome’s use of *Christus medicus* was affected by his reading in the works of Origen; see also Pease 1914: 75 on Origen’s influence on Jerome. See Honecker 1985: 316 – 317 on the virtual disappearance of the use of *Christus medicus* in Christian literature after Augustine.
Chapter 6

Augustine’s Christian Pathology

Quis enim non aegrotat in hac vita?
For who in this life is not sick?

En. in Ps. 102. 6

The earlier chapters of this study have established that medicine played a greater role in Augustine’s world than has been commonly recognized: it formed a part of his intellectual life and provided him with appeals to authority. Most prominently, however, it was employed extensively in his imaginative language, particularly through the figure of Christus medicus. The language and images derived from medicine were more than convenient tropes for Augustine, however: as a trained rhetorician, he wrote and spoke with great deliberation; he chose his language, especially his metaphoric language, with precision and purpose. This chapter will begin, therefore, by addressing the reasons why medical language and metaphor held such a strong attraction for Augustine—virtually alone among Latin patristic authors—as a compelling form of expression. There will be a review of and some expansion on points which have been presented in earlier chapters concerning Roman medical culture, along with a consideration of local influences which may have come into play in shaping the appeal which this language held for him. Augustine’s own physical suffering, particularly as it is described in the Confessions, will then be examined in order to understand how he
interpreted illness and pain. The focus of the chapter will then shift somewhat, in order to examine the ways in which Augustine uses medical metaphors and language other than that of *Christus medicus*. The chapter will consider how Augustine expands his use of medical metaphor beyond the single soteriological figure of Christ to create a medical—or even what could be called, without pejorative connotations, a pathological—Christian community. It will demonstrate that he seizes upon the shared experience of physical affliction and subsequent medical treatment—including his own experience of such—to assist in developing an alternative vision of Christian life to that presented by the Pelagian and Donatist schisms.

**Culture and Geography**

Before beginning to look at particular aspects of culture and geography which may have influenced Augustine’s adoption of medical metaphor, most notably *Christus medicus*, it is necessary to emphasize that each must be viewed in the light of the ideas set forth in the first chapter of this study. The strongly intertwined relationship of medicine, religious faith, and culture meant that the inhabitants of the Roman world did not make the precise differentiations among these entities which our culture does. It can be argued, therefore, that expressions of faith couched in the language of medicine would perhaps spring more naturally to mind and perhaps even resonate more loudly than they might for us. This is an aspect of ancient medicine which is often easily overlooked. Martin Honecker is one of the few scholars on the topic of *Christus medicus* who notes that much of the impetus for that particular metaphor arose naturally out of the interconnections among medicine, Graeco-
Roman religious thought, and philosophy in the ancient world. The dualism of body and soul which can be found in Greek and Roman philosophical texts, as well as the concept of the philosopher as the physician of the soul, transferred with ease to the notion of Christ as the physician of both the body and the soul.

The first element to consider is the most visible link between Graeco-Roman faith and medicine, the god Asclepius/Aesculapius. Scholarship has often pointed to the god Aesculapius as the reason for the spread of *Christus medicus* in patristic literature. It was Christian opposition to the cult of this god which so vigorously promoted the image of Christ as a physician in the second and third centuries, not only in North Africa but wherever the temples to the god of medicine were to be found around the Roman empire. Christ was styled as a rival healer to the pagan god, and, as Edelstein points out in his valuable discussion of the contention between the followers of the two gods, the comparison between the two deities was indeed remarkable: both divinities were fathered by a god on a mortal mother; both acted as emissaries on earth for their divine fathers; both devoted themselves to the welfare of humanity by healing the sick and raising the dead; both led unblemished lives on earth; and both attained a state of immortality after their deaths. The obvious, and therefore dangerous, parallels between Aesculapius and Christ led Christian apologists,
particularly those of the second and third centuries, to vehement denunciations of the pagan healing god. Examples of the invective of the North Africans Tertullian and Arnobius have already been presented in this study.

By the fourth century, however, the rivalry between the two gods appears to have dimmed considerably, possibly owing to the official sanctioning of Christianity. The popularity of the cult in North Africa continued, as was noted earlier, but only among an educated minority; nonetheless, its presence would have been felt, even if only as a cultural reverberation of traditional religious thought and activity. Augustine himself, however, seldom mentions Aesculapius, or even pagan healing gods in general. There is no comment in the Augustinian corpus on the practice of healing through incubation, for example, and references in his works to Aesculapius are to be found only in City of God. In that work, moreover, there is a noticeable contrast between the vehemence with which earlier North African Christian writers had denounced the god, and the tone, often mockingly dismissive, adopted by Augustine:

Quid illa itidem ingens pestilentia, quamdiu saevivit, quam multis peremit? Quae cum in annum alium multo gravius tenderetur, frustra praesente Aesculapio, aditum est ad libros Sibyllinos . . . Tunc ergo dictum est eam esse causam pestilentiae, quod plurimas aedes sacras multi occupatas privatim tenerent: sic interim a magno imperitiae vel desidiae crimine Aesculapius liberatus est.

And think of that Great Plague! Think of how long it raged, and how many victims it claimed! When it went into a second year, with increasing violence, they consulted the Sybilline Books, since Aesculapius’ attendance was of no avail . . . On this occasion it was said that the cause of the epidemic was that a great number of sacred buildings had been seized by private persons, and remained in their possession. And

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691 Christians seldom denied that Asclepius could heal, but argued that his healing powers were demonic in source; they also pointed to a crucial difference between the two, namely that Christ avowedly came as a physician to heal sinners, while Asclepius demanded purity from those who sought healing at his temples. See Fichtner 1982: 7 – 8 on the fact that Asclepius demanded fees, while Christ’s healing was free. Honecker 1985: 313 discusses the moral differences between Christ and Asclepius.

so, for this time, Aesculapius was absolved of the serious accusation of incompetence or laziness.  

Augustine politely but sarcastically calls Aesculapius "a most experienced physician" (peritissimus medicus) and "a sort of healing god" (quasi medicus deus), but he also scornfully remarks that it was likely that the Roman senate had been forced to invite the Greek god of medicine to save the city from plague since Jupiter's frequent adulteries had left the god no time to study medicine.  

Augustine eagerly embraces the euhemeristic explanations which various pagan writers had themselves offered for Aesculapius, but generally he demonstrates a lack of real polemical interest in the god.  

His own use of the Christus medicus imagery, therefore, does not seem to be bound up with any perceived rivalry between Christ and the healing god of the pagans—as shall be seen further on in this chapter. Of far greater concern to Augustine than Aesculapius or the pagan gods were the practices of magic and astrology—but the healing and salvific aspects of the gods would have been part of Augustine's Roman heritage.  

A second consideration is that of locale: Christus medicus in particular seems to have had a greater religious significance in Augustine's homeland than in other parts of the empire. It was Tertullian, it may be remembered, who was the first Latin patristic author to take up the image of Christus medicus, while North African Christians such as Cyprian

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693 Civ. dei 3. 17. 3. The plague in Rome had been the reason for the importation of the god from his sanctuary in Epidaurus. See p. 73 n. 233.  
694 Civ. dei 3. 12 and 3. 17. 2. Other references to Aesculapius to be found at Civ. dei 4. 21, 22, 27; 8. 5, 26. 2; and 10. 16. 2.  
695 Euhemeristic passages: Civ. dei 4. 27; 8. 5, 26. 2.  
696 Edelstein 1945: 257, n. 9 attributes the lack of polemical interest in Aesculapius in the works of fourth-century Christian writers to the turning of their attention to the greater threat of mystery religions, such as those of Isis, Mithras, and Serapis. He does not mention Augustine in this connection, but he notes that Firmicus Maternus, a mid-fourth century Christian writer who wrote De errore profanarum religionum (On the Error of Profane Religions) makes only a single, and very casual, reference to Aesculapius. These deities, however, also receive relatively little (and in the case of Mithras, no) notice in the Augustinian corpus. Augustinian references to Isis at Civ. Dei 18 passim, to Serapis at Civ. Dei 18. 5, 21. 6, Div. Daem. 1. 1, 6. 11.
readily followed his lead.\textsuperscript{697} To add strength to the idea that North Africa was particularly attuned to this metaphor, scholars point to an extremely rare fourth-century inscriptive invocation to Christ as \textit{medicus}, uncovered in the early part of the previous century during excavations at Timgad, the Roman city of Thamugadi, which lay south-west of Hippo:

\textit{Sub[veni], Criste, tu solus medicus, sanctis et penitentibus ma[t]re(m) manib[us] et pedibus defendentibus].

Come, Christ, you who alone are the physician, to the aid of the saints and penitents who defend their mother [the church] with both hands and feet [i.e. with all their means].\textsuperscript{698}

Paul Monceaux, the discoverer of the inscription, speculates that it was set up by a Donatist, as Catholics of the fourth century rarely referred to the faithful in general as saints, reserving that term for martyrs, bishops, and ascetics.\textsuperscript{699} This is limited evidence on which to base conclusions too firmly, of course, but it is at the very least suggestive: it may be that the Donatists particularly favoured the image of Christ as a physician, and, as O’Donnell has argued, there is good reason to believe that Monica, Augustine’s mother, was reared in a Donatist household.\textsuperscript{700} One can speculate, therefore, that Augustine may have had further exposure to the metaphor of Christ as a physician within his own family. With greater certainty, at least, it can be stated that the image of \textit{Christus medicus} was probably more firmly established in North Africa than in other parts of the Latin world.

In Augustine’s own case, moreover, these testimonies to a popular local image of \textit{Christus medicus} likely received additional colour through the medical metaphors of the Manichaeism which he practised for so long. The identification of both Mani and Christ as

\textsuperscript{697} See p. 204–205.
\textsuperscript{698} Monceaux 1920: 76–81. Trans. mine, based on Monceaux’s translation into French. The only other inscription which evokes \textit{Christus medicus} is a Greek one, found in Syria. See Arbesmann 1954b: 1, n. 1.
\textsuperscript{699} Monceaux 1920: 79.
\textsuperscript{700} O’Donnell 2005: 55–56.
physicians was an aspect of the faith which has already been explored; it was shown earlier that even the members of the Manichaean congregation, the Elect and Auditors, could be characterized as physicians of the soul.  

Arbesmann, indignant at the suggestion made by Leonardo Olschki of a direct Manichaean influence on Augustine in regards to *Christus medicus*, argues against this proposition, conceding only a similarity of phraseology between Christian and Manichaean texts.  

Arbesmann may be correct in connection with the specific metaphor of *Christus medicus*; the influence of Manichaeism in this regard may be more one of atmosphere than of specifics of phrasing or thought. Nevertheless, Augustine's time with the Manichaean would have added additional brush strokes to the backdrop which was being painted in respect to this image alone. Furthermore, the focus of Manichaean rites was food and digestion, which, as an essential aspect of ancient medical therapeutics, fell into the broad purview of what constituted medicine in the ancient world.  

As was stated in the previous chapter, Augustine more frequently employs food metaphors than medical ones in his anti-Manichaean writings, although these two would often fuse: he asserts, for example, that the Manichaean try to understand the nature of the divine with minds which are dull and sick from a poisonous diet of corporeal images (*crassas omnino mentes et*  

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701 See p. 116.

702 Olschki 1951: 391, n. 25; he also attributes the strength of the *Christus medicus* metaphor in Augustine to its popularity in North Africa. Arbesmann 1954b: 27 – 28. Arbesmann states that Olschki brings forward evidence only of an indirect influence at best. He himself indicates instead the “long Christian tradition” upon which Augustine drew. Coyle 1978: 391 is non-committal on the influence of Manichaeism on Augustine in this area.

703 Augustine himself, in his first anti-Manichaean work, recognizes that medicine is not limited to medicaments; see Mor. 1. 27. 52: *Ad corpus quod pertinet, medicina nominata est; ad animam autem, disciplina. Sed medicinam munc voco, quidquid omnino corporis vel tuetur vel instaurat salutem. Ad hanc itaque pertinent, non ea santem quae ars eorum exhibet, qui propriem medicum nominant; sed etiam cibus et porus, tegmen et tectum, defenso denique omnis atque munito, qua nostrum corpus adversus etiam externos ictus casusque servatur. (What benefits the body is called medicine; what benefits the soul, discipline. Medicine here includes everything that either preserves or restores bodily health. It includes, therefore, not only what belongs to the art of medical men, properly so called, but also food and drink, clothing and shelter, and every means of covering and protection to guard our bodies against injuries and mishaps from without as well as from within).
Augustine may have completely rejected Manichaeism along with its dietary laws, but the forceful connection between one common facet of medical treatment and the notion of salvation had years to percolate within.

A final factor instrumental in sparking Augustine’s interest in medicine and medical imagery comes, as we have also seen, from his intellectual life. Augustine’s autodidactic interest in medicine would have been fostered by the intellectual and rhetorical culture of Carthage, and possibly by that which he encountered in his brief stays in Rome and Milan as well. His interaction with the intellectual elite and his readings in medical texts seem to have inculcated a respect for medical knowledge and for medical texts which could only have contributed to Augustine’s readiness to adopt both medicine as a form of authority and medicinal metaphor as an appropriate and accurate reflection of his Christian faith.

Moreover, he developed a great esteem and friendship for Vindicianus. This study has rejected the argument that Augustine’s medical knowledge rests solely upon this archiater, but it does not dispute his importance in Augustine’s thought. The significance of Vindicianus goes beyond any role which he might have played in Augustine’s education in medical facts and theories. Augustine attached special meaning to the elderly physician’s place in his life. Vindicianus’ presence in the Confessions is not accidental; he is pivotal in leading Augustine to questioning the validity of astrology, which itself is related to medicine, but he also functions in a symbolic way. His is the physician’s hand, placed on Augustine’s head, which cannot heal the youth of his real ailment:

\[
\text{Erat eo tempore vir sagax, medicinae artis peritissimus atque in ea nobilissimus, qui proconsul manu sua coronam illam agonisticam imposuerat non sano capiti meo, sed non ut medicus. Nam illius morbi tu sanator . . .}
\]

\(^{704}\) Mor. 1. 17. 30.
At this time there was a certain man of deep insight, very skilled and highly reputed in the art of medicine, who as proconsul had set his hand on my unsound head, but only to crown me with the wreath won in the contest. No healer’s hand did he lay upon me, for you, Lord, were the only healer of my sickness.

In this scenario Augustine assigns to Vindicianus a conspicuous gesture. The manus medici ("the hand of the physician") is an image deeply imbedded in classical medical culture: the healing hand performs gestures specific to diagnosis and therapeutic treatments, but also makes gestures which offer comfort and consolation to the suffering. And as O'Connell notes, when God reaches down his hand in Augustine’s writing, "[i]t is striking how frequently that ‘hand’ belongs to Christ as medicus.

Thus a backdrop was set in place, consisting of the inherited cultural beliefs about the relationship between medicine and faith, a strong partiality to Christus medicus in his homeland, possibly even within his family, the medicinal aspects of his adopted religion, and an intellectual life which included an interest in medicine and from which a remarkable physician appeared and made a lasting impression. With these various influences in mind, we turn to consider pain and suffering in Augustine’s own life.

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705 See various articles on the manus medica in the classical world in Gaide and Biville 2003, particularly “La main salutaire” by Biville.
706 O’Connell 1994: 111 – 112. References to the manus medici in the Augustinian corpus include: Mus. 1. 4. 9; En. in Ps. 6. 3, 33. 2. 20, 40. 6, 66. 7, 102. 5; Ex. Gal. 56; Ut. jejun. 9; Nat. et gr. 29. 26; Serm. 278. 4 – 5; Ep. 63. 2; 148. 4. 13, 278. 4 – 5; Jo. ev. tr. 7. 12.
Augustine's Suffering Body

Augustine lived well into his seventy-sixth year, a long life even by modern standards, but it was not a life without physical pain: he coped with persistent ailments which were punctuated with episodes of more acute illness.\(^707\) He also lived through the illnesses and deaths of his parents, his adolescent son, and close friends. The forty-year period from his birth until he assumed the role of bishop of Hippo is the one in which the most is known about Augustine's health and that of his loved ones; most of these details are drawn from the autobiographical information he provides in the Confessions, and it is in that work above all that Augustine reveals his physical as well as his spiritual suffering.

Before embarking on the task of considering his own physical sufferings, it may prove useful first to digress slightly to consider how Augustine defines and understands physical health and illness in general. To begin with, physical health is one of life's goods, something which, like wisdom and friendship, can be sought for its own sake in this life.\(^708\) In one of his anti-Manichaean treatises, he lists health of the living body as a good, although one which can be corrupted by pain and disease (\textit{deinde in corpore animato corruptio sanitatis, dolor et morbus}).\(^709\) Good physical health is in fact not a luxury, but a necessity; it

\(^{707}\) Augustine notes that he has heard of some people who were never ill in their lives. See \textit{Civ. dei} 21. 14: \textit{Fuisse tamen aliquos, qui usque ad decrepitam senectutem ne levissimam quidem fabriculam senserint, quietamque duxerint vitam, ipsi et novimus et audivimus: quanquam vita ipsa mortalium tota poena sit, quia tota tentatio est} (I myself have known and heard of some who up to the decrepitude of old age never experienced as much as the mildest of fevers, whose whole life has been undisturbed; and yet the whole of man's life is pain, because the whole of it is temptation). O'Donnell 2005: 107 gives Augustine's precise life span as seventy-five years, eight months, and fifteen days.

\(^{708}\) \textit{B. conjug.} 9. 9: \textit{Sane videndum est, alia bona nobis Deum dare, quae propter se ipsa expetenda sunt, sicut est sapientia, salus, amicitia} (This must be clearly obvious, that God gives other goods to us, which may be sought for their sakes, such as wisdom, health and friendship). Trans. mine. Similar sentiments to be found in \textit{Serm.} 72. 6, 229B. 2, 306A; \textit{Ep.} 130. 6. 12; \textit{Trin.} 8. 3. 4; \textit{Doc. Chr.} 1. 25. 26; \textit{En. in Ps.} 35. 7 and 76. 2. It is of interest that at \textit{B. Vita} 4. 25 he expresses the opinion that the condition of the body has no bearing on a happy life, but that he refutes this statement in later life; see \textit{Retr.} 2. 1.

\(^{709}\) \textit{C. ep. Man.} 35. 39.
is “not be despised, because of its being necessary for life’s work” (haec enim contemnenda non est propter necessarios usus vitae).\footnote{Ep. 130. 3. 7.} It is ultimately a gift from God, one which he insists is not given on the basis of merit, although he does worry on occasion that good health has the potential to be a source of spiritual danger.\footnote{On God as the ultimate source of health, see, for example, Mor. 1. 28. 55; Gn. litt. 8. 12. 25; Corrept. 8. 19 (where he also states that good health, along with swiftness, strength, physical beauty, intellect, or natural abilities are not based upon merit).} In the sermon given in 411 after a long period of convalescence, for example, Augustine extolls the positive aspect of human affliction, particularly illness, noting that since good health can be abused in order to sin, those who enjoy it might often be better off sick.\footnote{Serm. 20B. 9: ... et abutitur sanitate ad peccatum. Melius aegrotaret ut quiesceret, quam inquietudini sanaretur (... and they abuse [good health] in order to sin. They would be better off sick and out of circulation, than in good health and gadding about). Other references to health as a possible danger include: Jo. ev. tr. 7. 12; Serm. 61A. 5, 374. 5.}

Augustine is always careful to note that the real physical health of the body is not experienced in this life: “real health is immortality” (illa est enim vera sanitas, quae est immortalitas), he states on a number of occasions.\footnote{En. in Ps. 37. 11. Trans. mine. Similarly, En. in Ps. 55. 6; Ep. 118. 3. 14; Ep. 130. 3. 7; Serm. 77. 9. 13 and 255. 7. 7; Doc. Chr. 1. 23. 23.} The language which he employs in equating physical health with immortality places strong emphasis on the corporeal nature of that immortality. Although the ambiguity contained in the term salus—a word which conveys both “good health” and “salvation” in Latin, thus forming an instant metaphor to be readily exploited by Latin patristic writers, Augustine included—would seem to offer a better choice in discussing physical health and immortality, Augustine in fact usually eschews the use of salus in the context of immortality. He does use salus aeterna as a stock phrase for “eternal salvation,” but when he wishes to stress the very corporeal nature of human resurrection he shows preference for the term sanitas, which implies a physical or mental

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710 Ep. 130. 3. 7.
711 On God as the ultimate source of health, see, for example, Mor. 1. 28. 55; Gn. litt. 8. 12. 25; Corrept. 8. 19 (where he also states that good health, along with swiftness, strength, physical beauty, intellect, or natural abilities are not based upon merit).
712 Serm. 20B. 9: ... et abutitur sanitate ad peccatum. Melius aegrotaret ut quiesceret, quam inquietudini sanaretur (... and they abuse [good health] in order to sin. They would be better off sick and out of circulation, than in good health and gadding about). Other references to health as a possible danger include: Jo. ev. tr. 7. 12; Serm. 61A. 5, 374. 5.
713 En. in Ps. 37. 11. Trans. mine. Similarly, En. in Ps. 55. 6; Ep. 118. 3. 14; Ep. 130. 3. 7; Serm. 77. 9. 13 and 255. 7. 7; Doc. Chr. 1. 23. 23.
soundness but has no salvific implications.\textsuperscript{714} Augustine believes a certain degree of good health to be the normal, natural human state:

\textit{Sanitas quidem perfecta, immortalitas est; sed dicitur etiam secundum quemdam modum sanitas, quam habemus in hac vita. Quando non infirmatur, unusquisque sanus vocatur; et cum inspexerit medicus, sanum remunit; et cum aegrotare quisque coeperit, ipsa sanitas perturbatur; et quando curatur, ad ipsam sanitatem reditur.}

The only perfect health is immortality, but the health we have in this life can also be called health in a qualified way. When we are not ill, we can be called healthy; and doctor pronounces us healthy when he has looked us over. When someone falls ill, that health is impaired; when he recovers, he is restored to health.\textsuperscript{715}

Good physical health was the human condition before the Fall, although the privileged corporeal state which Adam and Eve enjoyed, a state mysteriously maintained by nourishment from the tree of life, was lost, and their bodies became subject to death and disease.\textsuperscript{716} Corporeal health will return to humanity after resurrection, a fact which he asserts early in his Christian life: “[this physical health] will be most firm and certain when this body will have been restored to its former stability, in its own time and order” (\textit{Haec autem sanitas tunc firmissima erit atque certissima, cum pristinae stabilitati, certo suo tempore atque})

\textsuperscript{714} See p. 79—81 on the Latin vocabulary of health. The contrast between \textit{salus} as “salvation” and \textit{sanitas} as “health” can be seen in \textit{En. in Ps. 50. 19: Ostendit quia cum fuerit salus perfecta in isto corpore, corruptio in eo non erit, quae intelligitur nomine carnis et sanguinis: ipsa est enim perfecta sanitas corporis} ([The psalmist] is showing us that when salvation is perfectly accomplished in these bodies of ours there will remain none of that corruption which goes by the name, “flesh and blood.” And that salvation will mean perfect health of our bodies). See also \textit{Ep. Rm. inch.} 13, where he expounds on the happy coincidence that Latin \textit{salus} is \textit{tria} in Punic (in Latin, \textit{tria} is “three”), thus neatly combining in the two languages the concepts of health and salvation with the Trinity.

\textsuperscript{715} \textit{En. in Ps. 55. 6.} See also \textit{Gn. litt.} 9. 10. 17: \textit{in ipsis nostris corporibus quaedam pro suo modo sanitas dicitur} (in our bodies themselves there is said to be a certain state of health of its own proper measure). Trans. mine. See also \textit{Trin. 3. 2. 8: Est certe in corpore humano quaedam moles carnis, et formae specie, et ordo distinctioque membrorum, et temperatio valetudinis} (The human body consists of a certain amount of flesh, an external form, an ordering and distinction of its limbs, and a constitution of health). Trans. mine. Note that in this passage he uses \textit{valetudo}, an ambiguous term which denotes either good or bad health. Augustine notes that the same level of health is not enjoyed by all; the bodies which are less resilient and more apt to fail ill are those of the wealthy, not the poor. Augustine equates poverty with physical resilience and hardiness, and wealth with physical frailty: \textit{ita et post aegritudinem / sic tractandi sunt, ut citterius recreentur, / etiam si de humillima saeculi paupertate venerunt, / tamquam hoc illis contulerit recentior aegritudo, / quod divitibus anterior consuetudo} (During convalescence [sick people] are to receive such care / as will quickly restore their health, even if they come / from the lowest level of poverty in the world. / Recent illness has afflicted them with the same frailty / which the wealthy possess from their previous manner of life). \textit{Reg. 3. 3, 3. 5.}

\textsuperscript{716} \textit{Gn. litt.} 11. 32. 42. See also \textit{C. Jul. imp.} 3. 95. 2; 4. 59.
ordine, hoc corpus fuerit restitutum).  

For Augustine, the healthy human body was always an important aspect of human salvation.

The definition for corporeal health which Augustine most consistently employs is that which was commonly held by physicians and the various medical sects in antiquity, that is, inner balance and harmony. Augustine’s definition of physical health is occasionally a functional one, however: it is a body without restrictions and able to use its various parts at will. In a sermon likely preached in the mid-410s, Augustine notes that even blasphemers are able to enjoy health, which he here defines as “a complete set of senses . . . breath and spirit quickening [the body’s] material . . . the use and enjoyment of this air, sight and light to see with, rational minds which make [humans] superior to other living creatures”

(integritatem sensuum . . . spiritum membra terrana vegetantum . . . perfactionem aeris huius, visionem lucis, rationabilem mentem, qua ceteris animantibus excellentiores sunt). He sometimes defines health as the mere absence of pain or disease, but there are also other aspects of corporeal health which he acknowledges: physical strength, beauty, swiftness, the ability to feel pleasure, the full use of the senses. Nevertheless, he is careful to warn that

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717 Mus. 6. 5. 13. He clarifies his meaning in Retr. 1. 11. 3: Sed pristina stabilitas hactenus accipienda est, quatenus aegritudinem ita nullam corpora illa patientur, sicut nec ista pati possent ante peccatum (But pristine stability should be understood only to mean that these bodies will not suffer any illness just as those bodies before the sin could not suffer any maladies).

718 See Ep. 205. 1. 3.; Serm. 277.4. At Praes. dei 4. 13, Augustine defines health as a quality, not a quantity, which is found in all parts of the human body.

719 Nupt. et conc. 1. 6. 7: Nam quid est, quod oculi, labia, lingua, manus, pedes, inflexiones dorsi, cervicis et laterum, ut ad opera sibi congrua moveantur, positum in potestate est, quando ab impedimentis corpus liberum habemus et sanum . . . (Well, then, how significant is the fact that the eyes, and lips, and tongue, and hands, and feet, and the bending of back, and neck, and sides, are all placed within our power—to be applied to such operations as are suitable to them, when we have a body free from impediments and in a sound state of health). Similarly, Civ. dei 22. 18.

720 Serm. 142. 8. Serm. 127. 2. 3: Salvi sumus quando hic non aegrotamus, neque alicquid dolet in corpore (We are in good health whenever we are not sick nor suffer any pain in our body). Similarly, Quant. 27. 52. On health as encompassing other attributes: Mor. 1. 5. 7: Est ergo summum corporis bonum, non voluptas aquis, non indoloria, non vires, non pulchritudo, non velocitas, et si quid aliud in bonis corporis numerari solet, sed omnino anima (The chief good of the body, then, is not bodily pleasure, not absence of pain, not strength, not beauty, not swiftness, or whatever else is usually reckoned among the goods.
true health is not actually a sensory experience: to experience good health is to live in the body, but at the same time to feel nothing of its being a burden, to have no physical awareness of its internal workings, of its “guts, innards and intestines” (viscera nostra, interiora nostra, quae dicuntur intestina).722

There is some disquiet, however, in Augustine’s mind about the ability of human beings to achieve the inner balance which is required for physical health. The well-being of the body is recognized by Augustine as a temporal good, but it is always a transient good. Health itself, to begin with, is portrayed as a fragile entity: “For what is the health of the body, a health which is destroyed by death, debilitated by sickness—a trifling, mortal, changeable thing?” (Quae est enim ista salus corporis, quae morte perimitur, quae aegritudine debilitatur, frivola, mortalis, fluxa?).723 Furthermore, Augustine often stresses the fact that good health has to take place in a flawed human body. In Sermon 277 he characterizes physical health as inner balance, but follows this definition with a passage in which he emphasizes the persistent weakness of the body which hopes to contain this balance:

Haec ergo sanitas, id est membrorum humorumque concordia in re corruptibili, in re egena et infirma, in re quae adhuc esurire et sitire potest, stando lassari, sedendo refici, rursus sedendo lassari, esuriendo deficere, vescendo refici; non succurrere defectioibus praeteritis nisi alis inchoatis: quidquid enim aliud ad refectionem ceperis lassus, initium est alterius lassitudinis; quia in re, quam sumpsisti ut succurreres, si perseveres, et inde fatigaberis: in hoc ergo infirmito et corruptibili corpore, quid est ipsa sanitas qualiscumque? Neque enim haec, quae in carne mortali et corruptibili dicitur sanitas,ullo modo angelorum sanitati comparanda est, quorum nobis aequalitas in resurrectione promittitur.

of the body, but simply the soul). Lib. arb. 1. 15. 32: Ea sunt autem: primo, hoc corpus, et ejus quae vocantur bona, ut integra valetudo, acumen sensuum, vires, pulchritudo, et si qua sunt caetera . . . (These temporal goods include, first of all, the body and what are called goods of the body, such as sound body, keenness of sense, strength, beauty, and any others there may happen to be . . .). Similarly, C. ep. Man. 40. 46.
722 Serm. 277. 5—6, 8. He readily admits that this lack of awareness of the body cannot be experienced in this life.
723 Ep. Jo. 10. 5. Trans. mine.
So this health, that is the harmony of parts and of humors in a perishable object, in an object that is needy and weak, in an object which can still be hungry and thirsty, grow tired by standing, be rested by sitting, again grow tired of sitting; grow faint from hunger, be refreshed by eating; which cannot relieve past deficiencies unless others have started—whatever you take, after all, to refresh yourself when you are tired, is simply the start of another form of tiredness, because if you persist in the thing you've taken for relief, you will grow tired of that too—so in this weak and perishable body, what does this health, such as it is, amount to, after all? In any case, what's called health in weak and perishable flesh is in no way to be compared with the health of angels, with whom we are promised equality in resurrection.

In another homily, he asserts that “there is no perfect corporeal health, not in this body” (*non est ergo perfecta sanitas, nec in ipso corpore*), and he notes that sustaining even our limited health requires persistent divine assistance in the form of food and drink: “every day our condition is alleviated by God’s medicines, since we eat and drink” (*paregorizamur quotidie medicamentis Dei, quia manducamus et bibimus*). Although Augustine assures his flock that perfect corporeal health is part of immortality, he feels bound to ask, “How can the body be considered healthy now, when it declines, and has needs, and suffers from the perpetual illness of hunger and thirst?” (*Nam modo quomodo sanum est quod labitur, quod indiget, quod habet perpetuam quamdam aegritudinem famis et sitis?*).

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724 *Serm. 277. 4*. Similarly, *En. in Ps. 37. 5*. At *Mor. 1. 27. 52*, Augustine lists hunger, thirst, cold, heat, and violence as causing a loss of health.

725 *En. in Ps. 122. 11*. Trans. mine.

726 *En. in Ps. 50. 19*. Since the human body in Graeco-Roman medical thinking was considered to be in a state of perpetual flux, it required constant physical restoration in order to maintain its inner balance. Augustine’s writing essentially reflects the medical culture, but his continued reservations about the possibility of good corporeal health ever occurring in a human body (prior to resurrection) is at least a half-step removed from the medical thought of his day. It is tempting to place his apparent anxiety on this point as coming perilously close to Manichean ideas on human physiology, in which the body was viewed as being internally imbalanced by its very nature, and indeed the accusation of Manichean beliefs was one which Augustine faced from supports of Pelagius: they accused him of clinging to a dualism which denigrated the body. His concern over the “weak and perishable” physical nature of the body, which is striving but is inherently unable to maintain an inner equilibrium, surfaces as an argument in his conflict with the Pelagians: at *Pecc. mer. 1. 5*, Augustine challenges Pelagius’ assertion that it is possible to live a life of sinlessness by comparing the inability of the human person to escape sin to the incapacity of the human body to avoid illness: *Cuius enim caro est, quae non aegroture possit, etiam si aliquo casu priusquam aegrotet occultat?* (For whose is the flesh which is incapable of sickness, even if from some accident it die before it ever is sick?).
Good physical health, then, is one of life’s goods, but is a qualified good. Illness also is somewhat ambiguous. Illness is always seen to be part of God’s unfathomable plan:

“God’s will is that you should sometimes be healthy, sometimes ill” (voluntas Dei est aliquando ut sanus sis, aliquando ut aegrote).\(^{727}\) Notwithstanding this fact, illness finds a prominent place on Augustine’s list, set out near the end of City of God, of the many evils of life: “Again, there are the evils that arise from the body, in the shape of diseases; and there are so many of them that all the books of the physicians cannot contain them all” (iam vero de ipso corpore tot existunt morborum mala, ut nec libris medicorum cuncta comprehensa sint).\(^{728}\)

On occasion Augustine attributes disease and illness to the activity of demons, but in general the physical ailments of the body are more frequently assessed by Augustine not so much in specific aetiological terms, however, as in regard to their underlying meanings.\(^{729}\) Illness, along with other tribulations such as financial loss or the loss of family members, can be construed as a “testing of the just” (exercitatio iustorum), put to one by either God or the devil.\(^{730}\) The latter is allowed to test a human soul through bodily afflictions, fevers, or various diseases, just as he had done to Job (per corporales molestias, per febres, per aegritudines, per aliquos labores corporis, sicut laboravit Job).\(^{731}\) Augustine also contends on occasion, however, that illness can exist for positive ends, just as good health can be detrimental to some. Those who bear their illnesses with fortitude, for example, will find substantial moral and spiritual rewards: greater patience, purified souls, or eternal

\(^{727}\) En. in Ps. 35. 16. Similarly, C. acad. 3. 2. 3; Ep. 38. 1; En. in Ps. 118. 6. 2.
\(^{728}\) Civ. dei 22. 22. 3. Similarly, Sol. 1. 12. 21; Mor. 1. 22. 40; Agon. 7. 8.
\(^{729}\) See Div. Daem. 5. 7, for example. At Civ. dei 1. 32 Augustine does not suggest that demons started a plague in Rome, but that they exploited it to create a matching pestilence of the soul
\(^{730}\) Div. qu. 27. Similarly, En. in Ps. 15. 4, 21. 2. 5, 90. 1. 2; Serm. 20B. 1.
\(^{731}\) En. in Ps. 90. 1. 2.
Augustine is even able to interpret ill health as a blessing: both disease and famine, he argues in City of God, are able to rescue humans from the sufferings of the body. Furthermore, the trials and tribulations of life, of which illness is one, can sometimes act as a path to God:

_Aliquando autem ex flagello tribulationis, cum evenit quod non optabat, convertitur ad deum. Erit etenim cauter, erit castior, erit modestior, erit humilior_ . . .

Sometimes, on the other hand, as a result of the scourge of tribulation [of illness], when something they hadn’t bargained for happens to them, they [sinners] are converted to God. They will emerge more careful, more chaste, more unassuming, altogether humbler . . .

Illness is more frequently interpreted by Augustine, however, as a punishment or a correction, our bodily torments which have been earned by our sinful nature. A notable example occurs in one of his letters: a certain archiater, Dioscurus, was punished with blindness and then with paralysis for reneging on a vow to become a Christian in order to save his sick daughter’s life. The punishment could be personal and directed towards the sufferers themselves, or it could be meant to punish their loved ones. The important element in Augustine’s thinking is that the punishment of illness is always deserved in some manner, for it is not possible that the will of God is unjust (nec potest domini voluntas esse in aliquo iniusta).

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732_Div. qu. 30; Exc. urb. 8. 9; Agon. 7. 8; Gn. litt. 3. 15. 24._

733_Civ. de i. 10. 4: Quos enim fames necavit, malis vitae huius, sicut corporis morbus, eripuit: quos autem non necavit, docuit parcius vivere, docuit productius jejunare (For when starvation killed any, it snatched them away from the evils of this life, as disease rescues men from the sufferings of the body, and if it spared their lives, it taught them to live more frugally and to fast more extensively).

734_Serm. 20B. 9. Similarly, _En. in Ps. 21. 2. 4._; _Gn. litt. 3. 15. 24._

735_Ep. 227. Other passages in which illness is said to be a punishment for sin include: _Div. qu. 27; Orig. an. 6._ 16, 18 (= Ep. 166); _Ep. Rom. inch. 10; C. ep. Man. 1. 1; Nat. b. 20; C. Adim. 17. 3; En. in Ps. 59. 6; F. et op. 20._ 36; _C. Jul. 3. 6. 13; Serm. 5. 2, 113A. 4, 286. 5, 346C. 1._

736_See_Lib. arb. 3. 23. 68, in which he suggests that the bodily sufferings of children may be punishments for their parents._

737_Serm. 20B. 1._
We return again to Augustine’s own experience with physical health and illness. Bernhard Legewie, in his detailed assessment of Augustine’s corporeal constitution, concludes that Augustine as a child was essentially robust (kräftig), although Augustine did fall gravely ill on at least one occasion. Augustine records that as a small child he was seized with sudden stomach pains and a fever, and, believing he was about to die, he begged his mother, Monica, for baptism; his quick recovery, however, obviated the need for the sacrament. Later, as a young man, the illness and then unexpected death of an unnamed but close childhood friend caused Augustine considerable sorrow. Upon his arrival in Rome in 383, he himself promptly fell ill with an illness characterized by fever, from which he recovered shortly.

By the following year Augustine was teaching rhetoric in Milan; during the summer of 386, however, his health began to fail under the strain of teaching: his lungs gave out, “making it difficult for me to draw breath and giving proof of their unhealthy condition by pains in my chest” (dificiliter trahere suspicio, doloribusque pectoris testari se saucium). His famous conversion in the garden came at the end of that same summer, and, after completing his teaching commitments in the autumn, he moved to a villa at Cassiciacum (lent to him by his friend Verecundus) with various friends and family; the group included his mother, his brother, Navigius, and his teenage son, Adeodatus, born to him by the mistress who had been dismissed and sent back to North Africa the previous year. They spent the winter in retreat at the villa, during which time Augustine composed the four

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738 Legewie 1931: 7.
739 Conf. 1.11. 17. Infant baptism was not the norm at this time: the sacrament was said to atone for sins only up to that moment, leaving one susceptible for sins committed afterwards. Many Christians postponed baptism until their death beds for this reason. See Harmless 1999 on the issue of baptism in Augustine’s day.
740 Conf. 4.4. 7 – 8.
741 Conf. 5.9. 16.
742 Conf. 9.2. 4.
743 Conf. 9.3. 5 – 9. 4. 7.
treatises which comprise the Cassiciacum dialogues; in these works, particularly in *Soliti
ingua*, his ill health is mentioned repeatedly. Chest trouble (*pectoris dolor* or *morbus,
*stomachi dolor*) and a general bodily weakness (*infirmitas corporis*) required that he use his
voice with great care and that he not exert himself, in order to guard his health (*ut valetudini
parcerem*).744 He also suffered the intense agony of a toothache at one point while at
Cassiciacum.745

After Augustine’s baptism in Milan, the North Africans began a return trip to their
homeland, and made their way to Rome to begin the journey. While the group was waiting
to leave Rome, Verecundus died suddenly of an illness (*corporal aegritudine corruptus*)
back in Milan, after having been baptized.746 A short while later, Monica herself succumbed
to a fever at Ostia after an illness of nine days, an event which shattered Augustine.747 He
and his companions returned to North Africa in late 388, where Augustine continued to cope
with a general debilitation of health, alluded to in a letter sent to Nebridius.748 This close
friend was also ailing, and sometime in the next year or so both he and Adeodatus died of
unknown causes.749

Augustine’s health was poor enough to prevent him from travelling from Thagaste,
where he had settled, to visit Nebridius, who was dying in Carthage: “You know that my
health, too, is poor, and I am not able to do what I wish, unless I cease to wish what I am not
able to do” (*huc accedit infirmitas corporis, qua ego quoque, ut nosti, non valeo quod volo,

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744 See *C. acad.* 1. 1. 3, 3. 7. 15; *B. vita* 1. 4; *Ord.* 1. 2. 5, 1. 8. 26, 1. 11. 33; *Sol.* 1. 1. 1 and 6, 1. 9. 16, 1. 13.
23, 1. 14. 26, 15. 27.
745 *Conf.* 9. 4. 12; *Sol.* 1. 12. 21. Navigius was also apparently in poor health, having a diseased spleen which
required restrictions on his diet. See *B. vita* 2. 14.
746 *Conf.* 9. 3. 5.
748 *Ep.* 10. 1.
Despite the apparent limitations imposed by his health, however, Augustine was an active man. While living in Thagaste he wrote several treatises; he then moved to Hippo with the intention of founding a monastery, but instead found himself unexpectedly ordained a priest. As a cleric, he debated in public, wrote, preached, lectured, and travelled to Carthage at least twice to participate in church councils. He was made Bishop of Hippo in 394.

Of the remaining portion—almost half—of his life, a busy one in which he dealt with the affairs of the diocese, preached regularly, attended episcopal conferences in other parts of North Africa, all while writing and dictating hundreds of letters and works, comparatively little is known about his health. In the summer of 397, however, he wrote to a fellow bishop that he was almost wholly incapacitated, unable to walk, stand, or even sit because of the pain and swelling of anal fissures or haemorrhoids. This letters holds the last mention of his health which refers to a specific physical ailment; all other allusions are fairly vague in nature. There are two undated references to illness, and in one, a letter, Augustine notes that his usual state of poor health is well-known to all those who are acquainted with him (infirmitati meae propriae, quae nota est omnibus qui familiarius me noverunt). In the period of 410 – 411 there are several references to his ill health: he writes in letters that he cannot travel for reasons of health; his present illness, or perhaps just old age, he speculates—although he is barely fifty-five years of age at this point—also make him susceptible to cold. The cause of his susceptibility was more likely his physical health

\footnote{Ep. 10. 1.}

\footnote{Ep. 38. 1. Augustine's terminology is not entirely clear: he is suffering from rhagadis vel exochadis dolore et tumore (pain and swelling from anal fissures or haemorrhoids). Either ailment can be chronic, and both can be extremely painful. On contemporary medical therapies for these conditions, see p. 251 n. 791.}

\footnote{Ep. 151. 13. The other undated evidence is in Serm. 319A.}

\footnote{Ep. 122. 1, 124. 1.}
than age, for by early 411 Augustine was convalescing at a villa outside of Hippo, for an illness which he did not name but which required surgery.\textsuperscript{754} A decade later, however, he is again presenting his inability to bear cold weather as a reason for not travelling to attend an episcopal conference, though a short while later he tells another correspondent that, by God’s kindness and the help of others, he is still alive and in good health.\textsuperscript{755}

His old age does eventually cause him the usual physical ailments: unnamed illnesses, fatigue, and general bodily exhaustion.\textsuperscript{756} In the year or so before his death, he is gratefully receiving medicaments from an unknown and far-off archiater which are sent with a priest with the compliments of his correspondent Darius, and apologizing that his age and physical weakness prevent him from meeting with Darius.\textsuperscript{757} In the winter before his death, “bodily weakness and the chill of age” (infirmitas corporis, et congenitum frigus) prevent travel, and by this point, of course, Augustine truly is an old man.\textsuperscript{758} Possidius reports that in his last illness, Augustine was confined to bed, wishing to see only his physicians and those who tended him.\textsuperscript{759}

Legewie completes his study of Augustine’s physical health with the conclusion that one should not overestimate the bishop’s bodily infirmities, that while his health may have been perhaps delicate in certain areas, he still seemed to have been overall fit, healthy, and active.\textsuperscript{760} This statement seems to be appropriate, although one notes that the evidence upon which it is based is relatively thin. Of more interest than the actual state of Augustine’s

\textsuperscript{754} Ep. 118. 5. 34; Serm. 20B. 1, 11. Augustine opens the sermon with an expression of pleasure at being back with his congregation after his illness, and he closes it with a mention of a recent scar which has not yet healed (recentiori cicatrici, nondum fortasis perfectae atque conclusae).
\textsuperscript{755} Ep. 22* 1; Ep. 6*, 1.
\textsuperscript{756} Ep. 216A, 220. 2, 221, 269; Serm. 320, 355. 7.
\textsuperscript{757} Ep. 230. 6. At Ep. 231. 7, Augustine thanks Darius for the medicines.
\textsuperscript{758} Ep. 229. 1.
\textsuperscript{759} Possidius, Vita Aug. 29.
\textsuperscript{760} Legewie 1931: 12.
health, however, is his assessment of his experience of illness. That certain episodes of illness in his life, particularly those which are narrated in the Confessions, were construed as meaningful by Augustine is without doubt: the descriptions of illnesses, both his own and that of others, do not appear by accident in the Confessions. Augustine is a careful and meticulous author; he is especially so in composing this work. He selects for inclusion only those parts of his life which he believes support his various purposes; illnesses are included in his narrative because they fulfill particular roles. An examination of illness in the Confessions will demonstrate the very personalized meaning which Augustine brought to his use of medical metaphor and language, particularly to Christus, or Deus, medicus.

The episodes of physical illness will be examined not necessarily in chronological order, but rather in terms of their meanings. It is, nonetheless, the illness of his early childhood which will be discussed first. The story of this bout of illness is narrated in a way which comments not so much upon Augustine the child as upon those adults around him, to draw attention to the greater care which was taken for the health of his body over that of his soul. There is, however, a small detail of this account which deserves particular attention, one which speaks to Augustine’s pastoral role at the time of its recounting in 397 or thereafter.

761 Augustine is infamous for leaving out details in the Confessions which modern readers would like to know: the name and story of his mistress, the names and authors of the Platonic books which he read, details of his relationship with his father, for example.
762 Conf. 1. 11. 18: Unde ergo etiam nunc de aliis atque aliis undique in auribus nostris: ‘Sine illum, faciat: nondum enim baptizatus est.’ Et tamen in salute corporis non dicitur: ‘Sine vulneret amplius: nondum enim sanatus est.’ Quanto ergo melius et cito sanare et id aegeretur mecum meorum meaque diligentia, ut recepta salus animae meae tuta esset tutela tua, qui dedisset eam (Why is it that we still hear nowadays people saying on all sides of many another person, “Let him be, let him do as he likes, he is not baptized yet”? Where bodily health is at stake we do not say, “Let him be, let him go on injuring himself, he is not cured yet.” Yet how much better it would have been if I had been healed at once, and if everything had been done by my own efforts and those of my family to ensure that the good health my soul had received should be kept safe in the care of you who had given it).
763 On the dating of the Confessions there is considerable scholarly disagreement: see the useful table summarizing the various positions in Hombert 2000: 8. All scholars do agree, however, that the work was
me life according to the flesh" (*mater carnis meae*) and “the mother of us all, [the] Church” (*matris omnium nostrum Ecclesiae*), to wash him with the “saving sacraments” (*sacramentis salutaribus*), and he describes Monica’s willingness to hurry (*curare festinabunda*) to the church to do this. Whether or not Monica was in fact ready to rush Augustine to the church for baptism is not relevant. Augustine’s personal experience with a serious childhood illness and the maternal concern which he remembers his mother showing, combined with his daily experience as a bishop, where he would have been confronted regularly by parents with dying children, must have contributed to the emotional intensity which he brings to the debate with the Pelagians on infant baptism.\(^{764}\)

Augustine’s childhood brush with death and his missed chance for baptism form a contrast to the later illness and death of his close friend whom he had “lured” (*deflexeram*) into Manichaeism. The friend fell gravely ill and was baptized as a Catholic while unconscious, a baptism which he took to heart upon regaining consciousness, much to Augustine’s surprise and chagrin. His friend physically relapsed shortly thereafter and died as a Catholic. O’Donnell sees a number of meanings underlying this episode.\(^{765}\) For the purposes of this study, the most salient point is that Augustine interprets his friend’s illness and death as a punishment, one meant for Augustine himself, as a penalty for leading his friend away from God to “the superstitious and baneful fables” (*superstitiosas fabelas et perniciosas*) of the Manichees:

\[
Et ecce tu imminens dorso fugitivorum tuorum, deus ultionum et fons misericordiarum simul, qui convertis nos ad te misis modis, ecce abstulisti hominem
\]

begin in 397. Hombert posits that the work was written over a six-year period, with Books 1 – 9 (the “autobiographical” books) belonging to 397 – 400, and Books 10 – 12 to 403. See also O’Donnell 1992: (vol. 1) xli – xlii and 2005: 33 – 34.

\(^{764}\) Harmless 1997 does not mention this episode in his examination of the recurring image of human mothers running to the mother Church in Augustine’s works.

de hac vita, cum vix explevisset annum in amicitia mea, suavi mihi super omnes suavitates illius vitae meae.

Ah, but you were pursuing close behind us, O God of vengeance who are the fount of all mercy and turn us back to yourself in wonderful ways. You took him from this life after barely a year’s friendship, a friendship sweeter to me than any sweetness I had known in all my life.766

His friend was in fact saved by his death, “snatched away from my mad designs” (abreptus dementiae meae) of bringing him back to the Manichaean fold.

Augustine goes through a period of wild, almost uncontrollable grief after this friend’s death.767 He displays what he believes to be a more appropriate expression of grief later in the Confessions, after the illnesses and deaths of Vercundus and Monica.768 In these instances, there is no suggestion of punishment directed at either themselves or Augustine; their sufferings and deaths are understood as natural departures from this temporal life to that of immortality. In Monica’s case, her “religious and godly soul” (anima illa religiosa et pia) is said to have been “set free from her body” (corpore soluta est).769 The difference is one of faith: these two deaths, painful as they may have been to Augustine, are experienced through the eyes of a Catholic Christian, not a Manichee.

Before his own conversion and subsequent baptism, Augustine was acutely ill twice, and once again he understands these to have been punishments at the hand of God.

Augustine states that he was set upon “by the whip of corporeal illness” (flagello aegritudinis corporalis), with a fever which brought him close to death upon his arrival in Rome.770 With

766 Conf. 4. 4. 7.
767 Conf. 4. 4. 9 – 4. 7. 12.
768 Conf. 9. 3. 5; 9. 12. 29 – 9. 13. 34.
769 Conf. 9. 11. 28.
770 Conf. 5. 9. 16. Trans. mine. During this illness, Augustine was attended by a Manichaean with whom he was staying in Rome. The inclusion of this detail in his narrative may be part of an implied contrast between the medical care which he received at the hands of the Manichees and the spiritual healing which Monica attributes to the care of Ambrose, when Augustine experiences his “crisis” (accessio critica) in Milan. Conf. 5. 10. 18 and 6. 1. 1.
much the same language he describes his severe toothache at Cassiciacum: it was “the bitterness of your whip” (flagelli tui asperitatem),” he tells God, “You tortured me then” (tunc excruciabas me).\(^{771}\) Augustine’s dental pain was so fierce, in fact, that he was not able to speak. He used his pen and tablet to ask his family and friends to kneel and pray for his healing, a request they acted upon, with the result that his pain vanished almost instantly.\(^{772}\)

It is of interest that the account in the Confessions is not the only description of this bout of dental pain. An earlier report is found in Soliliquia, written at or very near the time in which he actually experienced the toothache. In this version, the pain is also described as relentlessly intense: Augustine says that he is being tortured (torquerer) with the pain and that he has “not at any time suffered anything more painful than this” (nihil maius aliquando pertuli).\(^{773}\) Yet there is no suggestion in the Soliliquia account that Augustine is suffering this severe pain as a form of punishment, nor is there any reference to the miraculous healing he received through the prayers of those around him. The pain is presented merely as a hindrance to his ability to meditate upon wisdom, and nothing more. The probable reason for the differing versions of the same experience of acute illness will be made clear shortly.

Augustine’s ill health in Milan in 386 is presented in both the Confessions and the Cassiciacum dialogues as a welcome social and professional excuse. The chest pains and breathing problems which he experienced allowed him to abandon his career as a rhetorician and to retreat from society:

\[
\text{Quinetiam, quod ipsa aestate litterario labori nimio pulmo meus cedere coeperat, et difficulter trahere suspiria, doloribusque pectoris testari se sauctum, vocemque clariorem productoremve recusare, primo perturbaverat me, quia magisterii illius sarcinam pene iam necessitate deponere cogebat, aut si curari et convalescere}
\]


\(^{772}\) This episode describes what is essentially a miracle of healing, although Augustine himself never refers to it in those terms.

\(^{773}\) Sol. 1. 1. 21.
It happened by coincidence that in that same summer my lungs had begun to fail under the severe strain of teaching, making it difficult for me to draw breath and giving proof of their unhealthy condition by pains in my chest. My tone was husky and I could not manage any sustained vocal effort. These symptoms had worried me when they first appeared, because they were forcing upon me the necessity of either giving up my professional career or, if there was any prospect of my being cured and recovering my strength, at least of taking some rest. But now that a wholehearted desire to be still and see that you are my Lord had arisen within me and grown strong, as you know, my God, I began even to rejoice that a genuine excuse lay to hand which I could use to appease those parents who for their children’s sake were unwilling ever to allow me freedom.\footnote{Conf 9.2.4.}

Much has been written on Augustine’s “genuine excuse” for leaving his post at Milan, including attempts at retrospective diagnosis: was Augustine suffering from asthma? A respiratory inflammation? A nervous breakdown?\footnote{Brown 2000: 102. Augustine fell back upon illness as a pretext, genuine or not, to avoid travel or other commitments throughout his life, as his letters show. He also recognizes that illness may be put forward as an excuse by others: in his rules for monastics, he states that if a servant of God says that he’s ill, you must believe him even if the source of his pain is not apparent. See \textit{Reg.} 5. 6. Similarly, \textit{Op. mon.} 19. 22.} An accurate diagnosis of Augustine’s ailment which fits within modern nosology is probably impossible, as Legewie very accurately points out, not only because of the limited information provided, but also because the description of the symptoms of ailments were governed by classical and not modern theoretical conceptions.\footnote{Legewie 1931: 16. See also p. 12 – 14 on nosology of ancient world.} It is, however, of little consequence from what specific ailment Augustine was suffering; it is only of interest that he was able to welcome this failure in his health as offering an opportunity for escape which he might otherwise have been denied.\footnote{Lancel 2002: 99 notes that Augustine would have needed a very good reason for resigning what was a quasi-official position within the court at Milan. Possidius does not mention illness as reason for Augustine’s leaving his post at Milan, but he does state that it was on the pretext of his own age and infirmity that Valerius, the incumbent bishop of Hippo, sought permission to elevate Augustine from priest to co-bishop, an act which was contrary to church regulations. See Possidius, \textit{Vita Aug.} 2, 8.}
As O’Donnell has perceptively has pointed out, the bouts of illness which befell Augustine throughout his life all seem to occur “at emotionally convenient moments,” making it “impossible not to suspect” some psychosomatic tendencies. 778 This should not be perceived as a slur on O’Donnell’s part: that there is a relationship between the somatic and the psychic is readily recognized by Augustine himself. In an early letter, written to Nebridius, Augustine points to the well-known mutual interaction of body and soul in regards to the production of bile and the emotion of anger, in which the humour produces the passion and the passion in turn fuels further production of the humour. 779 As was seen in the last chapter, Augustine was extremely interested in the relationship between the senses and the soul. The soul vivifies the body, he declares: it “is present at the same time and entire, not only in the entire mass of the body, but also in each of its individual parts” (anima vero non modo universae moli corporis sui, sed etiam unicumque particulae illius tota simul adest), and the entire soul feels the pain in any part of the body. 780 The relationship between soul and body is especially evident to Augustine, however, precisely in the matters of illness and bodily suffering. “Pain is really an experience of the soul, not the body,” Augustine writes, “even when the cause of pain is presented to the soul by the body” (animae enim est dolere, non corporis, etiam quando ei dolendi causa existit a corpore). 781 Physical suffering results in pain in the soul:

Non enim vel ipse qui dicitur corporis dolor, potest esse sine anima, quem inevitabiliter imminentem praecedit tristitia, quae solius animae dolor est. Dolere ergo anima, etiam non dolente corpore, potest; dolere autem corpus sine anima non potest.

779 Ep. 9. 4.
780 Imm. an. 16. 25. See also Gn. litt. 12. 19. 41; Ep. 7. 3. 7.
781 Civ. dei 21. 3. 2.
What we call bodily pain cannot leave the soul unaffected, for when bodily pain looms it is invariably preceded by sadness, which is the pain of the soul alone. The soul can be in pain even when there is no pain in the body, but the body cannot be in pain without there being pain in the soul.\textsuperscript{782}

It is this connection between the suffering body and the suffering which it causes in the soul which seems to be a key element in Augustine’s distinctive attachment to medical imagery in general and to Christus/Deus medicus in particular. Martin posits that Augustine’s personal experience with illness was likely a significant factor in his interest in medicine and medical imagery: Augustine “could petition [God] with a conviction and genuineness that echoes first hand knowledge.”\textsuperscript{783} Yet all human beings suffer physical ailments. Why should Augustine’s illnesses make him more receptive than other patristic writers to the metaphors of medicine? The answer appears to lie in the Confessions itself, a work in which there is much anxiety, pain, and healing, both physical and spiritual, and in which, in comparison to the works which preceded it, there is also an amazing explosion of medical imagery.\textsuperscript{784}

God, the physician of body and soul, not only takes pity on Augustine when he is stricken with fever in Rome, for example, and restores him to health, he also works

\textsuperscript{782} En. in Ps. 87. 3. Similarly, Civ. dei. 14. 1. 2, 21. 3. 1; Sol. 1. 12. 21; Imm. an. 16. 25; Lib. arb. 3. 23. 69; Vera rel. 12. 23; Gn. litt. 3. 16. 25, 12. 23. 49. Other references to a relationship between the body and the mind or soul include: C. acad. 2. 4. 10; Sol. 1. 9. 16; Mor. 1. 22. 40; Mus. 6. 5. 9 – 10; An. et or. 4. 5. 6; Gn. litt. 7. 20. 26, 12. 19. 41 – 44; Ep. 9. 3.

\textsuperscript{783} Martin 2001: 226, citing Conf. 10. 3. 4. Martin infers that Augustine’s study in medicine occurred after his health problems, when it would appear in fact that his knowledge of medicine preceded the majority of his incidents of ill health, most of which date from his arrival in Rome and afterwards.

\textsuperscript{784} Even granted that the Confessions is the longest work which Augustine produced to date, the amount of medical imagery in this text is striking in comparison to his earlier works. There are well over forty passages in the Confessions in which the metaphors of medicine are to be found. They include: Conf. 1. 5. 5, 1. 6. 7, 2. 2. 4, 2. 7. 15, 3. 1. 3. 2. 4. 3. 6. 3. 5. 9, 3. 5. 4. 7. 12, 4. 11. 16, 4. 12. 19, 5. 1. 1. 5. 9. 16. 5. 10. 17. 6. 1. 1. 4. 6. 6. 9. 9. 6. 7. 12. 6. 11. 20, 6. 15. 25. 7. 7. 11, 7. 8. 12. 7. 16. 22, 7. 18. 24, 7. 20. 26, 7. 21. 27, 8. 1. 2. 8. 7. 17, 8. 11. 25. 9. 4. 7. 9. 4. 8. 9. 16. 9. 8. 18, 9. 9. 21, 9. 12. 30, 9. 12. 31, 9. 13. 34, 9. 13. 35, 10. 3. 3. 10. 3. 4, 10. 28. 39, 10. 43. 69. See O’Donnell 1992: (vol. 1) xlv, n. 74 on the length of the Confessions compared to other works.

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throughout the *Confessions* to heal Augustine’s soul.785 God pours out his ministrations for this tormented soul, one which is covered in sores, itching and festering, by “prob[ing] its wound to the raw” (*sensum vulneris tuo pungelas*) to persuade it to turn to him to find healing (*converteretur, et sanaretur*).786 Augustine describes himself as being spiritually wounded, suffering from a pride so swollen that his eyes were hidden by the puffiness of his face (*nimis inflata facies claudebat oculos meos*), but “at the unseen touch of your medicine,” he recalls, “my swelling subsided, while under the stinging eye-salve of curative pain the darkened vision of my soul began to improve” (*et residebat tumor meus ex occulta manu medicinae tuae, aciesque conturbata et contenebrata mentis meae, acri collyrio salubrium dolorum de die in diem sanabatur*).787

It is not the language of the *Confessions* alone which is significant, however; it is also the timing and the probable circumstances of its composition which provide support to the suggestion that it was personal experience with physical suffering which made medical metaphor so appealing to Augustine.788 It must be more than mere coincidence that the writing of much of the autobiographical sections of the *Confessions* occurred in 397, part of which time Augustine spent confined to bed, unable to stand, or sit, or walk from the extreme physical agony caused to him by anal fissures or haemorrhoids.789 “Pray for me,” he asks his fellow bishop Profuturus in a letter informing him of his ailment, “that I may not waste the days, that I may bear the nights with patience, and, ‘though I should walk in the midst of the

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785 *Conf*. 5. 10. 18.
786 *Conf*. 3. 1. 1 and 3. 2. 4 (on his soul’s health); 6. 6. 9.
787 *Conf*. 7. 7. 11, 7. 8. 12.
788 See O’Donnell 1992: (vol. 1) xii – li on the place of the *Confessions* in Augustine’s life and writing.
789 On the dating of the *Confessions*, see p. 243 n. 763.
shadow of death,' that the Lord may be with me 'so that I may fear no evils.'\textsuperscript{790} The nature
of Augustine’s ailment may perhaps provoke a smile today, but the pain it caused him, both
in the condition itself and perhaps even in the therapies employed to treat it, was obviously
real.\textsuperscript{791} Augustine speaks of trying to endure his nights of pain with patience and of trying
not to waste the days spent waiting for healing to occur.\textsuperscript{792} The latter is a suggestive
statement: it offers a picture of a bedridden Augustine putting his days of enforced rest to
use, using an illness again as an opportunity, just as he did when he left his teaching post in
Milan. There is insufficient evidence to prove without question that it was during this time
of acute physical pain that he was writing the \textit{Confessions}, but the tone and language of that
work, one in which God is so frequently presented as the omnipotent physician, “the God of
every kind of healing” \textit{(Deum salutis omnimodae)}, surely allow one to speculate in this
direction.\textsuperscript{793} O’Donnell has hinted at this possibility, but without drawing a definite
connection between Augustine’s suffering body and his suffering soul in the \textit{Confessions}.\textsuperscript{794}
It appears highly likely, however, that the intense self-examination of Augustine’s pain-
ridden soul was at least in part prompted by the author’s own struggle with acute physical
pain. Episodes of his own past illnesses, and even those of others, received renewed

\textsuperscript{790} \textit{Ep. 38. 1 (trans. FC 12):} \textit{Commendamus ergo sanctis orationibus tuis et dies et noctes nostras, ut oretis pro
nobis, ne diebus interperanter utamur, ut noctes aequo animo toleremus, ut etiamsi ambulemus in medio
umbrae mortis, nobiscum sit Dominus ne timeamus mala.}
\textsuperscript{791} Celsus gives a number of treatments for haemorrhoids, ranging from changes in diet and mild fomentations
or more caustic medications to blood-letting (on the patient’s arm) and surgery. Similar treatments were used
for anal fissures. See \textit{Med.} 6. 18. 7 and 9, 7. 30. 1 and 3. See also Cassius Felix 74. 1.
\textsuperscript{792} \textit{Ep. 27. 1}, written to Paulinus shortly before or around the same time, speaks of the need for patience with
bodily suffering. In \textit{Ep. 127. 2}, written around the time of his later surgery in 411, he talks of the torture to
which patients submit themselves when undergoing medical treatment.
\textsuperscript{793} \textit{Conf. 9. 4. 12.}
\textsuperscript{794} See O’Donnell 1992: (vol. 1) xli, n. 62: “It is sobering to think that the \textit{Confessions} may have been dictated
by a man lying prone and enduring undignified and only marginally effective medical treatment.” Again,
O’Donnell 2005: 107 – 108, wherein he suggests as well that this episode of illness was part of a psychosomatic
pattern, that his haemorrhoidal pain occurred immediately after Augustine’s “grand debut at Carthage.” The
ailment physically removed him from the public stage he had just occupied, in much the same manner that his
toothache at Cassiciacum removed his ability to speak. Each of these would be striking afflictions for a
rhetorician.
attention in this work; they were closely examined for their meanings, and the punitive nature of many of them, not readily perceived at the time, became suddenly clear to the afflicted bishop.

In the *Confessions*, Augustine also establishes a personal relationship with God as his physician, “my inward healer” (*medice meus intime*). The work is a direct address to God, and though it is seldom that he is specifically called *medicus*, his ability to heal is one of the aspects which Augustine repeatedly emphasizes. Augustine in fact begins the work with a recitation of many aspects of God’s immense power and love, which culminates in a cry revealing of the strength with which Augustine clings to God’s healing powers:


Alas for me! Through your own merciful dealings with me, O Lord my God, tell me what you are to me. Say to my soul, *I am your health and salvation* [*salus*]. Say it so that I can hear it. My heart is listening, Lord; open the ears of my heart and say to my soul, *I am your health and salvation.*

Augustine uses this same phrase—*salus tua ego sum*—again at the beginning of Chapter 9, immediately after the story of his conversion in the garden has been described. It is God who is the only healer of Augustine’s sickness (*ilium morbi tu sanator*):

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795 *Conf.* 10. 3. 4.
796 Specific use of term *medicus*: *Conf.* 2. 7. 15, 10. 3. 4, 10. 28. 39. At *Conf.* 4. 3. 5, God is described as *sanator* (healer). The majority of the references listed on p. 248 n. 784 are to instances of God performing acts of healing.
797 *Conf.* 1. 5. 5, citing Ps. 34 (35): 10. Trans. mine. Cf. *En. in Ps.* 85. 9: *Ergo medicum tuum pone Deum; pete ab illo salutem, et salus tua ipse erit* (Take God as your physician. Beg him to give you health and salvation, and he himself will be your health and salvation). Trans. mine.
798 *Conf.* 9. 1. 1: *Laudet te cor meum et lingua mea, et omnia ossa mea dicant, “Domine, quis similis tibi?” dicant, et responde mihi et dic animae meae, “Salus tua ego sum”* (May my heart and tongue give praise to you, and all my bones cry out their question, “Who is like you, O Lord?” Yes, let them ask, and then do you respond and say to my soul, “I am your health and salvation.”). Trans. mine.
799 *Conf.* 4. 3. 5.
Eimihi! Domine, misere mi! Eimihi! Ecce vulnera mea non abscondo. Medicus es, aeger sum; misericors es, miser sum. Numquid non temptatio est vita humana super terram?

This is agony, Lord, have pity on me! It is agony! See, I do not hide my wounds; you are the physician and I am sick; you are merciful, I need mercy. Is not human life on earth a time of testing?

Augustine argues that confession to one's physician, the act of showing him your wounds, is the first step to healing. Many in Augustine's audience are accustomed to thinking of the act of confession as something which happens within the confines of a church or a courtroom, and in the latter case, as words extracted under torture. (Lactantius, a third-century Christian apologist who hailed from North Africa, used the term in a specifically Christian context for martyrs who died under torture because of their confession of faith.) In many ways, Augustine's confession in this work is in fact a forensic performance, in which God sits as the authority figure, in the place of the emperor or his delegate: "Pay heed, O God, most excellent judge, you who are very Truth, pay heed to what I am going to say" (Attende, iudge optime, Deus ipsa veritas, attende quid dicam).

Confession is an act, however, which can also take place within the walls of the doctor's consulting room or from one's sickbed. It is an integral form of communication

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800 Conf. 10.28.39. Christus medicus appears in the narrative of the Confessions as well, often as the Salvator, the "healing remedy who hung upon the tree, the medicine for our wounds who sits at your right hand and intercedes for us" (per medicinam vulnerum nostrorum, quae peperdit in ligno et sedens ad dexteram tuam te interpellat pro nobis). See Conf. 9.13.35. Other references to Christ as Salvator or medicus: Conf. 3.4.8, 7.18.24, 7.20.26, 8.1.1.

801 The words confessio (confession) and confiteor (to confess) had more than one meaning in Latin: in the Confessions, it is commonly taken to mean both a statement of guilt and a speech of praise, so that the work is both Augustine's profession of God's greatness as well as a confession of his own sins and weaknesses. The connotation of praise is apparently not a common one: Augustine finds it necessary to clarify the meaning of the word for his audience in other works: see En. in Ps. 94.4, 110.2, for example. See Courcelle 1968: 13–20 on the various meanings of "confession" in the Confessions, although he does not touch upon the idea of confession as a step in healing. On confession from torture, which was a regular part of the interrogation of witnesses in Roman legal proceedings, see Serm. 29A.3.

802 Lactantius, De moribus persecutorum 1, 16, 35, and 36. Lactantius did not convert to Christianity until after his departure from North Africa.

803 Conf. 12.25.35. Other references include: Conf. 1.5.6, 4.3.4, 4.4.8, 4.14.22, 6.16.26, 7.6.10, 7.7.11.
between physician and patient, according to Augustine: through the act of confession, “we [both] show our wound to the physician [and] give thanks for health” (medico vulnus ostendit . . . de sanitate gratias agit). A sinner cannot act like the Pharisee in the gospel of Luke, who does not admit that he is sick or wounded:


He was like someone in need of healing who had come to a doctor's surgery, but presented only his sound limbs and covered up his wounds. Let God cover your wounds; don’t cover them yourself. If you cover them up out of embarrassment, the doctor will not heal them. Allow the physician to cover and cure them, because he covers them with a dressing. Under the physician’s dressing the wound heals; under the patient’s covering it is merely hidden. Anyway, from whom are you trying to hide it? From him who knows everything?

Confession, the act of laying bare one’s body and one’s pain to the physician, is an important aspect of the relationship between patient and Deus medicus in the Confessions: it is above all God, and not the world at large, whom Augustine is addressing in this confessional revelation of himself, precisely because this act of confession is a necessary prelude to divine healing: “What point is there for me in other people hearing my confessions? Are they likely to heal my infirmities?” (Quid mihi ergo est cum hominibus, ut audiant confessiones meas, quasi ipsi sanaturi sint omnes languores meos?), Augustine asks. It is the divine physician alone who takes this patient’s pulse, who lays his ear to Augustine’s ailing heart.

The paradox, already alluded to in the excerpt above, is that confession, the act of revealing one’s wounds, is a step which the patient needs to perform, but which is not

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804 En. in Ps. 110. 2. Other references to the need for confession to Deus medicus include: En. in Ps.31. 2. 12–13 and 16, 42. 7, 58. 2. 5, 94. 4, 66. 7, 70. 1. 14, 146. 6; Jo. ev. tr. 3. 2; Ep. Jo. 6. 8; Serm. 9. 21, 16B. 1, 29. 2, 113B. 3, 137. 4, 360B. 6; Qu. ev. 38.
805 En. in Ps. 31. 2. 12.
806 Conf. 10. 3. 3. Emphasis mine.
807 Conf. 10. 3. 4.
necessary for the physician: God, like all good and experienced physicians, already knows what is ailing his patient. He has read the symptoms before the patient even speaks: he knows the patient’s past conditions, he has a diagnosis for his present sufferings, and he will give an accurate prognosis of what the future holds. 808 Deus medicus knows the interior of the person, and he ignores the patient pushing away his healing hand because of the pain it is forced to inflict:

\[ \text{Accipe sacrificium confessionum mearum de manu linguae meae (quam formasti et excitasti, ut confiteatur nomini tuo), et sana omnia ossa mea, et dicant, “Domine, quis similis tibi?” Neque enim docet te quid in se agatur qui tibi confitetur, quia oculum tuum non excludit cor clausum nec manum tuam repellit duritia hominum . . . } \]

Accept the sacrifice of my confessions, offered to you by the power of this tongue of mine which you have fashioned and aroused to confess your name; bring healing to all my bones and let them exclaim, Lord, who is like you? A person who confesses to you is not informing you about what goes on within him, for a closed heart does not shut you out, nor is your hand pushed away by human obduracy. 809

With the writing of the Confessions, Augustine finds and gives expression to a deeply personal relationship with Christus/Deus medicus. His suffering body has brought him to a re-examination of his suffering soul, and it adds considerable impetus to his application of the metaphors of medicine and healing in his pastoral, theological, and polemical rhetoric. Augustine, having made himself the medicalized subject of the Confessions, in turn medicalizes the Christian community.

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808 See p. 76 for Galen’s statement that the good physician knows the past, the present, and the future of his patient’s condition.
809 Conf. 5.1.1.
Augustine’s training in the art of rhetoric was not wasted in his transfer from secular to clerical and episcopal life: the use of medical language and metaphors allows him to convey to his audiences aspects of Christian theology, such as the concept of Christ as the loving but stern mediator between the divine and the human, or the beneficent nature of the sacraments, in ways which are meaningful and significant to his audience. The metaphoric vigour of Augustine’s medical rhetoric finds much of its source in the contemporary medical culture: the therapeutic practices of ancient medicine, as well as the strong cultural entwining of medicine and faith, allow these medicinal images to speak persuasively to his Christian audience. Much of his medical rhetoric is bound up in particular in an integral feature of ancient medical culture, namely, the communal nature of medicine, in which virtually all aspects of health, illness, treatment, and healing were public events and activities. The communal experience of medicine is used by Augustine to mirror and even enhance the communal experience of faith.

Part of his expansion of medical metaphor is the development of a roster of human medical personnel who complement and assist Christus medicus. The prophets of the Old Testament, for example, are described in one sermon as offering medicine with their words; in a second homily, Augustine portrays them with greater elaboration as the assistants sent ahead by Christus medicus to tend to the needs of that gigantic, sprawling, bed-ridden figure of humanity:

*Ergo lenioribus temporibus aegritudinis nostrae, primo servos suos misit ipse medicus ad inspiciendos nos, misit prophetas. Dixerunt, praeedicaverunt; curavit aliquos per eos et sanavit. Praedixerunt futuram quandam accessionem magnam in*
extrema aegritudine, et magnum quandam huius aegroti iactationem, cui opus esset ipsum medicum praeuentari et ipsum venire.

So during the milder phases of our illness the doctor himself first sent his assistants to inspect us, he sent the prophets. They spoke, they preached; through them he cured some and restored them to health. They foretold that in the last phase of the illness there would be a kind of severe crisis, a kind of violent agitation of this invalid, which would have to be shown to the doctor himself, and would thus require him to come in person. 810

The prophets, he remarks in yet another sermon, were sent as medical apprentices (pueri), who can manage when some simple medical procedure needs to be done (quasi ad aliquid facile faciendum), who can bind up the patient and watch for signs of the coming crisis, but who must then run to fetch the real doctor when the expected critical moment finally occurs. 811

The physician himself finally came, was attacked and killed by his patient, but left his blood for the healing of patients both then and in the future. 812 The apostles then took on the physician’s mantle by being sent to heal both physically and spiritually, though in a lesser capacity. 813 Paul in particular is named the physician’s aide, “enter[ing] human bedrooms [and] bringing divine medicine” (medicina divina humana cubicula intravit). 814 The medicinal work of Christus medicus is more particularly seen in Augustine’s writings, however, as having been passed to the bishops and clergy of the church. The clergy have in

810 Serm. 114B. 15. Similarly, Serm. 345. 7 and 346. 8. Augustine notes in the last of these sermons that the patient may appear to worsen in the presence of the physician, growing feverish and tossing about, but that the heightened illness is not owing to the physician, who has come to relieve the symptoms which he foresaw would grow stronger. In the same way, the plight of humanity seems to grow worse in the present day, but the growth in the acceptance of Christ is a sign that spiritual help is now at hand, not that Christianity has exacerbated the human condition, as its detractors so vigorously claimed. En. in Ps. 57. 8 notes that the medicine offered by the prophets lacked the full healing virtue of Christ.


812 Cf. Serm. 99. 8, where Christ is characterized as the good doctor who heals the sick in the present and in the future.


814 Serm. 354A. 4.
their care not only the morally healthy, but those in need of spiritual healing as well. As preachers of God’s word, the clergy are like skilled physicians. It is their duty to apply medicinal correction, using a doctor’s harshness if need be. It is in this context that Augustine denies any Donatist claims to persecution at the hands of the Catholic bishops: “only desiring that you be made healthy and wishing you to be healed, do we inflict medicinal wounds” (vos salvos fieri cupientes, vestra quae sanari volumus, vulnera medicinaliter persequeamur). The Catholic priests and bishops who must confront Christian heretics and schismatics arm themselves not with the steel sword of an enemy, but with the scalpel of a surgeon who has come to heal, ready to remove rotten flesh from the healthy body of the church.

Augustine characterizes himself as an assistant to Christus medicus. The divine physician works through him, he says, in providing spiritual healing. As a preacher, Augustine uses the healing power of the word: his own eloquence is a form of medicine. In Sermon 32, in which he likens the scriptures to pharmaceutical shelves, Augustine notes that he is, in fact, Christus medicus’ servant (puer); it is his task to select the right medicine from the array of possible remedies, for the benefit of both his audience and himself:

[Q]uae per ministerium nostrum adhibenda sunt vulneribus nostris. Non enim sic nos esse profitemur pueros medici, per quos alios sanare dignetur, ut nos ipsi iam non habeamus necessariam curationem.

815 Mor. 1.32.69. See also Cat. rud. 13.19, 15.23 on the need to administer the medicine of instruction to catechumens with care.
816 En. in Ps. 87.10.
817 Cresc. 3.63.69. Similarly, Cresc. 4.51.61; Corrept. 43. The possible need for resorting to the harshness of a physician on the part of clergy is found at Ep. 4* 5.
818 C. litt. Pet. 3.4.5.
819 Ep. 219.2. At En. in Ps. 87.10, Augustine notes that physicians of either body or soul do not heal by their own power. Similarly, Serm. 357.5.
820 Cresc. 1.5.7.
It is my ministry to apply these medicines to our wounds. For while I indeed own to being the doctor’s assistant, whom he is happy to employ in the treatment of others, it is not as though I myself had no need of his care.\textsuperscript{821}

Augustine also functions at times as the ministering physician: in this version of the metaphor, Christ is the bread, and it is this food which Augustine offers to his patient in order to strengthen him.\textsuperscript{822} As a conscientious physician, moreover, Augustine takes the greater good of his patients into consideration. If they are begging him for something he does not think it healthy to provide, it is his responsibility as a healer to resist their petitions:

\begin{quote}
Nos, fratres, pericula vestra intuemur, non voluntates vestras attendimus: num et medicus si voluntatem aegri attendat, nunquam illum curat. Quod non est faciendum, non fiat: quod prohibet Deus, non fiat. Qui Deo credit, ab ipso audit quod dicimus. Certe melius erat quibusdam nolentibus corrigi, ut vel huc non veniremus, si ista dicturi eramus; vel quia iam venimus, non ea diceremus.
\end{quote}

I, brothers, have an eye for the danger you are in. I am not taking any notice of your wishes. If the doctor took any notice of sick people’s wishes he would never cure them. Don’t do what should not be done. Don’t do what God forbids. Oh sure, it would have been better for those who don’t want to correct themselves that I should not have come here if I was going to speak like this, or that since I have come I shouldn’t have said this.\textsuperscript{823}

That the clergy, Augustine included, should be conceived of as forming part of the spiritual medical team which \textit{Christus medicus} has gathered is admittedly not an original concept on Augustine’s part; Cyprian, for one, had done the same a century and half earlier.\textsuperscript{824} On at least two occasions, however, Augustine spreads the metaphor even further into the Christian community to include all believers. In \textit{Sermon} 240, for example, although

\textsuperscript{821} Serm. 32. 1.
\textsuperscript{822} Serm. 360C. 5.
\textsuperscript{823} Serm. 9. 4. Sermon preached at Chusa, an unknown locale, at an unknown date, although the translator suggests 420. Augustine is occasionally identified by others as a physician: Consentius, for example, tells him in a letter that his concealed languorous fever could not be revealed to Augustine, the physician, unless a letter were written to him, going on to say that Augustine has examined the wounds of his heart, has cut out the imaginings of his presumptions with a sharp instrument of argument, the cautery of warning, and the soft application of warning; even so, after talking with certain holy men, Consentius found that he spat up all of Augustine’s remedies; see \textit{Ep.} 12\textsuperscript{*}. 6, 8 – 9, a letter received by Augustine c. 419. Similarly, \textit{Ep.} 216.
\textsuperscript{824} Cyprian, \textit{De lapsis} 14, for example.
speaking in reference to himself, Augustine implies that spiritual healing can be offered by anyone who defends the faith:

Qui novit quomodo ista defendat, doctor est, non fidelior. Habet fidelem, habet facultatem defendendi fidelem. Alius non habet facultatem et copiam et doctrinam defendendi fidelem, sed habet ipsum fidelem. Ille autem qui novit defendere fidelem, titubantibus est necessarius, non credentibus. In defensione enim fidei, curantur vulnera dubitationis vel infidelitatis. Qui ergo defendit fidelem, bonus est medicus.

Those who know how to defend this case are more learned than the rest, not more faithful. They have faith, they have the ability to defend the faith. Others lack this ability and the resources and learning to defend the faith, but have the faith itself. But those who know how to defend the faith are needed by the waverers, not the believers. By the defense of the faith, after all, the wounds of doubt and unbelief are cured. So he who defends the faith is a good doctor.825

In another sermon, one in which he addresses heightened tensions between the Donatist and Catholic factions within North Africa at the time, he more pointedly enlists the members of his Carthaginian audience as fellow physicians in their dealings with their Donatist neighbours:


The eyes of the injured are inflamed and itching, curing them calls for great care, they have to be treated very, very gently. None of you, please, should engage in a dispute with them, none of you wish even to defend your faith by hot argument, in case a spark should be struck by dispute, in case an excuse should be given to those who are simply looking for an excuse. Sure, you get some abuse; put up with it, pretend you didn’t hear, ignore it. Remember the man needs to be cured. Notice how mild doctors are toward those whom they are healing even with painful, stinging treatment. They hear themselves abused, they apply the treatment, they don’t return abuse for abuse. Let it be just a word in exchange for a word, as there is one person to be healed, another doing the healing, not two having a quarrel.826

825 Serm. 240. 1.
826 Serm. 357. 4, given in 411.
This extension of the role of the spiritual physician into the community of believers at large is further augmented by Augustine’s argument that illness brings opportunities for communal piety, in the form of charity. The care which Christians extended to the physically ill was, of course, a distinctive hallmark of their faith in the ancient world.\footnote{The fourth-century emperor Julian the Apostate famously remarked upon the enviable ability of Christians to care for the sick and the poor within their communities and urged his fellow-pagans to emulate the practice. Julian, Letter to a Priest 305B – C. The sociologist Rodney Stark has theorized that it was this kind of communal medical service, especially during times of plague, which partially accounted for the rapid expansion of the Christian faith in the Roman empire: see Stark 1996: 73 – 94.} There is little specific evidence which points to the sort of large-scale organization for the care of the sick in North Africa under Augustine, such as can be found in the early hospitals which were established in the Greek east under Basil, or in Rome under the auspices of the wealthy aristocrat Fabiola.\footnote{See Gask and Todd 1975 on the origin of hospitals in the ancient world. Meredith 1999 more specifically examines the development of facilities for caring for the sick as a significant factor in late antiquity’s transformation of the Roman world in the Greek east. See Lake 2004 on Fabiola; he presents the evidence of her extensive charitable work, but argues that in fact she did not establish permanent hospitals on the model of those found in the Greek east.} In a letter to Augustine from Nectarius, a pagan leader from the town of Calama, however, the writer alludes to this sort of community charity work, noting that in his role as bishop Augustine “support[s] the poor . . . relieve[s] the sick by caring for them . . . furnish[es] remedies for ailing bodies, and . . . do[ing] everything [he] can to keep the afflicted from suffering too long a time” (pauperes sustinetis, morbidos curatione relevatis, medicinam afflicitis corporibus adhibetis; id postremo modis omnibus agitis, ut diuturnitatem calamitatis afflicti non sentiant).\footnote{Ep. 103. 3.}

Augustine’s stance on the care of the sick (as well as of the poor and the widowed) is not just that Christians have a duty to follow Christ’s dictum in this matter.\footnote{See Matt. 25: 35 – 40.} He stresses in particular that the illnesses of others are of special benefit to those who provide the care for the sick: illness offers them the possibility of expressing their commitment to Christian
Augustine sternly warns his flock that the time to tend to the needs of others is here and now in this mortal existence, as these opportunities for piety and charity will not be available in the afterlife: “Nobody will say ‘Visit the sick’ where all enjoy everlasting health” (Nemo dicet, Visita aegrum, ubi est sanitas sempiterna). His definition of the medicine which good Christians provide their neighbours is a suitably broad one which addresses both the physical and spiritual aspects of humanity and, therefore, both aspects of salus:

_Homo igitur, ut homini appareat, anima rationalis est mortali atque terreno utens corpore. Partim ergo corpori, partim vero animae hominis benefacit qui proximum diligat. Ad corpus quod pertinet, medicina nominata est; ad animam autem, disciplina. Sed medicinam nunc voco, quidquid omnino corporis vel tuetur vel instaurat salutem. Ad hanc itaque pertinent, non ea tantum quae ars eorum exhibet, qui proprie medici nominantur; sed etiam cibus et porus, tegmen et tectum, defensio denique omnis atque munitio, qua nostrum corpus adversus etiam externos ictus casusque servatur: nam et fames, et sitis, et frigus, et a aestus, et quidquid extrinsecus graviter infligitur, salutem, de qua nunc agitur, manere non sinunt._

Man, then, as viewed by his fellow-man, is a rational soul with a mortal and earthly body in its service. Therefore he who loves his neighbor does good partly to the man’s body, and partly to his soul. What benefits the body is called medicine; what benefits the soul, discipline. Medicine here includes everything that either preserves or restores bodily health. It includes, therefore, not only what belongs to the art of medical men, properly so called, but also food and drink, clothing and shelter, and every means of covering and protection to guard our bodies against injuries and mishaps from without as well as from within. For hunger and thirst, and cold and heat, and all violence from without, produce loss of that health which is the point to be considered.

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831 _Serm._ 11. 1, 104. 3. See also _Serm._ 259. 3. At _Serm._ dom. mon. 1. 19. 57, he notes that when ministering to the helpless, the ill, and the insane, Christians may have to endure many things and be prepared to endure more: Quos ergo dominus medicus animarum, curandis proximis instruebat, quid eos aliud docere posset, nisi ut eorum quorum salutis consulere vellent, imbécillitates aequo animo tolerarent? ([A]nd so, as regards those whom the Lord, the physician of souls, was instructing to take care of their neighbours, what else could He teach them, than that they endure quietly the infirmities of those whose welfare they wish to consult?)

832 _Serm._ 11. 1.

833 _Mor._ 1. 27. 52. Augustine adds further that it is discipline which restores salus to the soul, without which physical health is of no use in keeping humanity from misery: _Mor._ 1. 28. 55. Coyle 1978: 390 notes that Augustine “is... asserting the basic goodness of the body against Manichaeism, which denied the use of medicine to its electi.” Certainly the first part of Coyle’s statement seems correct, although, as previously noted on p. 116, the use of medicine by the sect is still a matter of debate.
Augustine’s creation of a medical Christian community, however, moves beyond reminding his fellow Christians of their ability to emulate *Christus medicus* by acting as spiritual physicians or of the possibility of giving tangible expression to their Christian faith by providing physical care to the ailing in their midst. In his sermons in particular, Augustine consciously and carefully builds upon the fact that the community of believers is also a community of physical sufferers. Although plagues of various sorts were feared in the ancient world, Augustine does not exploit Hilary of Poitiers’ metaphor of an entire city in plague; instead, it is the everyday ailments, the ones which an individual alone might be struck with, which one finds highlighted in Augustine’s work: fevers, ulcers, paralysis, tumours, fistulae, eye ailments, dropsy, elephantiasis, cancer, phthisis, gout—all these and many others are mentioned in his texts as ailments which his flock could expect to be have inflicted upon them. Yet it is not so often the common experience of being sick which Augustine so skillfully makes use of; it is the shared experience of the application of medical therapeutics, that is, the painful treatments which so often had to be endured in the ancient world, and endured not in private but in public, which receive his rhetorical attention. The collective understanding of the pain which a physician inflicts provides much of the metaphoric strength for Augustine’s medicinal theology of a healing Christ.

It is perhaps difficult for us to comprehend the full reality of the pain which was so often the concomitant to ancient healing. In the story of Innocentius told in *City of God*, the news that he would require further surgery for the remaining fistula provokes a collective reaction of wild grief from both the patient and his household and friends; this episode may...

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834 On Hilary’s metaphor of the city in plague, see p. 205. See Keenan 1936: 180 – 182 for a lengthy list of ailments gleaned from a selection of Augustinian works. Nutton 2004: 19 — 36 provides a very useful chapter on the patterns of disease in the ancient world, but see also Grmek 1991, whose discussion and conclusions, though limited to the Greek world, often transfer to the ancient Mediterranean world in general.
strike some readers today as overly dramatic, even hysterical, but for Innocentius and his family, as for Augustine himself—who, by the time of the writing of this work, had undergone surgery himself, possibly for a somewhat similar condition—and the audience to whom City of God is directed, there was an empathetic understanding of the potential tortures which he was facing, far more so than most modern readers would likely bring to this passage. Augustine understands this pain well: a little later in the same work, while describing all of the misfortunes and afflictions which humanity faces, Augustine knowingly includes not only the illnesses which may befall one, but the medical treatments for these illnesses as well:

*Iam vero de ipso corpore tot existunt morborum mala, ut nec libris medicorum cuncta comprehensa sint. In quorum pluribus ac pene omnibus etiam ipsa adiumenta et medicamenta tormenta sunt, ut homines a poenarum exitio poenali eruuntur auxilio.*

Again, there are the evils that arise from the body, in the shape of diseases; and there are so many of them that all the books of the physicians cannot contain them all. And in many of those, indeed in almost all of them, the treatment and the medicines are themselves instruments of torture, so that patients are rescued from a painful end by a painful cure.

That one could expect only to be “rescued from a painful end with a painful cure” was a common certainty which Augustine frequently and eloquently exploited, particularly in his sermons. “Under medical treatment you undergo cautery, or the knife, and you scream with pain, [but] the doctor does not listen when you beg him to stop” *(sub medicamento*

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835 *Civ. del* 22. 8. 3: *Sed cum abiissent illi, ex moerore nimio domini tantus est in domo illa exortus dolor, ut tanquam funeris planget* *vix comprimeretur a nobis* (But when the physicians had departed [after giving their diagnosis], the lamentations of the master of the house aroused such grief in the household that it resembled the mourning at a funeral; and we had difficulty getting it under control). Innocentius’ friends gather together and attempt to give him courage in the face of his coming ordeal, though to little avail.

836 *Civ. del* 22. 22. 3. This passage is similar to that of John 21: 25: *sunt autem et alia multa quae fecit Jesus quae si scribantur per singula nec ipsum arbitror mundum capere eos qui scribendi sunt libros* (And there are also many other things which Jesus did, which if they were written in detail, I suppose that even the world itself would not contain the books which would be written). There is a possibility that the passage from City of God is a deliberate echo of the Gospels: it may be that Augustine, consciously or unconsciously, is setting up a relationship between the risen Christ and human suffering. At the least, Augustine’s statement is a point of literary interest, a suggestion that medical texts were commonly available and voluminous.

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Again and again, Augustine reminds his fellow Christians of the agonies which they endure, willingly or unwillingly, in order to obtain physical salus:

*Quanta patiuntur homines sub medicis hominibus!* *Ligantur, secantur, uruntur, quamdiu placet ei qui promittit incertam salutem...*

The things people suffer under human doctors! They’re put in splints, they’re lanced, they’re cauterized, for as long as this practitioner pleases who is promising uncertain health.

The members of Augustine’s audiences have all felt or witnessed the torment of stinging eyesalves, painful poultices, surgery, cautery, even the rebreaking of limbs:

*Aliquando enim; intelligat hoc charitas vestra, et notum est eis qui animadverterunt, vel a medicis audierunt: aliquando prave et distorte firmata, ut corrigant medici, frangunt, et faciunt vnum novum, quia mala erat sanitas prava.*

It is sometimes necessary—you must understand this, beloved; those of you who have watched the procedure, or have heard about it from doctors, will know—it is sometimes necessary for doctors to break anew a limb that has set in a crooked, deformed position.

The message from Augustine is clear: the pain of treatment must be endured. The patient who agrees to medical treatment will find that the torture of treatment will not be without benefit. If the patient should still push away the physician’s hand, he will suffer nonetheless: the man who refuses to endure the pain of being operated on for a growth will be in agony, for “he will suffer the maggots of gangrene.”

The patient’s willingness to undergo treatment, however, is not the crucial issue in this matter. It is ultimately the physician’s decision to cure, Augustine says, even if the patient resists:
Quotus enim quisque reperitur, qui ferrum eorum aut ignem non ligatus expertus sit? cum et illi rariores sint qui volentes ligati fuerint. Plures enim resistentes, et mori se male clamantes, quam illo curari modo, vix lingua ipsa eorum relicta libera omnibus membris constringerunt; neque ad suum, neque ad reluctantis, sed ad ipsius artis arbitrium: quorum tamen vocibus conviciisque dolentium nec commovetur curantis animus, nec quiescit manus.

For who can be found who has not had the experience of being subjected to the physicians’ knife or to fire while being tied down? Even rarer still are those who wish to be tied down. For most people resist and shout that they prefer to die than be cured in that way; with difficulty do they [the physician’s attendants] constrict their limbs, although the patients' tongues are left free. Not to his own judgement, nor to that of those who are reluctant to have treatment, but to the judgement of the art of medicine itself does the physician pay heed: the mind of the one who cures is not moved by the words and clamours of the grieving patient, nor does his hand abstain from action.841

Physicians do not come to coddle you, Augustine reminds his audience, but to cut and burn.842 The conscientious physician does not wish for a sick patient, but when called in to heal, he puts his skill to work.843 He knows what is to be done, and how far, and he does not allow himself to be dissuaded from doing what is necessary: “Does the shrieking of him he cuts restrain the hands of the physician cutting according to his art? The one cries, the other cuts” (Numquid ululatus eius qui secatur, retrahit manus medici artificiose secantis? Ille clamat; ille secat).844

Augustine himself concedes at one point that the metaphoric proposition that pain is necessary to relieve pain would seem an absurdity, except that we have the very real physical experience with which to make this comparison:

841 Ex. Gal. 56. Trans. mine.
842 En. in Ps. 85. 9.
843 En. in Ps. 125. 14: Quomodo si medicus ut exerceret artem suam, optaret esse multos aegrotos, crudelis medicina esset. Melius est ut omnes sani sint; quam ut exerceretur ars medici (It would be as if a doctor hoped to find crowds of sick people to give him the opportunity to employ his skill; that would be a cruel sort of healing. It is better for everyone to be well than for the doctor’s art to be practised). See also Nat. et gr. 26. 29; Pat. 19; Jo. ev. tr. 65. 2.
844 Jo. ev. tr. 7. 12.
Hoc si experti non essemus, et in aliquibus terris ubi ista nunquam contigerant, audiremus, sine dubio utique deridentes, fortassis etiam verbis huius uteremur et diceremus, absurdissimum est dolorem necessarium fuisse, ne ulceris dolor esset.

If we had not experienced any such treatment, but were only to hear about it in some parts of the world where these things had never happened, we might perhaps use this man's words, and say, It is the height of absurdity that pain should have been necessary in order that a sore should have no pain.845

Christians can expect that the diseases of their souls require a treatment by the divine physician which will be accompanied by a certain degree of spiritual pain:

_Ergo medicum tuum pone Deum; pete ab illo salutem, et salus tua ipse erit: non quasi salutem extrinsecus, sed ut salus ipse sit; ne rursus ames aliam salutem praeter ipsum_.

... _Sed plane cum patientia salutem exspecta. Quibus te medicamentis curet, ille novit; quibus sectionibus, quibus ustionibus, ille novit. Tu tibi aegritudinem comparasti peccando: ille venit non solum fovere, sed et secare et urere._

Take God as your physician. Beg him to give you health and salvation (_salus_), and he himself will be your salvation (_salus_). Do not pray for external health merely, but for that health, that salvation, which is himself. ... Obviously, though, you must await your healing with patience. What remedies he will apply to cure you, he knows; what surgery, what cauterizations, he knows. You brought your sickness on yourself by sinning; he has come not merely to coddle you, but to cut and burn.846

The power of the metaphor of _Christus medicus_ in Augustine's work is driven by a communal Christian pathology: he exploits the commonality of experience of the pain endured at the hands of physicians for the sake of physical _salus_. The figurative possibilities of human physical suffering are not restricted, however, to healing at the hands of the divine physician. By way of a metaphor which is uniquely his in Latin patristic thought, Augustine invites his audience to use their physical illnesses as a means for Christian triumph: he urges his community of believers to turn their own sick beds into potential arenas of Christian martyrdom.847 This image of medical martyrdom, moreover, has a double valency: the

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845 *Nat. et gr.* 27. 30. The treatise is an anti-Pelagian work.
846 *En. in Ps.* 85. 9.
847 Sickness as a form of martyrdom is not found in other Latin patristic writers. The only other references in patristic literature which could be located were found in the works of John Chrysostom, Augustine's
spiritual battle on the Christian sickbed involves the rejection of temporal modes of healing which are illegitimate for Christians, and—just as importantly—at the same time it helps in the creation of a Christian community in which the ordinary person can fully participate.

Before examining this metaphor and its implications for the Christian community, it is necessary to explore the place of both martyrdom and miracles in North Africa in late antiquity. By Augustine’s day, the era of state persecution of the Christian faithful had long passed, although that generalized statement requires clarification: those who considered themselves Christians but who were not confessors of the Catholic, homoousian dogmas to which Augustine and his flock adhered could still be subject to state or church sanctions, although few of these sanctions were corporeal, and none capital. Yet the idea and ideal of martyrdom continued to have a hold on the popular Christian imagination. Scholars of late antiquity, most notably Peter Brown, have explored the intense fervour which surrounded the cult of the saints, most of whom were martyrs, during this era.

contemporary and bishop of Constantinople, who speaks of the τὸν τῆς δικαιοσύνης στίχων (the crown of righteousness) available to those who resist the use of magical remedies during illness: see Ad III. Cat. 2; In Ep. 1 ad Thess. 3; In Ep. ad Col. 8. In the latter case, the martyr is not the sick person, but the mother of a sick child who allows her child to die without the sure remedy offered by an amulet. Christo’s 1997 analysis of martyrdom in Chrysostom fails to mention this interpretation. Latin translations of John’s work were made between 415 and 419 in Italy; Augustine had read some of his works by 421, for he included John among the list of authorities whom he called upon in his anti-Pelagian treatise, Contra Julian. See C. Jul. 1. 6. 21, for example. See Plested 2007 on Chrysostom’s influence on the western church fathers.

848 The Theodosian Code, particularly Book 16, outlines the various punishments to which Manichaeans, Donatists, Arians, Nestorians, and other non-Catholic Christians could be liable in the fourth and fifth centuries throughout the Roman empire: penalties ranged from confiscation of property to loss of church status and the right of assembly to expulsion from cities. In 425, for example, Manichaeans, heretics, schismatics, astrologers, and others not in communion with the Catholic church were banished from the city of Rome, while Manichaeans, heretics, schismatics, and members of every sect averse to the Catholic church were banished from other cities; see C. Th. 16. 5. 62 and 16. 5. 64. A law passed in 395 under the emperors Arcadius and Honorius, declared a heretic anyone who disagreed with the Catholic church, even on a minor point of doctrine; see C. Th. 16. 5. 28.

shrines which contained fragments of their corporeal existence—and the anniversaries of the martyrs’ deaths became focal points of place and time for Christian worship.\footnote{A good proportion of Augustine’s sermons, for example, were given on the “birthdays” of the martyrs, that is, on the days on which they were reborn through their suffering and deaths. Brown 1981: 9 argues that the tomb of the saint became a form of communal property, and (on p. 99 – 100) that the festivals of the saints were moments of intense communality.}

The appeal which martyrs and martyrdom held was particularly strong in North Africa. As the ecclesiastical historian W. H. C. Frend has noted, “[t]hroughout its 500 years existence the Church of North Africa was a Church of the Martyrs.”\footnote{Frend 1982: 154. Frend hesitates to propose possible reasons for the strength of the ideal of martyrdom in North Africa. Salisbury 1997: 49 – 57, in a recent study of the life and death of Perpetua, the revered third-century Carthaginian martyr, suggests that the Punic traditions of both child-sacrifice and self-sacrifice played a significant cultural role for the churches in North African in the promotion of martyrdom as a form of personal sacrifice. She notes that even Augustine himself was overwhelmed by the North African archetypal story of Dido’s suicide. See Conf. 1. 13. 20 – 21.} The cult of martyrs was one of the principal issues which divided the Donatists and Catholics in North Africa: the former, who identified themselves as the sons of martyrs, favoured an eschatological interpretation of martyrdom, while the latter wished to control what it deemed to be excesses of enthusiasm in worship of the martyrs.\footnote{Frend 1982: 158 – 164; Saxer 1980: 233 – 235.}

The extreme expression of Donatist devotion to the martyrs and to martyrdom could be found in the Circumcellions (“those who live around the shrines” of the martyrs), anarchic bands of Donatists who used physical force in defence of the purity and separation of their African church.\footnote{On the Donatists, see particularly Bonner 1986: 237 – 243. On p. 240 – 241 he discusses the meaning of “Circumcellion,” citing Augustine amongst other sources, noting that this was the name given to them by Catholics; they referred to themselves, however, as either “soldiers of Christ” or “Agonistici.” The latter was derived from the Greek άγον (agôn), the word for a physical contest, which could be an athletic contest or, in a Christian context, the final struggle of a martyr.} They directed their violence at both pagans and Catholics, but it was also frequently turned upon themselves: Donatists would commit suicide, often by leaping from cliffs, as a statement of faith which their fellow believers considered a genuine martyrdom.\footnote{References in Augustine’s work to Donatist violence include: Cresc. 3. 43. 47, 4. 51. 61; C. ep. Parm. 1. 10. 16 – 1. 11. 17; C. litt. Pet. 2. 88. 195; Ep. 185. 12.}
The graves or shrines of the martyrs were not only centres of religious devotion and worship. They also became the favoured locations for miracles, especially miracles of healing. This is the case, for example, for most of the twenty-six miracles which are described in Book 22 of *City of God*. A few of the miracles of healing which Augustine includes in this section, such as the healing of Innocentius' fistula, are the answer to prayers made directly to God; a few others come about through the power of baptism or through the use of holy oil or even clerical tears. The majority, however, are connected with the shrines of martyrs, particularly those of Stephen, some of whose relics were translated to North Africa from Palestine around 416, by Orosius, Augustine's friend, and placed in shrines at Hippo and other North African towns.

Augustine's own belief in miracles was a matter of a slow evolution. Although he always held a firm conviction in the veracity of the miracles reported in the New Testament, he began his Christian life by rejecting the possibility of such events happening in his day:

*Cum enim Ecclesia catholica per totum orbem diffusa atque fundata sit, nec miracula illa in nostra tempora durare permissa sunt, ne animus semper visibilia quaereret, et eorum consuetudine frigesceret genus humanum, quorum novitate flagravit: nec iam nobis dubium esse oportet iis esse credendum, qui cum ea praedicarent quae pauci assequuntur, se tamen sequendos populis persuadere potuerunt.*

When the Catholic Church had been founded and diffused throughout the whole world, on the one hand miracles were not allowed to continue till our time, lest the mind should always seek visible things, and the human race should grow cold by becoming accustomed to things which when they were novelties kindled its faith. On

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855 *Civ. dei* 22. 8. Only one of the twenty-six miracles described is not a healing miracle, in which category are included exorcism and resurrection of the newly-dead. The description of Innocentius' healing is the longest in the series; some descriptions are only a sentence or two. Augustine himself is witness to five of the miracles he describes.


857 See Bovon 2003 on the cult of Stephen. The relics of Stephen which were brought to North Africa consisted of packets of dust from his tomb. It should be noted that a martyr's shrine was a locus of healing even if the sick person could not be present in person; in many cases, objects, particularly robes, were placed on the shrine and then, having been imbued with the martyr's power, were carried away to be placed on the sick bed to effect healing or resurrection. Cf. *Civ. dei* 22. 8. 6 – 22. See as well Talbot 2002: 160 – 161 on healing taking place at a distance from a shrine.
the other hand we must not doubt that those are to be believed who proclaimed miracles, which only a few had actually seen, and yet were able to persuade whole peoples to follow them.858

Augustine gradually came, however, both to believe in the authenticity of contemporary miracles and to embrace them as a means by which God continued to strengthen Christian faith. The “cures obtained through martyrs’ merits grow ever more frequent” (crebrescunt sanitates meritis martyrum), he enthused in one homily.859 His interest in the shrines set up to Stephen around North Africa is evident: he was instrumental in arranging for the publication of libelli (pamphlets) of the miracles of Saint Stephen (De miraculis sancti Stephani protomartyris), for much the same reason which he gives prior to setting out the lengthy list of miracles in City of God. Miracles take place, he argues in this passage, in order to establish and confirm faith. They are incredible events (alia incredibilia); by their nature they are also witnessed events (videbantur). They occurred in the New Testament in order to confirm Christ’s resurrection, which was also an incredible event, (incredibilis rei), but was an unwitnessed event (non videbatur). The earlier miracles, which had authority because of their inclusion in the Gospels, were well-known precisely because they had been written down in the text. Later miracles, on the other hand, lack the authority of a text, and

858 Vera rel. 25. 47. Similarly, Util. cred. 16. 34.
859 En. in Ps. 118. 30. 5. Similarly, Cura mort. 16. 19. Augustine’s eventual acceptance of the validity of miracles is an embarrassment to some Augustinian scholars. Van der Meer 1965: 553 – 557, for example, takes Augustine to task for his lack of common sense and critical thinking, for being “just as credulous as the rest of the people of his day.” Medical anthropologists, and even some physicians, noting the intricate connection between faith and healing, are less likely to be as dismissive of the idea of faith healing than academics and physicians of the past. Much depends upon the nature of the ailment itself, the motivation of the one seeking healing, and the desired outcome. As the noted medical anthropologist cum psychiatrist Arthur Kleinman, in his study of symbolic healing, asserts, “the point of healing is feeling better, not being cured.” Kleinman 1988: 131.
knowledge of them is localized to the place of performance. Thus it is incumbent upon Christians to publicize them to the wider Christian, and non-Christian, community. Miracles of healing were another form of communal medical experience, and Augustine promotes belief in them as a means of strengthening and increasing the community of believers. He argues that miracles of healing are visible, medicinal acts which mirror the invisible, medicinal healing of the soul. Augustine knows that God does not always grant healing of the physical body, but rather uses miracles of healing judiciously, so that they do not become commonplace events. Yet, "to all who imitate the martyrs, he does promise immortality" (sed omnibus promittit imitatoribus martyrum immortalitatem).

Although the days of martyrdom had passed, Augustine believes that physical pain and suffering are still a means by which any member of the community of believers can demonstrate faith. In a local atmosphere so sensitive to the appealing vision of martyrdom, therefore, he encourages his audiences to consider that while the battle which previous generations of Christians had carried out with the state—the external enemy of the church—had been won, the fight which they themselves now face has become an internalized one: the sick bed has become an arena, one in which both the battle and the victory are hidden from public view (ubi est occulta pugna, ibi occulta victoria).

The metaphor of the sick bed as a place of martyrdom appears in six of his sermons, given at various times over the length of Augustine's career as a bishop, from 397 to 425 or

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860 Civ. dei 22. 8. 1. Similarly, Civ. dei 10. 12; Util. cred. 14. 32 – 15. 33; En. in Ps. 9. 2; Ep. Rom. inch. 23. 1 – 2; Simpl. 1. 2. 14; Ep. 137. 4. 16. Brown 1981: 38 states that the publication of the miracles took healing from being a private event to being a public one, but this is not entirely correct. Healing was seldom an entirely private occasion in the ancient world: very few of the miracles in City of God, for example, took place in a setting remote from the eyes of others. Augustine's concern is not to publicize the personal and private, but to make more widely-known what was known only very locally.
861 Jo. ev. v. 17. 1; Serm. 61A. 5, 63A. 2.
862 Serm. 286. 5.
863 Serm. 4. 36.
Augustine emphasizes in these homilies the on-going nature of the
temptations which are presented to righteous Christians: “We fight every day” (*cotidie pugnamus*), he tells his audience. The danger faced, however, is no longer the executioner’s sword or the beasts of the amphitheatre, and the release from the threat of death is no longer the pinch of incense on the altar of the emperor; the devil’s persecution now is the wracking pain of illness, and the temptation he offers is “an illicit sacrifice, harmful and sacrilegious amulets, an unspeakable incantation, or a magical consecration” (*illicitum sacrificium, noxia et sacrilega ligatura, nefanda incantatio, magica consecratio*) to obtain relief from physical pain. The Christian who resists the temptations of illicit modes of healing earns the martyr’s crown from Christ as surely as those who suffered at the hands of the pagans in bygone days:


So it is that many people endure martyrdom on their sickbeds, very many indeed. Satan has a certain method of persecution, more hidden and cunning than the ones he employed in those times. A believer is lying in bed, wracked with pain; he prays, he isn’t listened to; or rather, he is listened to, but he is being tested, being put through his paces, being chastised in order to be received as a son. So while he’s being wracked with pain, along comes trial and temptation by tongue; either some female, or a man, if man he can be called, approaches the sickbed, and says to the sick man,

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864 *Serm.* 306E (given in 397, for the martyr Quadratus); 328 (405 – 411, for unspecified martyrs); 4 (410 – 419, for Vincent); 318 (425, for Stephen); 286 (after 425, for Protasius and Gervasius); 335D (possibly after 424, for unspecified martyrs). The dating of Augustine’s sermons is almost always fraught with dispute. The dates used here are taken from the encyclopedia *Augustine Through the Ages*, except for 335D, for which the translator Hill suggests a possible date. The argument developed here does not depend heavily upon the dating of the sermons, however.


866 *Serm.* 4. 37; *Serm.* 318. 3, trans. mine.
“Tie on that muti, and you will get better; let them apply that charm, and you will get better. So-and-so, and So-and-so and So-and-so; ask, they all got better by using it.” He doesn’t yield, he doesn’t agree, he doesn’t give his consent; he has to struggle, all the same. He has no strength, and he conquers the devil. He becomes a martyr on his sickbed, and he is crowned by the one who hung for him on the tree.867

Augustine’s distinctive conversion of the Christian sickbed into a form of inner martyrdom depends entirely upon both the customary use and the perceived efficacy of the remedies provided by forms of healing which he classifies as demonic in origin: they are forms of magic.868 In his study of magic in Augustine’s thought, Fritz Graf argues that the bishop’s conception of magic was essentially that of the common Roman culture; the only difference between Christians and pagans when it came to magic was simply that Christians, although they did believe in its power, were forbidden to practise it.869 Augustine admits that he himself had resorted to the use of magic in his pre-conversion life: he had employed the services of a Carthaginian diviner, Albicerius, to find a lost spoon, for example, and as a young man he was obsessed with astrology.870 As a Christian, and particularly as a bishop, however, he rejects any communion with demons or with those who work on their behalf: Christians are warned to stay away from diviners, astrologers, haruspices, magicians, as well

867 Serm. 286. 7. A “muti,” according to the translator, is a traditional African healing charm.
868 The healing remedies and practices which Augustine urges his flock to reject are presented as the works of evil spirits (machinmeta daemoniorum), that is, as forms of magic; Serm. 328. 8. Both Jenkins 1975 and Graf 2002 have examined the role which magic plays generally in the works of Augustine; both scholars emphasize that Augustine and his contemporaries, both Christian and pagan, still inhabited a world which was understood to be filled with spirits, including demons, who could enter the bodies and minds of humans or be called upon to affect their lives in various ways. Demons were corporeal, but of such a light and airy substance that they could both move very swiftly and enter bodies, both human and animal, with ease. Luck 2003: 31 notes that for Augustine magic was an extreme expression of curiositas about forbidden areas of knowledge. See, for example, Ep. 138. 4. 19, where Augustine refers to qui magicas artes non utique nisi pro felicitate terrae vel damnabili curiositate (those who pry into magic arts either to gain earthly prosperity or out of culpable curiosity). It was commonplace in late antiquity to believe that humans collaborated with demons in order to make magic work, as Augustine himself attests; see Doc. Chr. 2. 20. 30. See Graf 2002: 96 – 98 on this point. Other Augustinian passages which refer to the direct relationship between magic and demons include: Ep. 4. 36, 245. 2; Serm. 15A. 4; 23B. 10; 306E. 7; Civ. Dei 10. 9. 1.
869 Graf 2002: 95. Augustine notes in Serm. 374. 12 that many people declined to become Christians so that they could continue to consult mediums, astrologers, soothsayers, and magicians.
870 C. acad. 1. 6. 17 – 19 on Albicerius, whom Augustine lumps in with haruspices, augurs, astrologers, and dream interpreters. See also Conf. 4. 3. 4 – 5 and 7. 6. 8.
as forms of idolatry. Augustine’s own evidence, however, including the repeated admonitions which he feels compelled to make to his flock on this topic, suggest that recourse to magic was common, even rampant, in his day, even among Christians:

*Exsecranda autem superstition ligaturarum, in quibus etiam inaures virorum in summis ex una parte auriculis suspensae deputantur, non ad placendum hominibus, sed ad servendum daemonibus adhibetur.... Quid autem cum eis agendum sit, si solvere inaures timent, et corpus Christi cum signo diaboli accipere non timent?*

The wearing of amulets is an accursed superstition; among these we include the earrings worn by men on the top part of the ear, hanging down one side; they are not worn to please men but to serve devils. . . . But what is to be done with them if they are afraid to take off their earrings and they are not afraid to receive the Body of Christ while wearing the Devil’s livery?

The use of magic on the part of both Christians and non-Christians was particularly noticeable in the field of medical therapies. Silke Trzcionka’s examination of the use of magic, including medical magic, in Syria and Palestine in the fourth century demonstrates that these magical methods of healing were not remedial options of last resort, but were instead commonly used alternatives which were assumed to be efficacious. Her conclusions seem to echo the situation in Augustine’s North Africa. Augustine does not scoff at the potency of these remedies, although he posits that they work perhaps because the

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871 Serm. 9. 3. 3. Similarly, Serm. 9. 11. 17 – 18; 56. 8. 12.
872 En. in Ps. 93. 20.
873 Ep. 245. 2. References to Christians being forced to live among those who resort to magic include: En. in Ps. 90. 1. 4 and 93. 20. To Christians being warned against resorting to magic: Serm. 9. 3. 3, 9. 11. 17 – 18, 15A. 4, 56. 8. 12; Cat. rud. 7. 11 and 25. 48. To instances of Christians using various forms of magic: Serm. 39. 1. 1, 88. 22. 25, and 251. 3. 2; En. in Ps. 59. 11, 61. 23, and 91. 7; Jo. ev. tr. 6. 17. See Brown 1970 on the use of magic and sorcery, particularly in the political and aristocratic circles, in late antiquity; he disputes the notion disseminated by some historians of late antiquity that there was an endemic “terror of magic” in the fourth century. Brown contends that is far from certain that there was any increase in the practice of sorcery in late antiquity, and that there is no particular evidence which suggests any significant change in attitude between the citizens of the classical world and those of late antiquity when it came to magic and sorcery. There were aspects of magic which had always been suspect in the classical world; see Luck 2003: 32 on how once-legitimate rites of the Graeco-Roman culture were treated by Christians in the same manner as were practices which had been considered dubious at best.
874 Trzcionka 2007: 121. See also Jenkins 1975: 135.
devil leaves off troubling the body when he has possession of the soul" (fortasse efficere remedia diaboli . . . deserit persequi corpus, quia cor obtinuit). It is, in fact, the perceived efficacy of these therapies, none of which involve the pain which accompanies the healing provided at the hands of physicians, which makes the sick person into a martyr: the Christian who “utterly rejects such remedies, even more those generally approved, even more such as are alleged to have been tried and tested” (talia remedia respuit, magis probata, magis talia qualia appellantur quasi experimentata), is a martyr precisely because he or she is refusing to obtain an assured healing of the body in exchange for irreparable damage to the soul.

Augustine names several kinds of remedies to which a Christian on his sickbed could resort if he succumbed to the temptations of his friends and family, through whose mouths the devil worked. The use of amulets (ligaturae), charms or signs (characteres), and incantations (incantationes or praecantationes) was widespread; of these, amulets are mentioned most frequently by Augustine as medical therapies. These objects were usually suspended around the neck, although, as on one occasion recounted by Augustine, they could be tied to an intimate article of clothing, such as a girdle. Augustine accuses some of the makers of amulets of attempting to co-opt the power of Christian symbols and words into their products: “Tie on this amulet. I heard someone invoke the name of God and the angels over it, and you will get better” (Fac hanc ligaturam. Ego audivi qui nomen dei et

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875 Augustine argues that demons and their human collaborators have powers only because God wills it. See Div. qu. 79.  
876 Serm. 335D. 3.  
877 References to healing amulets include: Doc. Chr. 2. 20. 30; Ep. 4. 36. 245. 2; Civ. dei 22. 8. 21; Jo. ev. tr. 7. 6 and 12. On the pervasive use of amulets in late antiquity among all classes, see Nutton 1984b: 8, as well as Trzcionka 2007: 123, where she cites Canon 36 of the Synod of Laodicea, which forbade members of the clergy from using or making amulets. (They were also barred from performing magical rites or using astrology.)  
878 Civ. dei 22. 8. 21. It is of interest that the amulet in this case is said to be sold to the wearer by a Jew, who were commonly believed to use magic. See the following footnote.
angelorum ibi invocat et eris sanus).\textsuperscript{879} The materials from which they were made—some were of stone or metal, but many would have been of perishable materials such as animal parts—would often have rendered it difficult for the average person to differentiate between the ordinary materia medica of Roman medicine and those objects which obtained their power by means of magical ritual, a further blurring of the lines between everyday medical practices and magical rites.\textsuperscript{880}

The medical practices of a biomedical nature in Augustine’s day were open to interpretation as magic, just as they had been in the time of Galen and Apuleius. Augustine reports, for example that words spoken to a patient by Vindicianus were misunderstood by those who overheard them, with the result that he was thought to be trusting “not in the art of medicine, but in some forbidden supernatural power” (non... arte medicinali fidere, sed nescio qua illicita potentia).\textsuperscript{881} It is telling as well that Augustine found it necessary to tease out the difference between legitimate and illegitimate medical practices for his fellow-

Christians in \textit{De doctrina Christiana}:

\begin{quote}
\textit{Ad hoc genus pertinent omnes etiam ligature atque remedia, quae medicorum quoque disciplina condemnat, sive in praecantationibus, sive in quibusdam notis quos characteres vocant, sive in quibusque rebus suspendendis atque illigandis, vel etiam saltandis quodammodo, non ad temperationem corporum, sed ad quasdam significationes aut occultas, aut etiam manifestas; quae mitiore nomine physica vocant, ut quasi non superstitione implicare, sed natura prodesse videantur: sicut}
\end{quote}

\textsuperscript{879} Serm. 335D. 5. See also Jo. ev. tr. 7. 6; misceant praecantationibus suis nomen Christi (the makers of amulets “mingle the name of Christ with their incantations”). This practice was not geographically limited: healing amulets from fourth-century Syria and Palestine employed the use of the Christian Trinity in words and symbols, as well as that of lao, the Jewish Yahweh. See Trzcionka 2007: 121 – 122. Luck 2003: 44 cites the use of Gospel passages on amulets.

\textsuperscript{880} See Bonner 1946: 26 – 27 on the construction of amulets. At Serm. 335D. 5, Augustine specifically mentions the use of wax or an egg in connection with amulets: sed ecce adstat vicinus et amicus et ancilla, etiam dixi, forte dematricula, ceram vel ovum manibus ferens et dicit: fac hoc et salus eris. quid prolongas tuam aegritudinem? fac hanc ligaturam (But lo and behold, a neighbor at your bedside, and a friend and a maid, even perhaps, as I said, your old nurse, bringing wax and an egg in her hand and saying, “Do this and get better. Why prolong your illness? Tie on this amulet). Charms and incantations on small bits of rolled papyri were also worn as apotropaic amulets, according to Bonner.

\textsuperscript{881} Ep. 138. 1. 3.
sunt inaures in summo aurium singularum, aut de struthionum ossibus ansulae in
digitis, aut cum tibi dicitur singultenti, ut dextera manu sinistrum pollicem teneas.

To this class [of magic] also belong all amulets and remedial charms, which the
medical profession frowns upon too; whether they consist of incantations, or certain
signs which they call “characters,” or of any objects to be hung or tied round the
neck, or even to be danced somehow or other, not for exercising the patients’ bodies,
but in order to signify certain hidden or even obvious meanings. They call all these
things by the milder name of “physic,” to make it seem as if they proceed from
nature, and do not involve any superstition, things like earrings in the tips of each ear,
or rings made from ostrich bones on the fingers, or your being told, when you hiccup,
to hold your left thumb in your right hand.882

Augustine goes on to warn his readers that knowledge of the natural world, while useful for
interpreting Scripture, does not have any symbolic distinction conferred upon it: such
knowledge should not be used for “remedial spells or tricks of the superstitious trade” (ad
remedia vel machinamenta superstitionis alicuis):

Aliud est enim dicere, Tritam istam herbam si biberis, venter non dolebit; et aliud est
dicere, Istam herbam collo si suspenderis, venter non dolebit. Ibi enim probatur
contemperatio salubris, hic significatio superstiosissima damnatur.

It is one thing, after all, to say, “If you crush this herb and drink an infusion of it, your
stomach pains will cease,” and another to say, “If you hang this herb around your
neck, your stomach pains will cease.” In the first case one can approve of a
wholesome infusion, in the other one must condemn a superstitious use of signs.883

Augustine expresses no doubts that the magical remedy will work, though whether the
efficacy of a particular remedy of this sort is based upon some unknown “force of nature” (vi
naturae) or upon the “significant symbolism of tying it on” (significativa quadam
obligatione), he cannot say for sure. In fact, anticipating the modern discussion on the
mechanism of medicaments and placebos, he hints that the symbolism of any remedy may in
fact be more powerful in providing healing than the physical properties it may contain.884

882 Doc. Chr. 2. 20. 30. The text is not that of PL, but of CCL.
883 Doc. Chr. 2. 29. 45.
884 Compare King 1993: 154, on evaluating the efficacy of ancient medicines: “One important quality of drugs
is their ‘thingy-ness’ (van der Geest et al. 1996: 154): they are material substances, and part of making dis-ease
If there is doubt in the minds of Christians as to what is causing an effective cure and therefore some hesitation on their part as to whether or not one should use a particular remedy, he advises them to look to the attitude (animo) of the one employing the method.  

It is likely with his own dictate in mind that he gives acceptance, if somewhat reluctantly, to the use of the holy scriptures as a substitute for an amulet:

*Cum caput tibi dolet, laudamus si Evangelium ad caput tibi posueris, et non ad ligaturam cucurreris. Ad hoc enim perducta est infirmitas hominum, et ita plangendi sunt homines qui currunt ad ligaturas, ut gaudeamus quando videmus hominem in lecto suo constitutum, jactari febribus et doloribus, nec alicubi spem posuisse, nisi ut sibi Evangelium ad caput poneret: non quia ad hoc factum est, sed quia praelatum est Evangelium ligaturis.*

When your head aches, we praise you if you place the gospel at your head, instead of having recourse to an amulet. For so far has human weakness proceeded, and so lamentable is the estate of those who have recourse to amulets, that we rejoice when we see a man who is upon his bed, and tossed about with fevers and pains, placing his hope on nothing else than that the gospel lies at his head; not because it is done for this purpose, but because the gospel is preferred to amulets.  

Augustine abhors the use of amulets, charms, and incantations by the sick, but he is also concerned for those who have recourse to the services of astrologers, or *mathematici*, as he more usually refers to them. He bemoans the fact that some Christians appear to be faithful to Christ, but turn to astrologers and other fortune-tellers at the first sign of trouble (*quando aliqua iibi tribulatio est*), including illness: “Your son is sick; perhaps you seek out an astrologer, a fortune-teller” (*aegrotabat filius; forte quaesisti mathematicum, sortilegum*),

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885 *Doc. Chr.* 2. 29. 45.
886 *Jo. ev. tr.* 7. 7. Trans. mine. In *Serm.* 335D. 3, Augustine notes that the good Christian on his sick bed would die *fronte signata cruce Christi, cui per inlicitas ligaturas non fecit iniuram* (his forehead signed with the cross of Christ, whom he has not insulted with unlawful amulets). This does not seem to imply that the sign of the cross was being used as a remedy in place of an amulet, however, merely that this gesture was performed as a sign of his Christian faith.
887 Augustine’s general aversion to the use of *mathematici* is found throughout his work; passages which express his particular concern that Christians were seeking out their services, other than in a medical context, include: *Gn. litt.* 2. 17. 37; *Jo. ev. tr.* 6. 17; *En. in Ps.* 33. 2. 25, 35. 7, 59. 11, 61. 23, 91. 7 and 10; *Serm.* 9. 3. 3, 39. 1. 1, 231. 3. 2
he scolds in a sermon. It is primarily in his homilies that Augustine rails against the use of mathematici, which suggests that this is a pastoral problem which he confronts with some frequency. When there is danger to their health, “even if they are called Christians, they seek out diviners, they send to astrologers” (etiam si christiani vocentur, sortilegos quaeunt, ad mathematicos mittunt), he complains.

Iatromathema, or astrological healing, the special discipline refined in the schools of both astrology and medicine in Alexandria, continued to be used by physicians and other healers in the late antique world. The human body was generally perceived to have heavenly correspondences, and illnesses which were deemed to have an astrological aetiology could demand an astrologically-based treatment. It does not seem to be the parallels between the corporeal body and the heavens to which Augustine objects, however, since he himself occasionally hints that there is some mysterious correspondence between the two, based upon mathematical ratios. The most important service rendered by mathematici, however, was that of prognosis, and it is this element which appalls him, even though prognosis—far more than diagnosis—was a crucial element in the various healing therapies of the day, most of which relied upon calculations of the rhythms of an illness. Augustine accepts the need for medical prognostication, but he insists that it must be made by relying upon signs obtained from the body, not the stars.

888 En. in Ps. 91. 7. (This work is listed as a Sermo in PL). Similarly, En. in Ps. 133. 2.
889 Serm. 335D. 3. Similarly, Serm. 4. 33. 36, 15A. 4, 23B. 10, 63A. 3; Cat. rud. 7. 11; Jo. ev. tr. 7. 7 and 12; Ep. 4. 36, 376A. 3.
890 See Papathanassiou 1999 on iatromathema in late antiquity, although her focus is primarily on the Greek east. She argues that astrology’s association with medicine not only earned it greater esteem, it may also account for the survival of astrology in the courts and schools of late antiquity and the Byzantine period despite the polemics which it frequently encountered.
891 On the astrological diagnosis of diseases, see Firmicus Maternus, Mathesis 8. 8.
892 See Serm. 243. 4, for example.
It is clear, therefore, that a member of Augustine’s flock who was beset with illness was faced with choices to be made among competing medical therapeutics, all considered by the community—even by Christian bishops—to be efficacious, albeit to varying degrees. Yet a Christian could not resort to those forms of medicine which involved demons, and thus Augustine employs this unique appeal to medical martyrdom in order to convince his fellow-Christians not to be led into endangering the soul for the sake of saving the body. The Christian who refuses all these proffered magical remedies is deemed to be one of Christ’s athletes (athleta Christi), engaged in a contest which is at the same time physical and spiritual. He is fighting the devil on a bed of sickness, but although he be weak, gasping for breath, unable to move his limbs, and scarcely able to talk, a steadfast Christian can still conquer the devil by not surrendering to the temptations of unsanctioned healing remedies.

Augustine shifts the locus of martyrdom from the amphitheatre to the bed, from the external to the internal, yet this still remains in many ways a public performance. The communal nature of Roman medical culture made public the private, inner struggle of pain. The Christian who is ill always has an audience: he or she is acting out a performance within “the theatre of conscience” (theatrum conscientiae) and “the chief spectator is the inspector of the conscience” (spectator autem summus, inspector conscientiae), Augustine declares.

The person on the sick bed is watched by God, by the saints, by the angels, by the demons, and by family and friends, and many of the last-named are even co-opted as fellow actors on

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893 Serm. 335D. 5. Similarly, Serm. 306E. 7. Christian asceticism was also often characterized as a form of spiritual athleticism. See Clark 2005.
894 Serm. 4. 36: Vides illum certe languere, vides anhelantem in lecto, vides vix moventem membra, vix moventem linguam, lassus iste diabolum vincit (You see this man very weak, you see him gasping for breath in bed, you see him hardly able to move his limbs, hardly able to move his tongue: this exhausted man is beating the devil).
895 Serm. 306E. 2.
the stage, prompted by the devil to bring their bits of magic forward in the hope of using moments of intense bodily suffering as a means of entry into the Christian soul.

These sermons show Augustine attempting to turn his community of sufferers away from medical therapies which he believed might well save their lives, but which could damage their souls irreparably. Yet, as noted earlier, Augustine is prompted by more than just concern about the use of illegitimate modes of healing in fashioning these opportunities for medical martyrdom for the members of his audience. He is also motivated in part by the wider issues which have caused divisions within the church. As R. A. Markus has demonstrated so clearly in his work *The End of Ancient Christianity*, at the heart of the schismatic debates within the Christian church in the time of Augustine is the simple question of identity: "What is it to be a Christian?" Both the Pelagians and the Donatists favour a church which is restricted to Christians who are morally and theologically pure: the followers of Pelagius strive for a perfection of body and soul through ascetic behaviours, while the Donatists' vision of the church is of a community of saints which maintains its purity by a clear separation from the defilements of the outside world. Augustine, however, rejects the notion of the corporate Christian body as a membership of the spiritually elite. He instead sets about to create, in Markus' apt phrase, "a vindication of Christian mediocrity."

Augustine counters the lure of Christian heroics, either of Pelagian asceticism or Donatist martyrdom, with a vision of a Christian community in which the average Christian can participate as a full member, and the language of medicine is frequently drawn upon to

aid him in this endeavour. The Pelagians, for example, posit that it is possible for a Christian to live a sinless life. Augustine argues that this is an unachievable feat because of the nature of original sin, but he offers his congregation the comfort that all baptized sinners can be replenished with the daily medicine of divine forgiveness, to be found in the Lord’s prayer:

In hoc tam magno praelio, in quo vivit homo sub gratia, et cum bene pugnat adiutus, exsultat in Domino cum tremore, non desunt tamen etiam strenuis bellatoribus, et operum carnis quamvis invictis mortificatoribus, aliqua vulnera peccatorum, propter quae sananda quotidie veraciter dicant, Dimitte nobis debita nostra.

In this very great battle in which man is living under grace, and when with help he fights well, he exults in the Lord with fear and trembling, for still there are not lacking even to stalwart fighters—though they be unconquered slayers of the works of the flesh—some wounds of sins; and for the healing of these they say with meaning each day: “Forgive us our debts.”

This “daily medicine for daily wounds, even slight ones,” (quotidianam quotidianis, etsi levioribus, tamen vulneribus medicinam) allows ordinary Christians to live lives which do not demand or expect perfection and yet still be included within the full embrace of the church.

Augustine faces a slightly different challenge in confronting the Donatists. Much of the Pelagian controversy took place outside of Africa, and much of it took the form of

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899 Cont. 5. 13. Translation modified slightly from original. On the Lord’s prayer, particularly on the plea concerning the forgiveness of debt, as a daily medicine, see also: Serm. 261. 10; Jo. ev. tr. 52. 9; C. ep. Parm. 2. 10. 20; F. et op. 26. 48; Sent. Jac. 5. 19. Beatrice 1999: 507 – 508 notes that the petition for forgiveness in the Lord’s Prayer was preeminent for Augustine, suggesting as it does that even the baptized Christian soul is in need of constant forgiveness for slight sins. The classical medical concept of corporeal health being the result of a careful management of the inner equilibrium, achieved through adherence to a daily regimen, must have contributed to the concept of spiritual health being dependent upon a disciplined approach to self-regulation and control. Augustine himself clearly subscribes to the underlying principle of the need for constant spiritual self-correction and caution. The righteous have spiritual troubles which are peculiar to them, he notes in City of God; this requires “unfailing vigilance” (vigilis continuis) on their part, in order that they avoid being “deluded by plausible suggestions, or deceived by clever talk, or immersed in the darkness of error” (ne opinio veri similis fallat, ne decipiat sermo versitus, ne se tenebrae alicuus erroris offundant). See Civ. dei 22. 23. By presenting to all sinners the forgiveness found in the daily medicine of the Lord’s Prayer, Augustine defines the spiritual regimen by which a Christian can maintain a healthy soul. It should be noted that the Lord’s Prayer was not a recitation known widely outside the Christian church; it was given to catechumens only shortly before their baptism into the faith. Sorabji 2000: 373, in his discussion on the emotions in classical and early Christian philosophy, draws particular attention to Augustine’s use of the Lord’s Prayer as a daily remedy; he argues that for Augustine the plea for forgiveness of sin addresses sin at the level of initial thoughts.

900 Sent. Jac. 5. 19.
theological discussion on a speculative plane. The Donatists, on the other hand, who were stubbornly resistant to argument, were his neighbours, either at home in “the larger church down the street” or roaming the countryside as Agonistici in pursuit of a coveted martyrdom. Augustine found himself needing to counter the celebration of violent and bloody martyrdom which held such an integral place in the Christian identity of the Donatists. This was of especial importance after the imperial conference at Carthage in 411, which resulted in legal proscriptions against the Donatists, including forfeiture of rights to their places of worship, when the Donatist congregations needed to be absorbed into existing Catholic churches. Those Donatists in Hippo who, however reluctantly, joined his Catholic congregation would have made up a sizeable portion of the audience for his sermons. Although O'Donnell notes that we have little information on the impact which the amalgamation of the two communities had at Hippo, these sermons on medical martyrdom suggest that Augustine worked hard to persuade the members of this disparate congregation that, if desired, martyrdom was still possible, but on terms other than those which the Donatists expected.

Just as a Christian did not need to be excluded from the church by reason of failing to achieve the impossible sinless life, martyrdom by violence or suicide was not required in

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901 Harmless 1997: 24 remarks, for example, that infant baptism was likely not the usual practice in Augustine’s day: “We should not presume that the practice of infant baptism was the pastoral norm, as it is today, just because Augustine and the Pelagians debated the meaning of infant baptism so frequently and so vigorously.”

902 O'Donnell 2005: 223. Bonner 1986: 237 – 244 discusses the attitude of defiance and independence which was a hallmark of the Donatist schism; their fierce loyalty to their cause made them ignore many of Augustine’s attempts to engage with them intellectually.

903 Augustine’s delight in the arrival of Stephen’s relics in North Africa and his insistence on publicizing the miracles of the saint may have been influenced by the Donatist controversy. O'Donnell 2005: 177 suggests that Stephen’s importance to Augustine was at least partially owing to the bishop’s need to find a martyr who could match those of the Donatists.

904 C. Th. 16. 5. 52, enacted in January 412.

905 O’Donnell 2005: 223. See also Straw 1999: 250 – 252 on Augustine’s repudiation of both the classical Roman model of martyrdom, such as was celebrated in the figures of Mucius Scaevola or Cato, and the “zealous and sanguinary heroism of the early Christian martyrs.” She notes that Augustine emphasized the ordinariness, the “humanity and vulnerability” of even Christian martyrs.
order to belong to the body of Christ or to win the crown of righteousness. Augustine presents to his audience a different vision of Christianity, one in which the quotidian temptations and afflictions of the average human being are reinterpreted as literally spectacular internal struggles in which a Christian could bear witness to faith (the literal meaning of the term “martyr”) by refusing the devil’s medical temptations. He offers these scenarios as part of his reworked definition of what is means to be a Christian. The everyday martyrdoms of these “hidden martyrs” (martyres in occulto), though they will not be celebrated by the entire community with feasts and sermons, are just as worthy of the crown of righteousness as the more overtly dramatic deaths, endured by the earlier martyrs and encouraged by the Donatists.906 "No one must say, 'I cannot be a martyr, because there is no persecution now’” (Sed nemo dicat: Non possum martyr esse quia non est modo persecutio), Augustine tells his flock.907 “Don’t imagine, my dearest brothers and sisters, that you cannot share the merits of martyrs” (Nolite putare ergo, dilectissimi fratres, non vos posse habere merita martyrum).908

In closing, we can turn back once more briefly to the Confessions, to reconsider that work now in light of Augustine’s celebration of the martyrdom of the sickbed in these six sermons. The Confessions, a work of therapeutic spiritual pain which is given impetus and urgency by Augustine’s own physical suffering, could itself be construed as a species of martyr text. It provides a personal model to the Christian community of the kind of martyrdom which Augustine espouses as being available to every Christian, that is, an inner struggle with the self, since “it’s within oneself, when all is said and done, that the great

906 Serm. 306E. 6.
907 Serm. 328. 8
908 Serm. 335D. 3,
contest takes place" (in homine quippe ipso agitur magnum certamen). The Confessions, which was likely begun in the very same time period in which Augustine preached his first sermon on the martyrdom of the sick bed, is not a celebration of pain and affliction, but a form of Christian witness: just as the martyrs enacted their suffering in the amphitheatre under the gaze of Roman authority, Augustine re-enacts in the Confessions his own physical and spiritual suffering, in his own “theatre of conscience,” in the sight of God, who is at once both his judge and his “inward healer” (medice meus intime).
Conclusion

Cor sanandum offero medico meo.
I offer my heart for healing to my doctor.
Serm. 49, 7

There is always value in further refining our understanding of the cultural setting in which a historical figure such as Augustine lived and worked. Earlier studies of medicine in Augustine’s writing and thought have tended to ignore the considerable differences between ancient and modern medical cultures; medical references in his work have been largely treated by scholars as if they occurred in a cultural vacuum or were reflections of modern medical ideas and practices. The close connections between medicine and other aspects of ancient culture, for example, have not received adequate recognition, nor has the highly communal aspect of Roman medicine been noticed by scholars who have commented on medicine in Augustine. This study has attempted to define more precisely some of the more important aspects of the medical culture with which Augustine and his audience were familiar, and in fact were part of.

The study has also shown that medicine played a greater role in Augustine’s life and thought than has previously been acknowledged. While medicine did not hold the dominant place in Augustine’s intellectual interests, it did hold a significant place, and likely would have obtained a higher position if he had not been disturbed by the inevitable physicality of
the discipline. Medicine also had an impact upon his pastoral role, since, for both Augustine and his audience, medical thinking and practices and religious thinking and practices were tightly interwoven. Augustine himself may have formed a clearer idea of what constituted legitimate and illegitimate forms of healing, but these differences were not as obvious to his audience in most instances. His own acceptance, however reluctant, of the substitution of the Gospel for a healing amulet demonstrates the strength of the ties between medicine and faith.

Moreover, his exploitation of the metaphors of medicine shows how closely aligned these two aspects of life were for him as well. Admittedly, medical references were convenient rhetorical tropes, but their pervasiveness in his work relative to other Latin patristic writers and the extension of the metaphor beyond *Christus medicus* confirms that his use of them was more than just a rhetorical tic. It has been suggested in particular that it was Augustine’s own painful experience with physical affliction and the medical therapies required to alleviate it which informed much of the *Confessions* and which gave him a closer connection than he might otherwise have had with God as his personal *medicus*. He survived the therapeutic torture rendered at the hands of his physicians, and the ordeal produced a confession—of praise, of guilt, and of healing.

It may be that this episode of personal illness was directly transformed by Augustine into his remarkable and unique species of martyrdom, that of the sick bed; it may have confirmed for him the idea that the age of Christian heroics was not past. In the metaphor of the sick bed as martyrdom he found an additional vehicle for the democratization of Christianity which he so stoutly espoused in opposition to the Donatist schism, which favoured a church restricted to the righteous and who openly courted martyrdom through violence or suicide. He could offer an alternative means for a confession of faith to
Christians who could not meet these more stringent ideals. Christians could turn their everyday struggles with afflictions, such as illness, and with temptations, such as the lure of temporal means of healing which were agreed to be painlessly efficacious but were demonic in origin, into moments of glory. By rejecting these medical therapies, an act which in itself was a worthy activity, Christians could have the added advantage of knowing that by doing so they were establishing their identities as legitimate Christians, having earned both their crown of martyrdom and their rightful place within the community of the church.

This study on medicine in Augustine has attempted to use this one aspect of ancient culture as a lens for examining the world of late antiquity in general and the life and thought of Augustine in particular. As stated in the introduction, this enquiry makes no claim to having examined all aspects of this topic: it has not, for example, touched upon the material in the Augustinian corpus concerning ascetism and health or the related issue of diet and digestion, nor examined the possibilities of the relationship between medical prognosis and religious prophecy. There is more work to be done.
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It is standard practice to cite Galen by the Kühn edition, by volume and page number, even if a newer edition, such as those in the *CMG* series, is available.

If the text has survived only in Arabic and Latin transmissions, a relevant edition is indicated.

The order of texts given below is by the Kühn volume number, followed by those which do not appear in that series.

For ease of reference, the English title of each work of Galen is provided, as are the translations which were consulted and the abbreviations for each work. Bibliographic information on translations is to be found in Part III: Secondary Sources.

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Exceptions to the use of *PL* database are the text of the *Confessions*, which has been taken
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2. Translations

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FC 35: C. Jul.
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