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The *Compositiones Medicamentorum*
of Scribonius Largus

Ianto Thorvald Jocks

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School of Humanities
College of Arts
University of Glasgow

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Abstract

The *Compositiones Medicamentorum* of Scribonius Largus constitute an important but little known contribution to the history of first century CE Roman medical and pharmacological writing. This dissertation will contribute both a general introduction to Scribonius Largus and the *Compositiones Medicamentorum*, as well as a more detailed discussion of this text in order to stress its relevance to the study and understanding of ancient medicine, ethics, and pharmacology. Scribonius Largus emerges as a physician concerned with the professional obligations, personal morality, and sympathy as well as empathy required of the medical practitioner, and who considers ethics to be the foundation of and consequently inseparable from medicine. With regards to the more medical and pharmacological side of the *Compositiones*, it will be shown that in comparison to the theoretical and philosophical approaches to disease and treatment that dominate the medical discourse of his time, Scribonius Largus was a much more practice-focused author with little concern for discussions of the aetiology of disease, although indications can be found that Scribonius was familiar with and is influenced in certain ways by the dominant schools of medicine of his times, particularly methodism and empiricism. Furthermore, it will be argued that despite containing cases where the approach to treatment might be considered superstitious, the *Compositiones* constitute a remarkably rational text with a quantitative and evidence-focused approach to pharmacology and therapeutics. Although the *Compositiones* have been previously studied predominantly with respect to its *epistula dedicatoria* and for its illustration of medical Latin, the work will be shown to constitute a valuable source for the study of Roman medical practice. The thesis concludes with suggestions for further research beyond the present analysis.

Table of Contents

	Acknowledgements	iv
	Dedication	v
Chapter 1	Text and Context	1
1	Text - General Remarks	1
2	Structure	4
3	Dating	8
4	Status and Career of Scribonius	9
5	Number of Medical Works (' <i>scripta latina</i> ') and Language of Composition	11
6	Editions	12
7	Translations	15
8	Reception	17
9	Contemporary Scholarship	20
9.1	Language/Philology	21
9.2	Ethics	21
9.3	Superstition and Magic	22
9.4	Dentistry	23
9.5	Torpedo Fish	24
 Chapter 2	 <i>Ars et Professio</i>—Medical Ethics and the Obligations of the Physician	 26
1	<i>Epistula dedicatoria</i>	26
1.1	The Medical Profession and the Obligations of the Physician	27
1.1.1	Hippocratic Oath and Moral Obligations	
1.1.2	Scribonius and Ancient Authorities	
1.2	Patient Concerns	32
2	Ethical Concerns throughout the <i>Compositiones</i>	33
2.1	Professional Ethics	34
2.2	Concern with Patient Well-Being	35
2.2.1	Epilepsy, Madness, and the Psychology of Suffering	
2.2.2	The Firmness of the Benevolent Physician	
2.2.3	'Palliative' Care	
2.2.4	Dentistry	

Chapter 3	Medical Theories and Medical Practices	41
1	Health Concerns in the Roman Empire	41
2	Greek Medicine at Rome	43
2.1	Division of Greek Medical Thought into Schools	45
3	Potential Indications of Medical Theories Underlying Scribonius' Work	47
3.1	Necessity for the Removal of an Unspecified Noxious Agent	48
3.2	Non-pharmacological Treatments	49
3.2.1	Bloodletting	
3.2.2	Prevention of Blood Loss	
3.2.3	Bathing	
3.2.4	Food and Diet	
4	Anatomy and Physiology	55
5	Diagnostic Observation	56
6	Individuality, Constitution, Age, Gender and Season	58
7	Interconnection of Medicine	59
8	Scribonius' Faith in his Drug Therapy	60
9	Surgery	61
9.1	Hygiene and Tumours	63
9.2	Avoidance of Surgery	63
 Chapter 4	 The Pharmacology of the <i>Compositiones Medicamentorum</i>	 67
1	History of Pharmacology: Issues of Methodology and Terminology	67
2	Pharmacological Knowledge	69
3	Quantitative and 'Scientific' Pharmacology	70
4	Storage of Remedies	71
5	Drug Properties	73
6	Simples and Compound Drugs	74
7	Effectiveness of Ancient Therapeutics	75
8	Toxicology	76
8.1	Contemporary Concerns with Poisoning	76
 Chapter 5	 Conclusions and Further Research	 79
 Bibliography		 85

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(Non-)Epistula Dedicatoria

*Noch einmal sei es Euer Morgen Götter
Wir wiederholen
Ihr allein seid Ursprung
Die Welt steht auf mit Euch und Anfang glänzt
An allen Bruchstellen unseres Misslingens.*

Rainer Maria Rilke, *Die Welt Steht Auf Mit Euch* (1925)

ὄμνυμι Ἀπόλλωνα ἱητρὸν καὶ Ἀσκληπιὸν καὶ Ὑγείαν καὶ Πανάκειαν καὶ
θεοὺς πάντας τε καὶ πάσας, ἱστορας ποιεύμενος, ἐπιτελέα ποιήσῃν κατὰ
δύναμιν καὶ κρίσιν ἐμήν ὄρκον τόνδε καὶ συγγραφὴν τήνδε (...) ἀγνῶς δὲ
καὶ ὁσίως διατηρήσω βίον τὸν ἐμὸν καὶ τέχνην τὴν ἐμήν. (...)
ὄρκον μὲν οὖν μοι τόνδε ἐπιτελέα ποιέοντι, καὶ μὴ συγχέοντι, εἴη
ἐπαύρασθαι καὶ βίου καὶ τέχνης δοξαζομένῳ παρὰ πᾶσιν ἀνθρώποις ἐς τὸν
αἰεὶ χρόνον.

Hippocratic Oath (ed. Jones, 1868)

*... Come, my friends,
'Tis not too late to seek a newer world.
Push off, and sitting well in order smite
The sounding furrows; for my purpose holds
To sail beyond the sunset, and the baths
Of all the western stars, until I die.*

Alfred, Lord Tennyson, *Ulysses* (1842)

Chapter 1

Text and Context

Introductory Remarks

The *Compositiones Medicamentorum* of Scribonius Largus are a first Century CE compilation of pharmacological recipes interspersed with comments on medical themes ranging from surgery over regimen to ethics, the latter of which emerges particularly in the text's *epistula dedicatoria*. While some aspects of the text have been studied, much remains to be said about Scribonius' work, something which this dissertation intends to contribute to. Initially, as Scribonius Largus is not particularly well known as well as in order to put the *Compositiones* into a more general context, a number of aspects concerning Scribonius Largus should be mentioned. While a broad range of topics deserve attention, this chapter will initially briefly discuss more general questions pertaining to Scribonius' life and career, the general nature of the *Compositiones*, its editions as well as transmission and reception; a particular focus will rest on scholarship both modern and historical. Given that Scribonius has received interest in a generally limited and further distinguished by specialist field range of contexts, the scholarship will be discussed in this light, subsequently giving particular attention to the fields of predominant interest such as linguistics, dentistry and ethics. This more general and thematic introduction to the history and historiography of the text will set a background for subsequent discussion of the humanitarian, medical, surgical, and pharmacological aspects of the *Compositiones* which comprise the main body of this work.

1 Text - General Remarks

While most works discussing Scribonius specifically include general statements about his life, work, and general debates which have informed discussion of the *Compositiones*, it nevertheless seems prudent to provide a brief summary of general aspects at the beginning of this thesis, particularly as Scribonius is not necessarily a familiar author. Baldwin justly commences a 1992 article with describing Scribonius as 'hardly a household name', lamenting the lack of interest for the 'engaging medley' of the *Compositiones* (Baldwin, 1992:74), and

Nutton likewise calls him 'one of the forgotten men of Roman antiquity' who had suffered 'unfortunate neglect' (Nutton, 1995:8). This to a certain extent still holds true, and consequently some general points about both the author and the text may provide useful for the understanding of the *Compositiones*.

Nutton calls the *Compositiones* an 'unpretentious book (...) full of interests' (Nutton, 2004:172); this is a brief but accurate summary of the text. The work consists of a preface or *epistula dedicatoria* followed by 271 chapters providing instructions for the treatment of individual diseases, organised roughly in a structure following the '*a capite ad calcem*' order, i.e. the consideration of diseases listed by body parts from head to toe.¹ The main body of text likewise includes sections on remedies for various poisonous substances and the composition of plasters for different wounds and ailments, as well as side comments on topics such as medical ethics and the medical profession at Rome. These latter two points are more extensively developed in the preface, dedicated to Scribonius' patron Callistus, in which the author does not only provide general information on the *Compositiones* (including remarks on its composition, commentary on weights and measurements as well as the index provided for more readily finding diseases) as well as expressions of gratitude and flattery as to be expected from an *epistula dedicatoria*, but also discusses Scribonius' views on the role of drug therapy and the responsibilities of the medical practitioners.

As every discussion of Scribonius must laconically state at some point, very little is known about Scribonius beyond what little information he provides in the *Compositiones*.² The question of his family connections has received some attention particularly in early scholarship, and both Kind's article on Scribonius in Pauly's *Realencyclopädie* (Kind, 1930) as well as Schonack's detailed analysis of the *Compositiones* (Schonack, 1912:9-13) discuss the name of the *gens* as well as the identity of the author in a wider context in much more detail than is relevant for a medical analysis of the text such as the present one (see also Machold, 2010:14). A point of interest, which is otherwise rarely made, is perhaps that of a portrait; while images of ancient authors reveal little about their appearance, they are important sources concerning the reception and importance of authors. The only reference made concerning a potential image of Scribonius is to be found in Schonack's 1912 in-depth study: He relates an account of a 1624 vase featuring images of eminent figures in the history

1 For a more detailed discussion of the structure see below.

2 On which more under the relevant subheadings.

of medicine (Schonack, 1912:23). The placement of Scribonius among much more well-known individuals such as Celsus, Hippocrates, Galen and Avicenna is of considerable interest, and while it was not possible to find any of these documents of earlier scholarship, nor to find information about the vase in question, this would be a potential point for further research.

Going back to the text, while, as mentioned above, Scribonius wrote as a practitioner, he nevertheless wrote for a lay audience, namely his patron, Callistus. This sets him into the tradition of medical texts composed for laymen into which sources such as Cato the Elder's *De Agri Cultura*³ and the Hippocratic *Affections* as well as the much later *Medicina Plinii* fall (see e.g. Nutton, 2004:62), although the text is by its nature as essentially a recipe compilation much more technical than would be expected of more traditional self-help works. The *Compositiones* thus constitute an interesting example given that Scribonius potentially did not make assumptions about the medical knowledge of his audience, although the extent to which he provided extensive additional information in what could be seen as a technical manual remains to be debated (cf. Nutton, 2004:10). While Thomas (1978:21) assumes that Callistus was 'evidently also a physician', presumably based on the technical character of the *Compositiones*, this is highly speculative and not confirmed by other evidence which identifies (Caius Iulius) Callistus as the prominent freedman of Caligula and Claudius (see e.g. Machold (2010:19, footnote 53). While Riggsby (2007: 103) as well as others (see above) have consequently assumed an intended medial audience either in or beyond Callistus, a lay reader may simply have been expected to take overly complicated recipes to a specialist to mix the drugs for him.⁴

Given that, as Nutton points out, very little Latin medical writing predating the Middle Ages survives (Nutton, 2004:5), Scribonius as one of the few authors who are extant deserves attention, particularly as he is one of the few practitioners who compiled medical works. The much better known works of Celsus and Pliny the Elder were both written by interested laymen (Nutton, 2004:5; he lists Quintus Serenus as another example of a writing practitioner). Furthermore, the *Compositiones* constitute the only pharmacological book in Latin predating the fourth century CE (Nutton, 1995:6); as such, Scribonius is to be

3 Somewhat ironically, given Cato's views on the medical profession.

4 Evidence for the existence of such specialists certainly exists, although they are frequent objects of criticism, not the least by Scribonius himself (e.g. the *pharmacopolae* of c. 199; see also Baldwin 1992:80 and Scarborough (1969:97-8).

considered as an author of some importance – Schulze credits him (as well as Celsus) as 'Archegeten lateinischsprachiger Medizinwissenschaft' (Schulze, 2005:495), and Nutton even goes so far as to put him on the same pedestal as Galen (Nutton, 1995:6). As such, the *Compositiones* provide a valuable insight into practical pharmacology at Rome, particularly as Scribonius is dated to fall between Celsus and Pliny the Elder (Scarborough, 1985: 105-6); as the *Compositiones* generally provide very little theoretical background, the work consequently differs substantially from the more famous work of Dioscorides (see Nutton, 1995:6), and comparisons to the *Materia Medica* may provide further insights into Scribonius' operating within the framework of the medical and pharmacological context of his age. In addition to the ethical, socio-economic and professional insights to be derived particularly from the preface, but also from comments throughout the text which have already been alluded to previously, Scribonius has likewise been considered insightful concerning folk medicine (e.g. Haeser (1975:299) and Baas (1899:143) on account of his inclusion of recipes obtained from 'ordinary' people. Thus 'this most important Roman source on pharmacy and pharmacology', as Scarborough (1985:105) describes the *Compositiones*, certainly is deserving of more attention.

2 Structure

As mentioned above, the *Compositiones* follow the overall structure of the *a capite ad calcem* order which Brodersen (2011:38) dates back to the times of Aristotle. The *Compositiones* have generally been summarised to have a tripartite structure - Nutton (1995:6, also 2004) provides a somewhat simplistic view of the structure, which is valid for the purpose of a general introduction, but does not reflect the more complicated order of the later chapters accurately. Schonack likewise follows this broad division of 1-162 (recipes against various diseases), 163-199 (antitoxins) and 200-271 (plasters and poultices, a section commonly viewed as the 'surgical' recipes) but subdivides particularly the section on diseases according to body part (Schonack, 1912:42-44; see also Machold (2010:26)). The Packhard Humanities Institute edition, which is based on Sconocchia's Teubner, provides insights into the structure via the way it orders the recipes under individual sub-sections; thus, for instance, the composition of salves for eye concerns (*collyria*) is divided by the nature of the *collyrium* under the headings of 19-27 *Collyria composita lenia* (c. 19-27), *Collyria acria* (c. 28-31) and *Collyrium psoricum* (c. 32-38); chapters discussing the same remedy, such as the *Antidotos*

hiera of Pacchius Antiochus, are similarly listed under one heading, thus chapters 97-107 as '*Antidotos hiera Paccii Antiochi ad universa corporis vitia, maxime ad lateris et podagram*'. Both structures have merit for the understanding of Scribonius' approach to the diseases of different body-parts as well as the connection of the remedies within the *Compositiones*; a comparative table is provided below.

Schonack ⁵	Packham
Head c. 1-11	1-11 Ad capitis dolorem
Epilepsy c. 12-18	12-18 Ad comitiales morbum
Eyes c. 19-38	19-27 Collyria composita lenia 28-31 Collyria acria 32-38 Collyrium psoricum
Ears c. 39-45	39-42 Ad aurium dolorem 43-45 Ad parotidas
Nose c. 46-52	46-47 Ad sanguinis eruptionem de naribus 48-49 Ad ulcera in naribus 50-52 Ad polypos
Teeth c. 53-61	53-58 Ad dentium dolorem 59-60 Dentifricii compositiones 61 Ad fluorem gingivarum
Throat and mouth c. 62-72 ⁶	62-63 Ad cancer in ore 64-65 Ad faucium uvaeque tumorem 66 Ad suppurationem faucium 67-70 Ad anginam 71 Ad uvae tumorem et dolorem
Trachea c. 73-75	72-75 Ad tumorem et raucitatem arteriae et vocis abscisionem
Chest constriction c. 76-79	76-79 Ad suspirium
Glands c. 80-82	80-82 Ad strumas et omnem duritiam in corporis quolibet loco
Bleeding c. 83-86	83- 86 Ad sanguinis eruptionem
Cough c. 87-96	87-94 Ad tussim veterem et destillationes et suspiria et inflationes, cum dura

⁵ The headings are a translation of Schonack's German list.

⁶ By contrast, Packham lists 72-75 as a unit.

	habent praecordia, et lienosos et phthisicos 95-96 Lexipyretos
Side pains c. 97-107	97-107 Antidotos hiera Paccii Antiochi ad universa corporis vitia, maxime ad lateris et podagram
Stomach and abdomen c. 108-122	108 Ad stomachi dolorem et inflationem et cetera vitia interius 109-110 Ad stomachi dolorem et inflationem 111-112 Ad coeliacos et torminosos et ad ventris diutinum dolorem 113-118 Alius pastillus ad torminosos efficacior 119-122 Ad coli dolorem etiam vetustum compositionum genera experta quae in totum persanant
Liver and spleen c. 123-132	123-126 Ad tumorem, dolorem iocineris et duritiem 127 Ad auriginem 128-132 Ad Lienosos veteres et novos. Impubium pueorum.
Dropsy (oedema) c. 133-134	133-134 Ad hydropicos
Constipation c. 135-142 ⁷	135-137 Alvum mollientia 138 Globuli mirifice purgantes, qui ut sumuntur, ita 139 Globuli, qui etiam cenatis dantur et efficiunt mane deici, quod satis sit 140-141 Ad taenias et lumbricos necandos 142 Ad prolapsionem et libidinem nimiam desurgendi extremi intestini
Kidneys c. 143-145 ⁸	143-149 Ad renum tumorem et exulcerationem, etiam si

⁷ Schonack's summary of a whole range of intestinal complaints including treatment for worms and prolapse is here too simplistic.

⁸ Packhum here takes 143-149 (kidney tumours) and 150-153 (calculi) as units.

	sanguinolenta facient
Bladder and stone complaints c. 146-153	150-153 Ad calculosos experta
Groinal area c- 154-157	154- 157 Ad lumborum dolorem diutinum et paralyisin
Podagra c. 158-162 ⁹	158-162 Ad podagram
Theriaka c. 163-177	¹⁰
Antidota c. 178-199	
Plasters c. 201-254	
Poultices and palliatives/paregorics c. 255-271	255-260 Genera malagmatorum ad omnem corporis valetudinem 261-267 Malagma ad lienosos 268-271 Acopi genera et compositiones

From 232 onwards Scribonius returns to the topic of ailments and to the *a capite ad calcem* structure, having interrupted it after the abdominal area to move on to antidotes. All of the recipes discussing ailments afflicting the anatomy below the abdomen are treated via ointments or other topical remedies, something which will be discussed in more detail in Chapter 3. Occasionally there are indications that the *Compositiones* were not composed in order; thus for instance in c. 87 he provides an explanation as to what he means by a *catapotium* even though he made use of this type of remedy in previous chapters already. Similarly, many recipes end with additional purposes of the remedy, almost added as an afterthought, and the more literarily interesting chapters in which Scribonius takes up his ethical concerns from the preface could be seen as having a certain spontaneity to them. It may however simply indicate that perhaps Scribonius was distracted or not overly concerned with a strict editing of the text.

With regards to the preface, discussions of the exact subdivision of themes has been more extensive given the overall interest the preface has received. Römer (1987:126-7) proposes a tripartite structure of general introductory and ethical points concerning medicine (*Comp. ep.*

⁹ Podagra is commonly identified as a form of gout.

¹⁰ Packhum lists all following remedies as individual chapters with the exception of 163-164 (*Genera medicamentorum et demonstrationes ad serpentum ictus morsusque*), 171-174 (*Antidotus Apulei Celsi*), 177-178 (*Antidotos Marciani medici*), 216-219 (*Emplastrum epispastice*), 220-221 (*Emplastrum album Paccii Antiochi*), 224-226 (*Ad condylomata*), 228-229 (*Ad verrucas naevos clavos haemorrhoidas*), 230-231 (*Ad eadem vitia*), 232-233 (*Ad intestini extremi prolapsionem*), 234-239 (*Ad veretri tumorem et dolorem*), 244-246 (*Ad ignem sacrum*), and 247-248 (*Ad zonam*). Unlike Schonack, the catalogue takes 177 and 178 together and does not attribute them to different categories.

(1-4)), a more in-depth discussion of medical ethics and his approach to medicine, including the importance of pharmacology (*Comp. ep.* (5-10)), and the dedication to Callistus proper with further practical points on using the *Compositiones* (*Comp. ep.* (11-15)) but acknowledges the difficulty of attributing some sections to one or the other overall thematic arc (see footnote 9, Römer, 1987:127).

3 Dating

The dating of both Scribonius' career and the composition date of the *Compositiones* has been relatively unanimous and relies predominantly on events and personalities named in the text. Here the most important instances are the lifetimes of Scribonius' teachers and contemporaries for the former and the connection to the imperial family for the latter. Based on the mention of his teachers, Tryphon (c. 175, 203, 209), Apuleius Celsus (c. 94, 171), and Vettius Valens (c. 94 as fellow student, but c. 91 as teacher), as well as a recipe attributed to Paccius Antiochus (c. 97), Scribonius' education and early career is understood to have coincided with the reign of Tiberius (see Schonack, 1912:16-19, Machold, 2010:20-1).

As for the composition date of the text, the two key events normally quoted are a) Claudius' military campaign in Britain in CE 43/44 (in c. 163 Scribonius mentions that he accompanied *deus nostro Caesari*) and b) the *dentifricium* used by Messalina (*nam Messalina dei nostri Caesaris hoc utitur*, c. 60 (line 11); the use of the present tense has been understood to indicate that Scribonius wrote before her execution in CE 48). While the traditional dating stands to reason, the use of the present tense for Messalina does not necessarily imply that the entire work was compiled before her execution; it may simply mean that the recipes were composed not necessarily in order, and that this particular recipe dates to the time before her execution, but not necessarily the rest of the *Compositiones*. Baldwin (1992:74-5) furthermore points out that elsewhere Scribonius relates recipes used by 'the Augusta', which is more likely to imply Livia than Messalina; while he states that 'it is hard to see such a blatant place-seker as Largus venturing to invoke the name of Messalina after her disgrace and death' (1992:75), this rather unduly harsh assessment depends largely on the way one sees Scribonius as a character and to what extent his social concerns are set as superior to his medical ones; the previous argument still applies. Thus it emerges as reasonably undebated that the *Compositiones* are to be seen within the context of Claudius' principate. Nutton's

(1984:8) dating to 60 CE is heterodox and rightly criticised by Baldwin (1992:74). Potential further complications with dating arise if the *Compositiones* is considered to be a translation from a lost Greek text, but such a view is to be rejected, as will be discussed below.

A final point with regards to the dating of the *Compositiones* concerns the way the comment in the preface that Scribonius currently had no access to his library (*sumus enim peregre*, ep. XIV (5, 15-16)) has been taken in conjunction with the statement concerning his excursion with Claudius (c. 163). This may indicate that he wrote most of the *Compositiones* while in Britain, but it may likewise simply imply that he was away from Rome (as Schonack (1912:16) argues) when writing the preface. Mention of other members of the imperial family likewise yield little additional help in solving this problem, for Scribonius may simply be accused of 'name-dropping' of important individuals, whether dead or alive (e.g. Augustus c. 31, Octavia c. 59, Messalina and Augusta c. 60, Tiberius c. 120; his tendency to do so will be taken up in chapter 2 in the context of ethical obligations and mercantile skills). Consequently, the question of dating, while one of the less controversial with regards to the preliminary facts about the *Compositiones*, cannot be answered with 100% certainty. For the purpose of this dissertation an exact dating of the *Compositiones* is not relevant beyond its position between the works of Celsus and Pliny, and so the general problem of dating will not be discussed extensively.

4 Status and Career of Scribonius

Similar issues pertain to the question of the status (and general career) of Scribonius, although the evidential situation is somewhat more complicated in this field. The predominant question in this context is Scribonius' status in relation to Claudius; thus, some authors have read Scribonius' statement in c. 163 to imply that he was physician to the emperor when accompanying him to Britain (e.g. Thomas, 1978:22; Hirsch (1911:988) likewise calls him 'Leibarzt'), subsequently drawing conclusions about his status and career. As contemporary sources do however not mention Scribonius but focus on Xenophon as Claudius' physician (Tac. *Ann.* XI.21 and XI.35; Plin. *Nat.* XXIX,7) as well as some other doctors surrounding him, such as Vettius Valens (Tac. *Ann.* XII, 66-67; Plin. *Nat.* XXIX, 8 and 20); the general consensus is that while he did accompany Claudius, it was, as e.g. Schonack (1912:15) and Hecker (1829:276) point out, 'wahrscheinlich nur in einer untergeordneten Anstellung'. This

campaign to Britain places him in the complex framework of Roman military medicine, and given both the scholarly debates on the nature of the Roman medical military service as well as the lack of information available about Scribonius, any precise assumption about his status is impossible to make.¹¹ Thus Hecker's claim that he was a military physician/surgeon ('Feldarzt', Hecker (1829:276)) is not secure, as Scribonius' brief comment on the duties of the soldier as opposed to the duties of the physician in the preface does not show that he was necessarily a military man. The 'military metaphors and analogies' which Nutton (1995:8) identifies in the preface do consequently not necessarily make him 'an old campaigner' (ibid), but are perhaps rather to be seen in the context of rhetoric on the one hand and the longstanding tradition of military terminology applied to medicine on the other.

A further point of debate in scholarship is the association of Scribonius and Sicily, based on his knowledge of the practices of hunters in Sicily (c. 163) as well as the Sicilian origin of one of his teacher (c. 171). However, this has been contested frequently, and the majority of scholars either deny Sicily as a necessarily important place in Scribonius' life and career or stress the ambiguity of the evidence (e.g. Schonack (1912:11); Machold (2010: 16-17) summarises the scholarship in footnote 42). Subsequently, any assumptions based on Scribonius' Sicilian origins, such as his potential bilingual status (Nutton, 1995:5) or birth and early education there (Porter, 1997:70) are problematic.

Baldwin writes somewhat dismissively of Scribonius' status, listing him as a source 'for the flatteries indulged in by freedmen and lower levels' and explaining his estimation of a low social rank by, drawing on the preface, stating that he 'otherwise would not have flattered a freedman so grossly and publicly as he does Callistus' (Baldwin, 1992:75). To what extent the *Compositiones*, given their comparatively rare appearance in subsequent extant texts,¹² can be seen as a 'publicly accessible' text is questionable; while Scribonius may be accused of being a shrewd businessman and excessive flatterer, the same quotations may be interpreted to see him as a physician conscious of both the mercantile aspects of his profession as well as the complicated political and social system which underlined Roman imperial society, particularly in the city itself.

11 See Nutton (2004:178-186) for general context as well as Scarborough (1969:65-75) for the complicated case of Roman military medicine.

12 Although, as Beagon (1992:202-4) states in her analysis of Pliny, this oblivion may partly be explained by the bias of particularly more well-known authors like Pliny or Galen [who both stress the demise of medicine (for Galen see e.g. Scarborough (1969:50); while Pliny certainly does not mention Scribonius, the issue for Galen is debated], as will be discussed later.

5 Number of Medical Works ('*scripta latina*') and Language of Composition

Scribonius' comment in the preface in which he thanks Callistus for introducing '*mea scripta latina*' to the emperor (ep. XIII (5, 3-7)) has led to some speculation that Scribonius not only wrote other Latin medical texts but also wrote further works in Greek. While no evidence exists beyond this point that Scribonius additionally wrote in Greek, some writers have taken this statement together with the quality of his Latin to show that the *Compositiones* was a text translated from an original Greek document, either by Scribonius himself, or by a later translator. Neither of these arguments, however, is necessarily convincing. Schonack (1912:24ff.) illustrates the debate extensively, concluding that Scribonius was definitively a Roman author (1912:26) based on his use of phrases like '*Graeci vocant*' (c. 105) or '*Graeci dicunt*' (e.g. ep. VIII (3, 20)); while it is important to be categorical, this does seem the most likely implication. While Scribonius was likely to have known Greek as well as Latin as Nutton assumes (Nutton, 1995:5), and while Scarborough's reminder of the influence of Asclepiades of Bithynia on Scribonius and subsequent argument in favour of a potential Greek version of the *Compositiones* based on Asclepiades' own model of publishing in both languages (Scarborough, 1985:106) remains possible, the general issue of the author's linguistic background is much more problematic. Nutton's mention of Scribonius' highly debated Sicilian origin as evidence in favour of his bilingual status (Nutton, 1995:5) reveals the problems in stating anything definite about the ill-defined life and career of the author.

Criticism of Scribonius' Latin is frequently found both in older and more recent scholarship. Schonack draws attention especially to Haeser and Hecker (1912:32). Haeser (1875:299) in '*seine in barbarischem Latein abgefasste Schrift*' is particularly harsh, although he was criticised by Helmreich (1882:389) who like Schonack defends Scribonius' Latin. In more recent scholarship Majno's scathing comment in comparison to Celsus ('If the Latin of Celsus is compared to a glass of sparkling wine, that of Scribonius is not far from dishwater' (Majno, 1975:535)) is too harsh a verdict on the author, as indeed most scholars concerned with an in-depth study of Scribonius have defensively stated (Schonack, 1912:32-5; compare also Schulze (2005:492) on Önnersfors' more balanced reading). Scribonius may not represent classical Latin at its very best, but Majno's comparison of Scribonius 'dish-washing water' to Celsus' 'champagne' is unjustified, particularly given that a recipe collection (with occasional tangents on professional misconduct and general regimen in disease) can hardly be expected

to fulfil the same standards of prose composition as an extensive and broad work such as the 8 books of Celsus.¹³ Furthermore, as both Römer (1987:125) and Schonack (1912: 36-7) note, the 'sachbedingt trockene(n) Darstellung' finds 'literatische(n) Aufwertung' (Römer, 1987:125) in Scribonius both in the preface and in the various tangential commentaries found throughout the text, particularly the latter of which Schonack uses as argument against the 'barbaric' character of Scribonius' Latin (Schonack, 2012: 36-7).

In the general context of the '*scripta latina*' it is worth pointing out that while it is more generally held that the *Compositiones* are the only extant work of Scribonius, there is a case to be made in favour of Scribonius' authorship of a letter found in Marcellus Empiricus' *De Medicamentis*, a 4th century work which is of some significance in the context of Scribonius (see below) and which is prefaced by seven letters attributed to famous doctors such as Hippocrates and Celsus. While the letter to Pullius Natalis is attributed to Celsus, Kind in his RE article (Kind, 1930) considers Scribonius as the author, and Schulze, who dedicates a 2005 in-depth study to the letter, likewise concludes that Scribonius is 'wohl der wahrscheinliche(re) Autor' (Schulze, 2005:495). Consequently, this letter may tentatively used to supplement commentary particularly on the *epistula dedicatoria* and the more general aspects of the *Compositiones*.

6 Editions

The more technical concerns of editions and manuscript transmission of Scribonius have been extensively discussed in the relevant literature, most notably by Schonack (1912:73-82) and Sconocchia (1983:IX-XIX). Nevertheless, for convenience a brief general overview shall be provided here.

Despite the impact of the work of Scribonius on Marcellus Empiricus (which will be addressed below), Nutton theorises that 'manuscripts of it seem always to have been very rare' (Nutton, 2004:174), and indeed the *editio princeps* of Ruellius, which is based on a now lost and possibly corrupted handwriting (Haeser, 1875:299; Brodersen, 2011:38, et al.), provided

¹³ A modern analogy may be a comparison between the quality of English prose found in the 1000-odd pages of Kumar and Clark's *Textbook of Clinical Medicine* and the much more concise and technical statements found in the BNF.

the foundation for subsequent editions until Sconocchia's discovery of a manuscript in Toledo in 1976 (see Sconocchia, 1976 and 1981). Despite the semi-oblivion into which Scribonius has fallen in modern times, Ruellius' edition was followed by a number of subsequent editions, initially four in one century and later approximately one per century (Schonack, 1912:80; an average which coincidentally Sconocchia's most recent edition contributes to quite exactly). Of particular note are those of Johannes Rhodius of 1655, the first one (Nutton, 1995:8 -and to date the only one) provided with an extensive commentary which Schonack (1912:80-1) praises and which deserves to receive scholarly attention at some point,¹⁴ the somewhat rare *Veterum Medicorum Opuscula* collection of 1574 in which Scribonius is published in the same volume alongside Benivenius' *Libellus de abditis nonnullis ac mirandis morborum Sanatorium causis* and Polybius' *De Salubri victus ratione privatorum*, and that of Vuchel (Paris, 1529) which contains Scribonius together with Celsus' *De Medicina*. A further noteworthy edition is that of Bernhold (1789) which Schonack harshly criticises as inferior to the previous one by Rhodius (Schonack, 1912:81); it is here of interest that the modern reprinted edition is that of Bernhold rather than that of Rhodius or Ruellius, although digitized versions of all editions are to be found online.¹⁵ The two most important and most critical and complete editions are those of Helmreich and Sconocchia; Helmreich's Teubner edition of 1887 constituted the standard text until Sconocchia's new 1983 edition which made use of the Toledo discovery. Helmreich improved problematic passages in the text by recognising the extent to which Marcellus' *De Medicamentis* draws on Scribonius. Indeed Helmreich is credited by Schonack to be the first to have drawn on Marcellus to increase the understanding of Scribonius: - his findings were published extensively in an 1882 article published in two parts (Helmreich 1882).¹⁶

Sconocchia's 1983 Teubner edition remains the most extensive and complete to date, supplemented by a much more extensive introduction than that of Helmreich (1887) as well as

14 Although see Wuttke-Groneberg (1974) on Otto Sperling's *Animadversiones in Scribonium et notas Johannis Rhodii*.

15 e.g. http://books.google.co.uk/books?id=XXauaV6WYMcC&redir_esc=y for Ruellius, http://books.google.co.uk/books?id=SKBAAAAcAAJ&printsec=frontcover&dq=scribonius+largus&hl=en&sa=X&ei=rI3FUYP_O4aHPc7JgJAH&ved=0CEYQ6AEwAw for Rhodius and http://books.google.co.uk/books?id=IQ9AAAAcAAJ&printsec=frontcover&dq=scribonius+largus&hl=en&sa=X&ei=rI3FUYP_O4aHPc7JgJAH&ved=0CDkQ6AEwAQ#v=onepage&q=scribonius%20largus&f=false for Bernhold.

16 Helmreich's edition, although not frequently reprinted, is likewise available online: [http://dfg-viewer.de/v2/?set\[image\]=1&set\[zoom\]=default&set\[debug\]=0&set\[double\]=0&set\[mets\]=http%3A%2F%2Fgdz.sub.uni-goettingen.de%2Fmets_export.php%3FPPN%3DPPN66146573X](http://dfg-viewer.de/v2/?set[image]=1&set[zoom]=default&set[debug]=0&set[double]=0&set[mets]=http%3A%2F%2Fgdz.sub.uni-goettingen.de%2Fmets_export.php%3FPPN%3DPPN66146573X) and is the edition used in the *Corpus Scriptorum Latinorum* library on the *Forum Romanum* website (see http://forumromanum.org/literature/scribonius_largus/compositiones.html, last accessed 20/06/13).

various indices and a concordance (Sconocchia, 1988). The edition is based on a manuscript discovered in Toledo, on which Sconocchia extensively published (Sconocchia, 1976, 1981). In this context it is somewhat inspiring to read that Schonack (1912:74) dismisses Helmreich's hope of a find of a new manuscript as futile, and laments fatalistically 'gern hätten wir nämlich das Gegenmittel des Zopyrus' (Schonack, 1912:74 – on Zopyros see below), although Brodersen (2011:41) in his overall summary of recent discoveries including Sconocchia's Scribonius codex interestingly takes the view that new discoveries do not particularly increase overall knowledge on ancient thought, something which (concerning Scribonius at least) could be seen as arguable.¹⁷ The text of the edition without the *apparatus criticus* and any of the other embellishments of the Teubner book is the one to be found on the Packhum website,¹⁸ although lamentably the book has been out of print for a while and is only held by a comparatively small number of libraries.¹⁹ The accessibility of Scribonius' text remains one of the primary barriers to scholarship.

In addition to the basis provided by the published editions, the textual knowledge of Scribonius has furthermore been enhanced by subsequent publications of Sconocchia and Fischer (Sconocchia 1995, 2001, 2010a and b, Fischer 2010, and Sconocchia and Fischer 2008, 2010) in which an analysis of specific remedies or a comparison of various non-Scribonian medieval medical manuscripts has yielded further insights into missing sections of Scribonius (such as the *Antidotos Zopyros* (Fischer, 2010)) or more general textual criticism. All of these recent improvements in the text of the *Compositiones* have led various scholars (see e.g. Scarborough (1985:106), Nutton (1995:8), Hamilton (1987:63)) to anticipate an English language translation of the *Compositiones*, among other more in-depth study. As this has to a large extent not been the case, this dissertation hopes to contribute to the scholarship.

17 His reference to Mary Beard's statement that perhaps hoping for new discoveries is less important than spending more time and energy on studying the texts already available (Brodersen, 2011:30-1) is however particularly relevant to Scribonius, although, with Schonack, one can perhaps state that we are indeed happy to finally have the antidote of Zopyrus.

18 <http://latin.packhum.org/loc/1011/1/0#0>

19 A copac search will attest to this fact.

7 Translations

Two complete translations into modern languages exist, that of Schonack (1913) into German, and that of Jouanna-Bouchet (2000) into French. The latter was provided as part of a PhD thesis on Scribonius but has not been published; consequently it cannot be taken into consideration here.²⁰ Wilhelm Schonack published his German translation of the *Compositiones* in 1913 after having extensively discussed the work in a short monograph published in the preceeding year (on which more in the next section). The translation is available online²¹ as well as in printed form, but this accessibility seems to not have substantially increased the amount of German scholarship on Scribonius. While Schonack's approach is occasionally somewhat problematic, the translation has generally aged well and is, some slightly archaic terminology aside, generally reasonably useable.²² As it has been consulted extensively alongside the Latin text during the research on which this dissertation is founded, some commentary on Schonack's translation and approach to Scribonius will occasionally be made in the appropriate sections.

Schonack stresses the need for a translation on linguistic and topical grounds while expressing his surprise at the non-existence of a translation to date in the critical study preceding his translation (Schonack, 1912:IX, 83); Nutton (1995:8) and Hamilton (1987:63) make similar points. While Hamilton announced working on a translation in the referenced article and while a search on worldcat yields the information that a draft of a translation is held by the library of Old Dominion University, Norfolk, Va. (Hamilton, 1986), no complete English translation has however been published. Apart from the two complete translations, however, a number of individual recipes and sections have received both attention and translation.

First and foremost to mention here is the *epistula dedicatoria* which has received much more attention than the rest of the text. This is to be attributed to its relevance for the study of medical ethics, although it is similarly interesting in terms of the organisation of the medical profession at Rome.²³ At least three English and three German translations exist – two of the

20 While microfiche editions exist in selected French and German libraries, the travel requirements were beyond the means of an unfunded Masters dissertation.

21 http://digisrv-1.biblio.etc.tu-bs.de:8080/docportal/receive/DocPortal_document_00000875

22 See Machold (2010:18-9) for some of the problems. An updated German translation is nevertheless to be hoped for.

23 While this dissertation is more concerned with the much more neglected main body of the text, some points

former published in response to each other by Hamilton (1986:212-16) and Pellegrino (1988:25-9), another in Prioreshi (1996:176-9). While Prioreshi's translation is part of a longer section discussing Scribonius in the context of Roman medicine, both Hamilton and Pellegrino are predominantly concerned with the ethical concerns of the preface, something which is true for the major amount of scholarship (on which more later) written about this part of the text.²⁴

In terms of the German translations, the one found in Kollesch and Nickel's edited volume of primary sources pertaining to specific topics in Ancient Medicine is likewise understood as primarily of interest in the context of ethics (Kollesch and Nickel, 1994:57-62), whereas the other translations form part of larger translation efforts, namely the version found in Schonack's complete translation (Schonack, 1913), and that of Rinne, who provided a translation of the *epistula dedicatoria* as well as c. I-LXXIX²⁵ as a basis for his doctoral thesis which was published in revised form including this translation in 1896 and reprinted in 1968 (Rinne, 1968:1-25). Schonack also draws attention to a partial translation of the preface which is included in Haeser (1875 (vol I): 425).

In addition to both Schonack's complete translation and Rinne's rendering of 79 recipes into German, a number of individual recipes have been translated and published as part of papers which discuss them as case-studies. Thus, Thomas (1978) translates recipes 53 to 61 in a paper discussing Scribonius' contribution to the history of dentistry,²⁶ a paper which is supplemented by Hamilton's translation of c. 95 which is of relevance in the same context (Hamilton, 1987:62). Scarborough provides a translation of c. 70 in his review of Nutton's *Ancient Medicine* in order to provide an example of Scribonius' pharmacological writing and its importance for a broader understanding of Roman medicine in its social context. (Scarborough, 2005:8). Prioreshi includes a (partial) translation of c. 180 in discussing Scribonius' comments on opium (Prioreshi, 1996:182). Finally, Machold provides a number

about it will nevertheless be made in Chapter 2.

24 While Nutton (2004:376) calls neither the Pellegrino or Hamilton translations 'entirely reliable', Scarborough (2005:4) criticises this as an example of 'gratuitous scholarly cruelty'. Both Scarborough and Nutton overlook Prioreshi's (1996) translation, although it should be fairly stated that the book is not widely published [albeit partially available online via google books].

25 Although, as Schonack (1912:83) points out, mistakenly listing chapter 48 as 49 and omitting the latter.

26 He likewise points out that a translation of selected chapters can be frequently found in histories of dentistry; he references Guerini, *The History of Dentistry*, as 'the most extensive translation (1978:25). It is to be noted here that this translation, just as those of Rinne and Schonack, rely on Helmreich's edition, with all the inherent issues. A more in-depth analysis of this issue would be worthwhile but is beyond the scope of this dissertation.

of translations in his book on iatromagic in Scribonius, although the majority of these are likewise partial translations (e.g. Machold, 2010:57 [c. 110], 62 [c. 186], 84 [c. 163]). On account of the inaccessibility of some of the scholarship on Scribonius, this list makes no claim to being complete.

A further point to make concerning translations is the matter of the title. In terms of rendering the title, most translations either keep the Latin (e.g. Hamilton (1986), although he like many others abbreviates the full title to '*Compositiones*'), or provide a descriptive term - thus Rinne (1896) calls his partial translation 'Das Rezeptbuch des Scribonius Largus' and Schonack (1912, 1913) comments on either 'Die Rezepte' (1913) or 'Rezeptsammlung' (1912), a term which Römer (1987) likewise takes up. Riggsby (2007:92) is alone in giving an English title, opting for 'Compounds', an interesting, albeit not entirely accurate choice given the diversity of 'Rezepte' collected in the *Compositiones*.

8 Reception

While an in-depth analysis of the reception of Scribonius has proven to be beyond the scope of this dissertation, a few comments on the main texts which include aspects of the *Compositiones* shall be made in this place. While the most important text by far is Marcellus' *De Medicamentis*, other texts which deserve some mention are the *Medicina Plinii*, the *Lorscher Arzneibuch*, and a text called *Liber de morbo Gallico* (1535). Initially, however, the more obvious authors such as Pliny and Galen shall be briefly discussed.

While Scribonius preceded Pliny the Elder, the *Natural History* features no reference to the *Compositiones* (Hirsch (1911:988) is here either mistaken or referring to the medieval texts known as the *Physica Plinii* and *Medicina Plinii*, on which more later), although much is said in general about the state of medicine at Rome as well as the composition of remedies based on available drugs and practices pertaining to folk medicine.²⁷ As Beagon argues, this is likely to be on account of the fact that Scribonius does not fit into Pliny's argument of Greek versus Roman medicine (Beagon, 1992:202-4), although the question of Scribonius' Greek or Roman approach to medicine is perhaps somewhat more problematic.²⁸ The case of Galen is

27 See Beagon (1992) and Scarborough (1986) for a study of Pliny in this context.

28 Beagon (1992) illustrates the general issues with Pliny's reasoning; the topic will be taken up again in chapter 3.

somewhat more complicated. While a number of scholars list Galen among the post-Scribonian authors who include parts of the *Compositiones* in their works (most extensively Helmreich (1882:391), listing 15 instances of Scribonian recipes in Galen, but cf. Fabricius, 1972:222 and 127-143), Scarborough (1985:106) in criticism of Sconocchia (1983:viii, xi) shows that there is little case for a direct transmission.²⁹ Even an indirect transmission (see again Fabricius, reference above) may be somewhat complicated to argue in favour of decisively.

The *Medicina* and *Physica Plinii*, spurious medieval texts of unknown authorship attributed to Pliny, fall into the category of medical books targeted at a lay audience interested in household remedies and what might be termed self-help. While literacy is a limitation to the publicity of such texts in the middle ages, Stoll (1992:21) points to their interest for pilgrims and travelling monks or clerics. The *Lorscher Arzneibuch*, an 8th century monastery-based medical text associated with Bamberg, falls into a similar framework of medical texts with a practical focus which cater to a non-medical (or at least not scholarly medical) audience. Stoll has traced both the sources of the *Lorscher Arzneibuch* in general as well as the origin of some of the featured recipes in particular (Keil/Stoll, 1992:22) and illustrates the transmission of recipes found in Scribonius via the *Medicina* and *Physica Plinii* to the *Lorscher Arzneibuch*, thus revealing not only much about the sources on which medieval compilers drew and the ways in which ancient medical texts were partially transmitted, but also about the importance which a comparatively modest author (compared to the names far more likely to receive attention and genuine or spurious attributions, such as Hippocrates, Galen, or indeed Pliny the Elder) had on the composition of medieval therapeutics.

The final item, a perhaps rather surprising and somewhat obscure inclusion, is a 16th century compilation which features a quotation of c. 179-199 of the *Compositiones* (Schonack, 1912:78-9). In addition to these aforementioned sources, the work of Scribonius and Fischer has shown that textual references and quotations from Scribonius can be found in a number of not necessarily well published texts, in particular medieval manuscripts. Thus Sconocchia (2010a) traces the medieval transmission of the '*Antidotos hiera*' discussed by Scribonius in 97-107 throughout a variety of manuscripts. Fischer (2010) lists a variety of medieval texts including fragments of Scribonius and offers a reconstruction of the missing *Antidotos Zopyri*

²⁹ Although he admits for the potential of indirect transmission, e.g. via Andromachus the Younger and Asclepiades Pharmacion (ibid.); Nutton (1995:5) likewise develops the reasons as to why Galen does not feature any direct quotations from Scribonius.

via the analysis of this broad range of sources. Consequently, while not as well known as other authors in their contribution, Scribonius can be credited with a small but reasonable and constant impact on later pharmacological texts and compilations of medicinal recipes.

While references to Scribonius can be found in a number of manuscripts, the text on which the *Compositiones* had the most profound impact is the *De Medicamentis* of Marcellus Empiricus, also known as Marcellus of Bordeaux. Marcellus, whom Nutton singles out as the 'only' subsequent medical writer who 'shows [a] clear acquaintance with [Scribonius]' book' (Nutton, 2004:174), copied or lightly paraphrased a reasonably large number of Scribonius' recipes (around 90 of the 271 chapters according to Brodersen (2011:38)), to the extent that Marcellus constitutes an important source for supplementing Scribonius in instances of textual corruption and defect manuscripts.

In this context it might be noted that both in terms of manuscript frequency as well as general reception the situation is very different for his near-contemporaries Celsus (another example of the Roman Latin medical tradition) and Dioscorides³⁰ (whose *Materia Medica* has similar pharmacological concerns but has had a much more profound impact on pharmacology in history).³¹ Regardless of this, a local perspective reveals that Scribonius was considered important enough to be included in William Hunter's collection at the University of Glasgow;³² the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Physicians of Edinburgh likewise hold three copies of the work, so despite the little fame which has befallen Scribonius compared to Dioscorides or other authors a case is to be made that he was held in some esteem and reasonably well-known by physicians before, in, and after Hunter's times.

30 Ackerknecht's dismissive and somewhat outdated view that 'a comparison of the work of Scribonius with that of (...) Dioscorides (...) illustrates the great difference in quality between Greek and Latin medical writings' (1955:67) will be disputed in Chapter 4.

31 While Machold (2010:9) justly references Schulze's (2003) criticism of uncritical terminology and consequently discusses Scribonius as a pharmaceutical rather than a pharmacological text, it might be argued that the term pharmaceutical is likewise providing a misleading image of an elaborate pharmaceutical industry based on research and marketing and frequently accused of capitalistic concerns and complicity in conspiracy theories. This dissertation will maintain the term pharmacology in its meaning of the *logos* of the *pharmakos* and argue that this is a valid description of Scribonius' approach to drugs.

32 Two copies are held in Special Collections – Hunterian W. 6.7 and Cl. 4.27.

9 Contemporary Scholarship

While a number of publications discussing selected aspects of Scribonius exist, the most extensive analysis of the whole text remains Schonack (1912). He provides a detailed discussion of the biographical questions concerning Scribonius as well as the technical and medical points of relevance, and furthermore analyses Scribonius' relationship to Nikander and the *Theriaca* and *Alexipharmaca* of the 2nd Century BCE poet (Schonack, 1912:52-62). The other essential early study remains Rinne (1892) who provides a detailed pharmacological account of the different drugs and drug delivery methods Scribonius uses. Both authors, as has been mentioned earlier, supplemented their work with subsequent commented translations (Schonack (1913) which opens with a lengthy introduction summarising the key point, and Rinne (1896) which is an edited version of his 1892 publication). This is however not the extent of early historiography on Scribonius; noteworthy further articles and monographs include Buecheler (1882), Comrie (1922), Jourdan (1919) and Lottritz (1913).

Given the importance of Scribonius for Marcellus, the author has likewise received attention in this context. Thus Helmreich discusses the parallels between the two authors in a paper which forms a precursor to his later edition of Scribonius, and Jouanna-Bouchet discusses rational versus. irrational (i.e. non-scientific/magical – cf. Machold, 2010:14) approaches to medicine in both authors.

The amount of modern scholarship has significantly increased after the publication of Sconocchia's Teubner edition, and Sconocchia himself remains the predominant author publishing on Scribonius Largus, with 13 papers published between 1976 and 2010. It is here interesting to observe the linguistic distribution of scholarship: the major amount of publications on Scribonius are in Italian, with French and German following suit (the bulk of German scholarship does however pertain to the early 20th century, and there have been few recent publications, although the only recent monograph aside from Sconocchia's *Per una nuova edizione di Scribonio Largo* (1981), Machold's *Scribonius Largus und die Antike Iatromagie* (2010), deserves special mention); the author has likewise attracted academic interest in Ukrainian, Swedish, and Spanish. By contrast, little English language scholarship has emerged; while Scribonius is frequently mentioned in more general textbooks, there are very few papers dedicated to the *Compositiones* in particular. This topic will be taken up in

the final chapter where general points concerning accessibility of ancient authors and scholarship will be made.

What follows is a partial review of the literature which has been published on Scribonius distinguished by individual thematic areas in which the *Compositiones* have received significant attention.

9.1 Language/Philology

One field in which Scribonius has received a reasonable amount of attention is in that of medical Latin. Thus a variety of texts either make mention of or discuss the *Compositiones* in more detail with respect to its use of medical terminology and technical Latin. Here the standard work on medical Latin by Langslow (2000) selects Scribonius as one of the four authors (together with Celsus, Theodorus and Cassius Felix) on whom he bases his analysis of imperial medical language. Önnarfors (1993) similarly dedicates a substantial part of his study on medical Latin within the time period ranging from Celsus to Cassius Felix to the *Compositiones*, and Sconocchia (1991b) likewise discusses general linguistic aspects. Further noteworthy studies are those of Šega (1983) who analyses Scribonius' pharmacological terminology in general, Smolskaja (1979) who traces developments in Latin medical terminology from Celsus to Pliny, with Scribonius as the intermediary, Grassi (1968) and Rippinger (1987) who provide a general linguistic analysis of the *Compositiones*, Ferraces Todtríguez (2009) who analyses the terms *zona*, *cingulum*, *balteum*, and *circinum*, and the publications of Gaide who discusses the use of individual terms in Scribonius, namely those pertaining to mixing (2002) and the words *vincire* and *ligare* (2003). Thus, while the *Compositiones* in general have not been discussed particularly extensively with regards to their medical content, Scribonius has certainly been recognized as an important author by scholars working on the linguistics of medical Latin and its technical terminology.

9.2 Ethics

As has been mentioned, the preface has received a disproportionate amount of attention; this is largely due to its implications for medical ethics, and as such it has been frequently

translated and discussed. Both Schonack (1912) and Rinne (1896) comment on it in their respective studies, although, as has likewise been noted, their concern is more with the general text. The next analysis of the preface is Deichgräber (1950), who provides an edition of the Latin text as well as a discussion of the *epistula dedicatoria*. While his study is important and remained for a few decades the only study of Scribonius at all, Nutton's statement that 'the essential study remains Deichgräber' (Nutton, 2004:276) is not quite accurate given the various publications which Sconocchia's new edition provided. Scribonius likewise finds mention in Edelstein's essential analysis of the Hippocratic Oath and the general ethical implication of Hippocratic medicine (Edelstein, 1943, reprinted 1967), a topic in which Scribonius finds a place as he invokes Hippocrates as the '*conditor nostrae professionis*' (ep. V (2, 20)) and points to the section in the Oath which forbids abortifacients (ep. V (2, 21-2)). Nutton (1995:7) likewise provides comments on the '*professio*' of medicine and Scribonius' contributions to ethics, and the topic is similarly explored in studies such as Lippi/Sconocchia (2003), Mudry (1997), and, very briefly, in the context of Kollesch/Nickel's translation (1994). The more technical nature of the preface which Schulze (2005:491) calls 'ein Zwitter aus Brief und Proömium', is not of particular interest here; see Römer (1987) for a more technical (in terms of literary theory) analysis of the text.

As has been previously stated, the preface is the only extended section of the *Compositiones* available in English translation, and translations as well as discussions of the general and particularly ethical implications of the preface have been published by Hamilton (1986) and Pellegrino (1988), as well as by Prioreshi (1996) who discusses Scribonius briefly but slightly more generally in his *A History of Medicine: Roman Medicine*. Pellegrino (2006) takes up the topic of medical ethics again, applying it to modern medical interests, and goes so far to propose a modern system of medical ethics which he directly bases on Scribonius.

9.3 Superstition and Magic

The *Compositiones* have likewise invited some commentary in terms of how far Scribonius can be seen as a 'rational', 'scientific' physician, and to what extent he relies on semi-magical cures and superstition or folk-medicine based remedies. Here views have differed, for while Nutton (1984b:8) credits him with 'coining' the 'phrase' of 'falling outside the profession of medicine' in the context of the often-quoted use of gladiator's blood as a cure for epilepsy,

thus placing Scribonius in the sphere of rational medicine, Hirsch (1911) condemns the author for his inclusion of irrational cures, although he is perhaps too harsh in his condemnation of 'superstitious' remedies in Scribonius and identifies ingredients and procedures as magical which may have been used on grounds that were reasonable by the standards of contemporary scientific understanding.³³ Similarly, the role of iron (Hirsch, 1911:988) deserves a more critical study – the type of material to be used may easily be seen as an aspect where folklore was mixed with scientific procedure until it was forgotten whether there was a reason for its use or not.³⁴ By contrast Schonack (1912: 89) is much more defensive of Scribonius' 'scientific' medicine when he praises 'die Exaktheit der Dosierung und Zusammensetzung jedes einzelnen Arzneimittels' and dismisses accounts of the superstitious nature of the *Compositiones* (1912:62-66). More recent studies include Jouanna-Bouchet (2003) and Machold (2010), the latter being the most extensive study to date as well as the most recently published monograph on the *Compositiones*. Machold examines Scribonius in the context of magical and pseudo-magical medical practices ('iatromagic'), distinguishing between practices which would have appeared rational to contemporaries and those which have clear magical connotations regardless of the cultural environment.³⁵ It is clearly all too easy to read into Scribonius as much science or superstition as one desires to find – this overall potential issue in scholarship should be borne in mind throughout the remnant of this study as the author makes no claim to be immune to this problem. Furthermore, much scholarship has been based on somewhat superficial reading, especially concerning Scribonius' non-scientific character – a text such as e.g. Baas (1899:143) with its somewhat laconic summary that he was 'a compiler of medicines, especially those of a popular character' begs the question of the extent to which remedies were indeed popular, available, and worth abandoning a physician in a huff for.

9.4 Dentistry

While much of the attention the *Compositiones* have received has been focussed on perhaps somewhat less technically 'medical' concerns such as language, ethics and magic, one more strictly 'medical' topic for which the *Compositiones* have been singled out for is that of

33 Compare factors such as plant drug content depending on time of harvest, thus awareness of environmental aspects are not necessarily a sign of magic.

34 Compare contemporary advice to make certain types of ointments in non-metallic vessels using non-metallic implements.

35 The most recent study, that of Harms (2011), is not identifiable beyond the reference found on worldcat.

dentistry. Thus, alongside a translation of the relevant chapters Thomas (1978) contributes a prize essay to the topic from a modern medical perspective, and Perret and Vidal (1985) add further modern medical thought to the topic in a publication in the *Chirurgien-Dentiste de France*, whereas a noteworthy historical scholarly contribution includes the monographs by Trilk (1921) and Wriedt (1921). Concerning the latter, it is to be noted that in addition to general praise for Scribonius' attempts to save teeth from extraction, particularly the section involving the comment on 'little worms' has been frequently taken up in scholarship on account of the importance of a worm-based aetiology for dental pathology (thus Wriedt (1921) dedicated an entire critical study to the topic). While some scholars take Scribonius as a proponent of this theory (e.g. Thomas, 1978:23), it has generally been refuted by drawing attention to the behaviour of *Hyoscamus* leaves.³⁶

More general studies include Berghult (2001), Dude (2005) and Lentini (1995); in general, accounts of the history of dentistry seem to discuss Scribonius somewhat more flatteringly than medically authored textbooks of the history of medicine. Hamilton (1987) adds to the discussion of dentistry by analysing a remedy placed not within the section of dentistry but nevertheless relevant, and Singer (1950) notably provides a statement on his practical experiment to recreate the *dentifricium* described in c. 59. On account of this broad range of studies dentistry can be seen to be the only 'medical' aspect of the *Compositiones* which has received significant attention.

9.5 Torpedo fish

In addition to topics more commonly found in discussions of ancient medical texts, such as ethics or dentistry, the *Compositiones* have received considerable interest with regards to the chapters discussing the use of the electric eel for analgesic purposes. In fact, Baas' otherwise quite brief and dismissive summary of Scribonius' career makes specific note of this (Baas, 1889:143), crediting him as the first to apply this type of remedy. Hecker (1829:412) does likewise, and Haeser (1875:299) mentions it as 'bemerkenswert'. The interest does however not cease with the early historiography of medicine; thus, a modern medical paper references Scribonius in the context of the use of electricity for nerve stimulation after stroke (Hummel and Gerloff, 2012), and on the less medical side the etymology of *torpor* given in the context

³⁶ See Schonack (1912:43).

of this recipe has likewise received attention.³⁷

In addition to the fields listed above, a variety of other topics concerning Scribonius have inspired scholarly interest. On the more technical side, aspects such as the way in which Scribonius uses the index provided with the *Compositiones* (one of only four Roman texts to include one, the others being Columella's *On Country Matters*, Pliny's *Natural History*, and Aulus Gellius' *Attic Nights* – Riggsby, 2007:88), the use of the phrase '*dominus noster Caesar*' (Pippidi, 1935, also discussed in Baldwin, 1992:75-6) or the literary criteria of the preface (Römer, 1987) have also been analysed. Further more general but still specifically Scribonian studies include Capitani (1972), Gourevitch (1999), Hummel and Gerloff (2012), John (1945), Jouanna-Bouchet (2001), Mazzini (1983), Lausdei (1988), Nutton (1995), Rochietta (1974), Ryan (2002), Sconocchia (1981, although the bibliography should be consulted for the full extent of Sconocchia's contribution) and Tadorelli (1996). In addition to these quite specific publications, Scribonius has found brief mention in more general works, such as Nutton's *Ancient Medicine* (2004), Scarborough's *Roman Medicine* (1969), Pauly's *Realencyclopädie* (1839-1852) and Porter's *The Greatest Benefit to Mankind* (1997), although Baldwin's (1992:74) lament that his general scholarly neglect was not aided by the fact that he receives no mention in *The Cambridge History of Latin Literature* has not been remedied by subsequent editions. What can generally be stated is that while Scribonius has received some attention, particularly in specific fields such as ethics and linguistics, the *Compositiones* as a whole have inspired relatively little scholarship, particularly if compared to contemporary writers such as Celsus and Dioscorides.³⁸ It is among the aspirations of this dissertation to partially remedy this neglect for the *Compositiones* as a medical work (rather than an ethical treatise or source for medical Latin), although much will have to be relegated to the further research section in the concluding chapter. The 'engaging medley' and 'congenial read' which 'casts many a beam of light' (Baldwin, 1992:74) on Roman society, health, and medicine in both in an immediate and broader context which the *Compositiones* comprise deserves substantially more attention than they have received, and more than they can in a Masters dissertation. Nevertheless, in the following chapters, an initial analysis of the humanitarian, medical, surgical and pharmacological interest inherent in the text will be conducted.

37 See e.g. the general overview of Scribonius' work and career as provided by http://penelope.uchicago.edu/~grout/encyclopaedia_romana/aconite/largus.html (last accessed 22/06/2013).

38 Although it should be noted that neither Celsus nor Dioscorides receive as much attention as their respective works deserve; while outstanding studies have been published on these as well as more obscure authors, ancient medicine remains somewhat overshadowed by Galen and Hippocrates.

Chapter 2

Ars et Professio – Medical Ethics and Physician's Obligations

Introduction

What is to be remarked upon, regardless of the potential issues with Scribonius' approach as a doctor, a scientist, and perhaps a Roman, is the humanity of the *Compositiones* and the extent to which Scribonius considers ethics an inseparable aspect of medical theory and practice. While the effectiveness of the remedies it contains may be considered debatable, its ethical and humanitarian concerns deserve much admiration. While the preface has been discussed extensively, the main part of the work has not been particularly studied in the context of ethics. This chapter will be concerned with the general *humanitas* and *misericordias* of Scribonius which he reveals throughout the *Compositiones*, and in particular in the *epistula dedicatoria* as well as in chapters 84, 199, 229 and 271. There are three components under which this will be investigated. Initially, a broader perspective from a different angle will be contributed to the extensive scholarship which has studied the preface; then, the manner in which these aspects continue to inform Scribonius' understanding of medicine throughout the text will be investigated, and finally, the management and understanding of pain will be discussed as an example of Scribonius' *humanitas* in action.

1 *Epistula dedicatoria*

The contrast¹ between ethical obligations and mercantile aspirations features very prominently in Scribonius' work. In the preface or *epistula dedicatoria* these topics are addressed embedded within the literary conventions of his time, namely the traditional *laudatio* directed to his patron Callistus.² Among these are topics of significant interest to medical historians, doctors and classicists alike, such as his understanding of the obligations of the physicians and medical ethics in general. Scribonius likewise makes mention of themes

1 Although not necessarily conflict, as will be shown later.

2 For a discussion of the epistula in the context of literary conventions as well as medico-ethical content, see Römer (1987).

concerned with the 'medical marketplace' and the way practitioners of medicine differ in both approach and background,³ and more general points of interest such as the circumstances of the composition of his text as well as Scribonius' general plan and approach when compiling the list of recipes at the behest of his patron. This preface, in comparison to the rest of the text, is the most discussed part of the *Compositiones*, predominantly on account of its contribution to medical ethics, something perhaps indicative of key topics of relevance to scholars of medical history, and how Scribonius has been viewed in the scholarship.⁴ As most scholarship is either focussed on providing a general introduction to a lesser known author as well as a translation,⁵ what will be attempted here is to discuss the preface more broadly in addition to adding an interdisciplinary perspective to show elements of continuity throughout medical history.

Scribonius' involvement with medical ethics in the preface- as well as in the *Compositiones* in general- can be divided into two fields – his views on other practitioners and the obligations of the physician in general, and his awareness of the concerns, suffering and fears of his patients on the other. These two topics will be discussed in turn.

1.1 The Medical Profession and the Obligations of the Physician

Scribonius emerges as very outspoken about the medical profession in general and the obligations of the doctor in particular. This is to be seen to some extent in the context of medical education at Rome, but more generally in that of different approaches to medical ethics prevalent in antiquity. Both medical education and the medical profession as a whole were generally unregulated in Scribonius' times; the emergence of state control over education and the self-regulation of the profession pertains to subsequent centuries.⁶ While more formal medical educational institutions existed, giving rise to such schools or sects (in terms of philosophical and theoretical understanding of medicine) as the methodists, dogmatics or

3 For a discussion of the 'medical marketplace' in the context of Roman medicine, see Nijhuis (1995:64) and Nutton (2004:52-5).

4 Indeed, Pellegrino's (2006) attempt to base a new system on modern medical ethics on Scribonius' preface may be seen to follow a trend in scholarship in which Scribonius is presented as either a contemplative doctor setting out a system of medical ethics with some pharmacological recipes attached, or as a textbook of medical Latin, with some convenient pharmacological terminology.

5 Or edition in the case of Deichgräber (1950).

6 See Kollesch (1979:511-3) and Scarborough (1969:131-3).

empirics, a large proportion was apprenticeship-based, consequently creating a body of practitioners affiliated with medicine with more or less extensive training, the scope traditionally quoted to range from Galen's twelve years to the half-year advertised by Thessalos of Tralleis.⁷ In addition to more or less trained medical practitioners, there was a body of more mercantile men affiliated with medicine and pharmacology via the nature of their trade, such as the various types of drug merchants and vendors of ointments and various medical products. The medical profession at Rome, if the term profession should indeed be used for an unregulated and non-united body such as that encountered by Scribonius constituted thus a broad field of vastly different specialities, ranging from physicians pertaining to different sects with different approaches to treatment over various surgical specialists to a variety of drug- and remedy-selling businessmen (Jackson, 1988:85; 123), although the extent of specialisation has been debated (see Salazar, 2000:xxv).⁸ What certainly emerges is that there was a vast range of different practitioners affiliated with medicine, both within and outwith notions of having received an acceptable medical training. It is in this context in which Scribonius' comments in both the preface and the main text about other practitioners is to be seen.

1.1.1 The Hippocratic Oath and the Moral Obligation of the Physician

As Scribonius draws explicit attention to Hippocrates as 'founder of our profession' (see Chapter 1) very early on in the *epistula dedicatoria*, it is reasonable to begin with a discussion of this section. Much has been made of Scribonius' reference to the Hippocratic Oath, particularly as it is generally identified to be one of the first ones, if not the first one.⁹ While the *Compositiones* in the context of the Hippocratic Oath will not receive detailed discussion here,¹⁰ it shall here briefly be pointed out that it is interesting to observe that Scribonius considers the Oath as a unifying and binding element of the medical profession. Although, as Nutton (2004:376) points out, despite Scribonius' reference of the Oath 'Nowhere does Largus assert that the Oath was actually taken, and his own argument suggests that it was not',

7 See Nutton (1992:54-5) and Kollesch (1979:508).

8 Given Scribonius' commentary on the interconnection of medical sub-disciplines which will be taken up again in the next chapter, this diversified and specialised profession is noteworthy.

9 Thus Prioreschi (1996:180) credits him with providing 'the first outside the *Corpus Hippocraticum*'.

10 For this see Deichgräber (1950) and particularly Edelstein (1943 and 1956).

Scribonius draws attention to the Oath -or some form of oath - as the framework in which the moral physician should operate, and which unified the medical profession in theory if not in practice. As will be shown below, this notion can be traced throughout the *Compositiones*. It is likewise interesting to note that while Scribonius is concerned with ethics in a variety of contexts, it is the section of the Oath concerned with abortion he focusses on, and not for example the immediately preceding line which forbids the provision of poisons,¹¹ or indeed the somewhat complicated section on surgery.¹² He argues that a result of this Oath Hippocrates *longe praeformans animos discentium ad humanitatem* (*Comp. ep. (5).4*) and hypothetically asks in the context of abortion whether *qui enim nefas existimaverint spem dubiam hominis laedere, quanto scelestius perfecto iam nocere iudicabunt?* (*Comp. ep. (5).4-6*). Scribonius here uses *nefas* where Schonack (1913:5) translates anachronistically as 'Sünde' as the concept is not suitable with regards to pagan thought and philosophy, and *scelestius* which Schonack (1913:5) translates as 'größerer Frevel'; thus, the language emerges as strong, but not necessarily religious. It must however be noted that secular and religious themes are much less easily separated in ancient thought than in modernity, and medicine is no exception. While Scribonius does not explicitly invoke the Gods beyond stating their disapproval of bad medical practice, the nature of Oaths as contracts between the individual and the Gods as well as his frequent allusion to some oath (Hippocratic or otherwise) as unifying and binding obligation of medical practitioners places Scribonius within the general philosophical context of ancient thought. As Nutton (2004:68) argues, 'What makes the Oath different from all other documents on medical ethics and etiquette from Antiquity (...)is its heavily religious tone'; consequently, Scribonius' medical ethics must be understood to have at least some foundation in or relation to ancient understanding of religious obligations, even if he is not concerned with establishing a religious system of medical ethics.

As Scribonius places great weight and emphasis on the physician's obligation to help patients, for religious or other reasons, it is not surprising to find that he expresses harsh condemnation of practitioners who fall short of his standards. In the *epistula dedicatoria* this is particularly stresses in the context of the use of medicaments.¹³ He accuses doctors who

11 Although perhaps not particularly surprising given that a large section of the *Compositiones* are concerned with antitoxins.

12 Although the lack of the surgical reference is not surprising, given that a medical profession forbidden from practising surgery would be contrary to Scribonius' understanding of medicine as a unified and non-specialised field as shall be developed below.

13 Which given the nature of his work he not unsurprisingly defends and raises to importance.

refuse to include drug therapy into their treatment repertoire of medical negligence regardless of whether they withhold application on account of lack of knowledge or because they are being sceptical of their effectiveness. Here his statement concerning those whose character leads them to contribute envy and misgivings to their practice of medicine summarises everything he considers a requirement of pursuing a medical career and calling, and everything he considers deserving of condemnation and even the hatred of the Gods themselves: *quia crimine invidentiae flagrant, quod malum cum omnibus animantibus invisum esse debeat, tum praecipue medicis, in quibus nisi plenus misericordiae et humanitatis animus est secundum ipsius professionis voluntatem, omnibus diis et hominibus invisum esse debent* (Comp. ep. (3).6-9). He likewise invokes the Hippocratic contrast between medicine and inflicting harm while providing a strong statement on the obligations of the doctor as well as the necessity to include drugs in their therapy: *scientia enim sanandi, non nocendi est medicina. quae nisi omni parte sua plene excubat in auxilia laborantium, non praestat quam pollicetur hominibus misericordiam. desinant ergo, qui prodesse adflictis aut nolunt aut non possunt, alios quoque detertere negando aegris auxilia, quae per vim medicamentorum frequenter exhibentur* (Comp. ep. (5).8-(6).4). The extent to which professional obligations matter is similarly stressed in the context of military practice where he draws attention to the fact that medical obligations supersede both a sense of hostility and one of civic obligation: *idcirco ne hostibus quidem malum medicamentum dabit, qui sacramento medicinae legitime est obligatus* (Comp. ep. (4).1). As this topic of professional ethical obligations and the physician's personal morality is taken up in appropriate places throughout the text, it clearly illustrates the importance of this point for Scribonius as well as its centrality to his understanding of medical practice. Medicine in its more clinical sense is established as inseparable from medical ethics and the moral conduct of its practitioner; the *ars* of medicine includes obligations of philosophy and morality which form the foundation of its *professio*. While he admits that medical practitioners may be able to treat despite their lack of virtue or training, he is clear to express his view that those do not fulfil the most basic obligations of medicine, *humanitas* and *miser cordia*.

1.1.2 Scribonius and Ancient Authorities

It is here interesting to note that despite this being an age of patronage and reliance on ancient authorities, Scribonius states in the *epistula dedicatoria* that he does not let himself be discouraged by personalities. Thus he does not seem to pay excessive respect to ancient authorities, at least not when it runs contrary to his argument – see for example *Comp. ep.* (7).4-6 where he states that even if Asklepiades had disapproved of medicaments, he was only human, and Scribonius would have considered his approach to be wrong, which constitutes a contrast to how physicians after Galen treated antiquity. However, since the preface invokes the names of Herophilus, Asklepiades and Hippocrates as ancient authorities, as well as Callistus and *deo nostro Caesari* (*Comp. ep.* (13).3) in terms of contemporary figures, his assertion of individual critical reading may be taken with a grain of salt - although dismissing Scribonius as 'a blatant place-seeker' as Baldwin (1992:75) does is to be considered too harsh. The literary conventions of the *epistula dedicatoria* to which Römer (1987) draws attention must be borne in mind, and Scribonius may be seen as a dedicated physician conscious of the requirements for a successful career just as much as a flatterer.¹⁴ His very reserved approach towards deference to ancient and contemporary authorities likewise finds reflection in his statements concerning patients regardless of their social standing or individuality. In contrast to accusations of physicians' greed dominating contemporary accounts¹⁵ as well as informing Scribonius' criticism, his ideal seems to include the aspiration to what may be termed universal healthcare – *quia medicina non fortuna neque personis homines aestimat, verum aequaliter omnibus implorantibus auxilia sua succursuram se pollicetur nullique umquam nocituram profitetur* (*Comp. ep.* (4).4-7). It is indicative of Scribonius' approach to medicine, although both factors such as constructing an ideal as opposed to emerging with a workable reality has to be taken into consideration. However, while the *epistula dedicatoria* adheres to convention to some extent in that Scribonius is required to justify his own approach as well as his qualification to provide the work his patron asked for, the strong sense of ethics which informs not only the rest of the preface but indeed the entire text indicates that Scribonius is here perhaps somewhat idealistic, but nevertheless sincere.

14 Similarly, his tendency to 'name-drop' members of the imperial family he treated as advertisement can be interpreted as a realistic sense of business rather than the profit-centred accusations Pliny makes against physicians [on Pliny, see Beagon, 1992, 202-3; more on Scribonius' 'business tactics' below].

15 See Jackson (1988:59-60) who draws attention in particular to the remarks of Pliny, Martial, and Tacitus.

Scribonius likewise distances himself from any preoccupation with profit or monetary gains as motivating agent for the pursuit of a medical career, and furthermore draws attention to his theory of a unified medicine which cannot provide appropriate assistance to patients unless it incorporates the understanding and application of its various sub-disciplines: *Nos vero ab initio rectam viam secuti nihil prius in totius artis perceptione, qua homini permittitur, iudicavimus, quia ex hac omnia commoda nos consecuturos existimabamus, non medius fidius tam ducti pecuniae aut gloriae cupiditate quam ipsius artis scientia* (*Comp. ep. (11).1-4*). He thus establishes himself firmly as a physician concerned not only with medical education and an understanding of medicine which is opposed to specialism and in favour of medical unity, a topic which shall be discussed in the subsequent chapter, but predominantly focussed on knowledge and more ethical pursuits of medicine. As such, his argumentation throughout the *epistula dedicatoria* is evidential of his establishment of medicine as first and foremost a calling, not a money-bringing profession. While it is understandable that he is concerned with his reputation, competition, and ability to establish his own relevance in the competitive 'medical marketplace' of imperial Rome in particular and medical history in general, it can be argued on account of the statements concerning the medical profession as found throughout the *epistula dedicatoria* that Scribonius is predominantly concerned with the establishment of an ethical framework within which he may present and practice his own approach to treatments pharmacological or otherwise. This topic can be traced throughout the *Compositiones* in general, but likewise continues to inform the *epistula dedicatoria* as it proceeds to discuss topics which will be subsequently analysed under the heading of patient concerns.

1.2 Patient Concerns

Just as Scribonius is concerned with the ethical obligations of the physician towards the profession, he is likewise concerned with obligations towards the patient directly. Thus, he is conscious of the discomfort experienced by the patient in addition to the more technical danger of illness - *omni dolore periculoque liberasse aegrum* (*Comp. ep. (1).10-11*) – and

consistently views the patient as a person rather than a case study.¹⁶ In addition to revealing this through his general approach in addressing health concerns which will emerge more clearly in the discussion of individual chapters, the terminology he employs to describe the suffering patient likewise indicates his understanding of suffering and concern for those experiencing illness, as expression such as *succurrendum sit aegro* (*Comp. ep.* (1).7), *periclitantibus* (*Comp. ep.* (2).4), *aegrum* (*ep.* (1).10) or *laborantium* (*ep.* (5).9) may be seen to indicate. Similarly, Scribonius displays reasonable understanding concerning patients' reluctance to undergo surgery: *et nisi magna compulsi necessitate speque ipsius salutis non patiuntur sibi fieri, quae sane vix sunt toleranda* (*Comp. ep.* (2).11-13), something which may be seen to inform his approach to treatment beyond constituting a mere attempt to justify his prescription of predominantly drug-based therapeutics, and which emerges more prominently in an analysis of the various chapters which explicitly feature remedies designed to avoid the need for surgical treatment (see below).

It may be argued that the preface illustrates that Scribonius presumably perceived no clear distinction between the 'truly medical' (Jackson, 1988:25) and the writing concerned with ethical concerns; his idea of a unity in medicine incorporates the more philosophical sphere which is ethics just as much as the more practical of surgery and pharmacology. While this topic will be discussed more extensively in the next chapter, it is worth mentioning it here in order to have an initial idea of how Scribonius may be understood to view medicine as '*ars et professio*'.

2 Ethical concerns throughout the *Compositiones*

After discussing the ethical content of the preface it is now worth examining the text as a whole.¹⁷ As with the preface, the texts' interpretation can be divided between comments on professional ethics in the context of remarks about the medical profession on the one hand,

16 An approach which can be linked to the emergence of 'scientific' medicine in the 19th Century (see Porter, 1997:311) and is to be remembered as the argument for Scribonius' scientific nature with regards of his approach to pharmacology will follow.

17 Here Scribonius' tendency to provide addenda or asides to his recipes proves to be a helpful tool for understanding his approach to medicine, the medical profession as a whole, and ethical obligations, although some of the more pharmacological content of subsequent chapters can likewise be interpreted in an ethical manner.

and general cases which reveal Scribonius' concern with patients and his obligations as a physician on the other.

2.1 Professional Ethics

Following on from his exposition in the *epistula dedicatoria*, Scribonius takes up his concerns with professional ethics in a number of chapters. Thus, chapter 22 contains what may be read as a complaint about quacks or unscrupulous professionals, as he complains about ointment merchants operating for the sake of profit alone: *ut pigmentarii institores eius rei compendii et lucri causa faciunt* (Comp. 22.7-8). This focus on monetary gain can be imagined to have been somewhat endemic in certain strands of the profession, given the negative commentary found in other ancient authors and the fact that a district of Capua, the *seplasia*, had become somewhat notorious given its affiliation with the selling of medicinal drugs and ointments (Jackson, 1988:78). A number of further chapters likewise make mention of different practitioners, such as ch. 38 on ophthalmologists/eye specialists (*ocularios*) and ch. 66 on ointment merchants (*unguentarii*), although here in contrast to the previous case Scribonius does not provide an evident verdict on their professional capabilities and reputation. He likewise takes up the point of professional conduct to an extent in chapter 97, which discusses the means by which some physicians attempted to conceal the nature of a remedy, a practice which persisted in medicine until the 19th century, if not beyond.¹⁸ This generally exemplifies the very rational and business-oriented nature of parts of Roman medicine, but the section may also be read as further proof for Scribonius' dismissal of such practices as he may be seen to be implicitly condemning practices attempting to 'patent' remedies. A similar case example would be the much-discussed chapter 122 in which Scribonius relates how he invested much effort and money into obtaining the recipe in question from 'a common woman from Africa in Rome': *hoc medicamento muliercula quaedam ex Africa Romae multos remediavit. postea nos per magnam curam compositionem accepimus, id est pretio dato, quod desideraverat* (Comp. 122.14-16). That is not to say that for all his professional concerns Scribonius practised medicine without any concern for business or fame, nor without any

18 Morton's initial attempts to hide the identity of the anaesthetic substance used by himself (i.e. diethyl ether) by calling it Letheon and trying to alter the appearance of the chemical serves as a late modern example of this (see Porter, 1997:367).

awareness of the conventions of his time. The same chapter continues with a remark about the renowned people he managed to cure with this remedy after obtaining it: *aliquot nonignotos sanavimus, quorum nomina supervacuum est referre* (Comp. 122.16-17). His frequent mentioning of remedies used by various members of the imperial family can likewise be seen as an advertising strategy of sorts, indicating a strong sense of business in addition to a strong sense of medical obligation.

Scribonius returns to ethical concerns again more explicitly at the very end of the *Compositiones* in chapter 271. This final chapter concludes with another short address to his patron and returns to other topics already mentioned in the *epistula dedicatoria*, thus rendering the *Compositiones* into a form of ring composition. Taking up the topic of the Hippocratic Oath from the very beginning of his work, this chapter similarly contains an indication that Scribonius operated in an environment in which he considered some form of professional oath sworn by the medical profession to be binding under all circumstances. Thus, in stressing that he only included remedies he tested himself or those of trusted friends who swore *quas cum iureiurando adfirmaverunt* (Comp. 271.29) that they had tested them he draws attention to some form of oath which may just refer a general way of giving one's word but is given the context perhaps more likely to be taken as a professional oath particular to the medical profession, and one which, given the importance Scribonius places on only using well-tested remedies in the *Compositiones*, Scribonius considered binding and sufficient proof of the truth of a statement.

2.2 Concern with Patient Well-Being

In addition to a discussion of concerns pertaining to general medicine and professional ethics, Scribonius displays more specific concerns with patient well-being as well as the obligations of the physician towards his clientèle and himself. Topics of relevance in this context are his approach to treating mental afflictions, his understanding of a strong connection between mind and body, and his stress on the importance of sympathetic approaches in medicine.

2.2.1 Epilepsy, Madness, and the Psychology of Suffering

Historically, diseases affecting the mind feature prominently in the primary sources even beyond those of a medical nature. As mental ailments such as epilepsy or psychological afflictions summarised under the non-technical term 'madness' were considered even more supernatural than the aetiology of diseases in general and frequently invited the condemnation or exclusion of sufferers by contemporaries,¹⁹ Scribonius' approach here is of interest as it reveals not only his compassionate and non-judgemental nature, but also (for all its shortcomings) the rationality of his approach to medicine. As in the preface, the terminology of disease and patients employed by Scribonius is one of compassion; for example, in chapter 6, already mentioned above, he speaks of *comitiali morbo correptos et caligine impeditos* (*Comp.* 6.4-5). Thus Scribonius' understanding and rational approach to stigmatised diseases such as epilepsy can be seen to be in line with the Hippocratic Corpus and its text *On the Sacred Disease*,²⁰ representing a somewhat unbiased and non-superstitious view on the ailment.

Scribonius generally reveals a certain degree of understanding of the importance of the mind and psychology in human disease. Thus, chapter 100 is concerned with nightmares, their dangers for health and life, and how to cure them: *Facit bene haec compositio ad suspirium et ad vocis abscisionem et subitas praefocationes ex qualibet causa ortas et ad eos, qui saepius existimantur ab incubone deludi; usque eo tamen vexantur, ut interdum vitae periculum adeant* (*Comp.* 100.1-4). While nightmares have a somewhat superstitious and/or religious connotation per se in history,²¹ what emerges as striking is that he nevertheless attempts to treat them in the same way as more 'rational' diseases, which is a somewhat intriguing approach to psychological concerns. It is furthermore noteworthy that he recognizes the psychological strain of nightmares to have a detrimental effect on health, something in line with modern understanding of human psychology. While it is easy to read too much into ancient remedies, it is of interest that he advises extensive walks as a remedy, given that exercise has been shown to have beneficial effects in various health concerns,

¹⁹ See in general Porter (1997:127-8).

²⁰ See Porter (1997:53).

²¹ The use of dreams for diagnostic purposes both in the context of the cult of Asclepios and ancient medicine in general may be seen as an example of this.

including psychological. Furthermore, beyond relying on his professional experience, Scribonius in one case uses personal experience in order to stress the effectiveness of his proposed remedy - thus, in chapter 40, which is concerned with pain in general and ear complaints in particular, he states that he himself used to be troubled by this and achieved healing via the recipe he lists: *ad summam ego ipse diu vexatus ab aure, cum multis frustra usus essem medicamentis, ab hoc sum persanatus et alios complures sanavi* (Comp. 40.3-5). This reminds of similar first person accounts such as that made by John Woodall in his *The Surgeon's Mate* (1617) in the context of dentistry; just as in Woodall, the effect is to characterise Scribonius as a sympathetic physician conscious of his patients' suffering both from personal experience and from the ability to show empathy.

Scribonius can similarly be argued to be sympathetic to his patients' suffering on account of the chapters which are more concerned with cosmetic than strictly medically necessary concerns. Thus, chapter 228 is concerned with the removal of warts and moles; more importantly, chapter 231 discusses a remedy for removing tattoos and brands obtained through misfortune. Scribonius shows much compassion for the plight of those who are disfigured by the brands of their former life and does not seem to share in the general disapproval for the less fortunate, or for freedmen which informs the writing of senatorial authors such as Tacitus:²² *ut dispensatori Sabini Calvisi naufragio in ergastulo deprehenso, quem Tryphon multis delusum et ne casu quidem litteras confusas ullo medicamento habentem liberavit* (Comp. 231.3-5). He draws attention to the undeserved nature of this suffering - *indignis enim multis haec calamitas ex transverso accidit* (Comp. 231.2-3) - indicating that there is no reason nor excuse for a physician not to have a sympathetic response to patients suffering from this man-made affliction imposed upon them without any fault of their own.

2.2.2 The Firmness of the Benevolent Physician

Although his sympathy and concern for patient well-being emerge strongly in the aforementioned examples, that is not to say that Scribonius is not willing to apply some force if he considers it for the patients' good. Thus, chapter 71 states rather harshly *cogunturque*

²² On this topic see in general Jones (1987).

inde quam plurimum devorare (Comp. 71.5); even more poignantly, chapter 130 specifies that *oportet autem impositum esse medicamentum, donec dolorem pati non possint; postea solio calido demittantur, ubi plures eos contineant, dum desinat dolor; alioquin exilient: maior enim fit dolor calda tactis* (Comp. 130.2-5). Beyond relevance in the context of ancient medicine, this reminds of practices in early and late modern practices of pre-anaesthetic surgery, where practitioners were likewise forced to treat patients somewhat harshly in order to improve their health. As Stanley (2003) shows in his analysis of 18th and 19th Century pre-anaesthetic surgery in Britain, practitioners revealed a keen concern for the conflict between providing medical care and cure, and this approach should consequently not be held against Scribonius.

2.2.3 'Palliative' Care

While Scribonius generally exhibits a strong belief in the effectiveness of his remedies, there are indications that he was likewise aware of the limitations of his profession and the problems of treating patients with incurable diseases. A somewhat remarkable chapter in this context is 171, which includes a 'remedy' for rabies that might be interpreted as a form of palliative care. This is one of the chapters which connect different recipes – chapter 173 contains the actual remedy, whereas 171 constitutes the primary commentary. It is interesting that Scribonius here attempts to provide treatment for a condition he deems as hopeless in order to alleviate the patient's suffering: *qui cum accidit, summo cruciatu ad mortem eos compellit, quos ob ante dictam causam hydrophobos Graeci appellant. In ipsa autem correptione uti oportet ea, data cum rosae cyathis tribus et exigua aqua pondere denarius I. hoc proficit, ut aquam postea sine timore sumant, et minus quidem liberati hac difficultate cruciantur; ceterum nemo adhuc correptus hoc malo, quantum ego scio, expeditus est* (Comp. 171.5-10). Thus, despite the terrible nature of the disease which, as he stresses in chapter 172, he would hope that he never has to encounter another case *et opto quidem ne incidat* (Comp. 172.5-6), and despite his awareness of the poor prognosis, he nevertheless attempts to alleviate the patient's suffering, a further sign for Scribonius' firm belief in the obligations of the physician.

2.2.4 Dentistry

As dentistry has been one of the areas in which Scribonius has been studied more extensively with regards to the medical (rather than linguistic or ethical) side of the *Compositiones*, it will not receive detailed discussion here.²³ It should however be noted that Scribonius offers a variety of remedies for pain relief, as well as being concerned with preventing surgery and recommending prophylaxis and dental hygiene. This has been explored extensively by e.g. Thomas (1978), who analyses the dental chapters with regards to effectiveness of remedies and concludes that quite a number of remedies had at least partial analgesic properties.²⁴ The dental chapters are likewise relevant to this chapter as Scribonius here reveals to be quite concerned with the patients' convenience, given that he attempts to avoid extraction if possible in order to render the patients' life easier. This reminds of 19th century approaches to surgery in that Scribonius can be seen to be concerned with conservative rather than invasive treatment in order to render the patients' experience more bearable. On these various accounts, the dental sections of the *Compositiones* can thus be interpreted as further evidence for the sympathetic nature of Scribonius' medicine, and his concern with patient well-being in discomfort as well as life-threatening diseases.

Conclusion

The presence and treatment of pain dominates the *Compositiones* to an extent, finding expression in numerous chapters which seem more concerned with the soothing of pain than the treatment of disease. This may be interpreted as both indicative of Scribonius' theories of disease, or the effectiveness of his remedies, but predominantly shows his concern with the suffering of his patients, and the attempts to alleviate it by all therapeutic means he considers effective. This chapter has attempted to make a case for Scribonius as a physician deeply concerned with medical ethics, and the *Compositiones* as a text of interest for insights into 1st Century CE approaches to the obligations of the physician - or, rather, the person dealing with

23 For an overview of the scholarship, see chapter 1 above.

24 Further effective analgesics which Scribonius uses include opium (see e.g. chapters 22, 24, 52, 77, 86 (dried poppy juice), 112 and 180, the latter of which is concerned with the treatment of opium poisoning) and, somewhat more unusually, a live electric eel in chapters 11 and 162 (on the relevance of electrotherapy in pain-management and treatment of neurological afflictions, see Hummel and Gerloff (2012)).

the sick patient and treating disease, be they an ointment vendor or a surgeon -, and the moral framework in which the medical profession should ideally operate in the eyes of one of its practitioners. It has been shown that beyond the extensively discussed preface, the *Compositiones* contain numerous instances which reveal Scribonius' concern for patients, although it must be admitted that he is not innocent of a certain pragmatism reminiscent of pre-anaesthetic surgeons in some chapters. The fact that Pellegrino (2006) uses the preface as basis for a modern system of medical ethics illustrates once more the relevance of ancient medical texts to modern times, as well as ways in which modern scholars have engaged with the *Compositiones* and interpreted Scribonius' approach to ethics. The pre-eminence of pain and its experience and management throughout the *Compositiones*, in addition to indicating Scribonius' concern for the alleviation of suffering, likewise reveals much about the understanding of disease as more subjective and generalized than the modern notion of symptomatic disease entities with specific aetiologies. This more medical theme of the *Compositiones* will be taken up in the next chapter.

Chapter 3

Medical Theory and Medical Practice

Introduction

This chapter is concerned with the medical and surgical side of the *Compositiones*, although a strictly formal division between either medical and pharmaceutical or medical and surgical treatment is somewhat artificial. While Scribonius' work is predominantly a pharmacological text, it nevertheless includes chapters concerned with more surgical themes as well as aspects which may provide insights into Scribonius' understanding of disease, medicine, and treatment. These aspects will find discussion in the context of this chapter. Initially, some remarks will be made about the context in which Scribonius operated, particularly in terms of Greek medicine at Rome and the self-perception of Roman medicine. The rest of the chapter will be divided into a section on medicine and a section on surgery; here topics such as potential underlying medical theories, non-pharmacological treatments, evidence for diagnostic observation as well as hygienic concerns and attempts to avoid surgery through pharmacological treatment will be discussed. A conclusion regarding the understanding of medical theory and practice that informs the *Compositiones* will follow.

1 Health Concerns in the Roman Empire

Scribonius' work is to be seen in the context of prevalent health concerns at Rome, as these provide insights into the potential reasons why he selected the recipes he chose, and why some diseases feature more prominently in the *Compositiones* than others. Consequently, a brief discussion of the context of the *Compositiones* in terms of pathologies to be encountered and public health issues to be anticipated is appropriate here.

Despite the Roman approach to health as personified by Cato or statements such as the one found in Celsus: 'A healthy man, who is both strong and his own master, ought not to place

himself under any arbitrary rules, nor should he have a need for a doctor nor for an *iatrolipta*'¹ (Celsus, *De Medicina*, I, I.i, quoted Scarborough, 1969:61-2), the potential patient in Roman antiquity was prone to a variety of health concerns and diseases, as both literary and archaeological sources attest. The first century CE saw further extensions of the Roman Empire, with efforts made to increase the army and frequent campaigns into increasingly more distant regions (Nutton, 2004:178). As a result, a broader range of diseases might have been encountered, and it is to be assumed that those who were on campaign would have encountered a number of health concerns less typically found at Rome. As Nutton states, 'A spell in the army, even if for only for a few years, would have its attractions. It might bring a provincial physician into contact with some of the leading figures in the Roman Empire, as well as enabling him to see something of the wider world' (Nutton, 2004:182). Given that Scribonius did certainly accompany Claudius to Britain, it might be assumed that he had at least some awareness of the diseases of different areas and some access to information pertaining to more exotic concerns.

It is worth recalling that while diseases which still constitute a problem in the modern world also affected ancient societies,² a number of issues were more relevant to antiquity on account of precisely this different social and medical context. Thus, factors such as nutrition and availability of medicines had an impact on the prevalence of ailments – as e.g. Nutton (2004:29) reminds us, pre-antibiotic societies were faced with pathologies which have different prevalence or importance in modern times, such as ulcers forming a frequent concern for surgeons to deal with, and 'disfiguring skin conditions' informing the selection of remedies by Dioscorides (ibid.). The prevalence of ulcers, tumours and various growths which is to be found throughout the *Compositiones* similarly reflects the prevalence of these afflictions. Hygienic conditions similarly had an impact on health concerns, particularly in the form of intestinal complaints, and thus explain the large number of remedies concerned with afflictions caused by poor hygiene. This provides the background against which Scribonius' selection of remedies for the foremost health concerns is to be understood.

1 i.e. an ointment doctor.

2 Although in different ways given a) the different social and medical context and b) changes in the virulence of diseases over time.

2 Greek Medicine at Rome

The introduction, assimilation and integration (or lack thereof) of Greek medicine into Rome dominates part of the scholarship on Roman medicine. While the emphasis of this work is more on which of the prevalent medical theories Scribonius may have drawn on rather than establishing him as a Greek or Roman physician in the context of the 'confrontation' (Nijhuis, 1995:50) that permeates the understanding of medicine at Rome as a clash of theories and approaches, a few words should nevertheless be said to establish a background for the interpretation of the *Compositiones*.

By the time of Scribonius, Hellenistic medicine and the Greek physician was a familiar, if not necessarily well-integrated, aspect of Roman society. After the establishment of Greek medicine at Rome, traditionally attributed to the arrival of Achagathus in 219 BCE (Jackson, 1988:31), Greek medicine gradually gained a strong if not uncontested foothold in Roman life, and evidence for practitioners of an identifiably Greek style of medicine can be found in both literary and inscriptional sources. Traditionally, ancient medicine has been associated with a strong reliance on theory, differing in extent and particular theory between what has been termed schools or sects, and, more complicatedly, Roman medicine has been associated both with an attachment to this 'Greek' medicine as well as a much more practical, superstitious, and anti-Greek approach.³ Consequently, Greek medicine was perceived as starkly different from and in contrast to Roman approaches to health and healing, and was in general not necessarily well-received at Rome.⁴ Although positive indictments exist, such as Seneca's praise for his doctor's professional skill and good character,⁵ the Greek doctor became a figure frequently complained about in Roman literary sources both serious and comical. The negative comments of both Cato and Pliny are frequently quoted (see below), and additional evidence is to be found throughout the corpus of Latin literature. Riggsby (2007:105) reminds us that professions such as architecture or medicine had a low reputation in the contemporary elite understanding, and that 'excessive specialisation', a term which might to some extent be applied to ancient medicine, was 'inappropriate' to the more

3 For the traditional approach to Roman Medicine, see Allbutt's *Greek Medicine in Rome* (1921).

4 As Nijhuis (1995:50-1) reminds, a distinction between the western and eastern part of the Empire does however need to be made as the reception, acceptance and social status of Greek doctors in the East was significantly better.

5 Seneca, *On Benefits*, VI, 15.4, quoted in Jackson (1988:60).

universally educated Roman of the ideal propagated by contemporaries. Consequently, unlike in more recent eras, prestige was more generally associated with occupations other than medicine,⁶ such that it was necessary for practitioners of medicine to 'construct their own legitimacy' (Riggsby, 2007:106). Scribonius' statements concerning the medical profession in general and the ethical obligations of a 'good' physician can be seen as exemplary of these attempts by the medical profession to create an identity for itself. Healthcare-related practitioners faced harsh criticism by Roman writers, particularly those operating either at the margins of the profession or at its predominantly theoretical centre; thus, Nutton goes so far as to summarise part of Pliny's *Natural History* as a 'devastating indictment of his fellow Romans and their Greek doctors' as Pliny 'saw the transplantation of Greek medicine to Rome as an index of moral decline' (Nutton, 2004:178; see also Nutton, 1986 on Pliny's views on Greek doctors and the medical profession in general). This goes beyond the general mistrust of Greek doctors and accusations of quackery or greed laid at the feet of the profession as already mentioned in the previous chapter, and indicates more general tensions between Roman and Greek philosophy as well as the theoretical approach of Greek medicine and the practical outlook of traditional Roman cures. As it is traditionally understood that the Roman approach to medicine relied on an idealised notion of the self-sufficient *pater familias* as physician to himself and his household (Nijhuis, 1995:51), the conflict created by the introduction of an external (and non-Roman) source of medical care emerges immediately.

This is not to say that 'Greek Medicine in the Roman Empire' or 'Roman Medicine' constitute homogeneous concepts. As Nijhuis (1995:49) points out, 'Greek' and 'Roman' medicine are not self-contained entities without any overlap; the practice of medicine and the interaction of different cultural and philosophical approaches to it is at any time much more complex than a binary system would allow for. Just as in Greece, medicine was a diverse art with theoretical background in vastly different philosophical schools and incorporating a variety of more or less theoretically trained practitioners as well as aspects such as folk medicine and religious practice. The introduction of the cult of Asklepios in 295 BCE added a new angle to worship of local deities in the context of health (Jackson, 1988:10-12), and religious approaches to healing are not to be seen as diametrical opposites of 'scientific'

6 Although elite judgement on manual labour and professions in a more modern sense was of course not restricted to medicine.

medicine.⁷ It is furthermore worth remembering in this context that 'Roman' medicine is neither restricted to Rome nor to Latin; in fact, very few of the eminent authors whose work survive are associated with the city itself, and a large proportion of the extant medical writing was composed in Greek, notably the works of Galen (see Nutton, 2004:14). The *Compositiones* are to be seen in this cultural context of a medical practice which was both Greek and Roman and operated in a process of exchange, adaptation, and rejection of theories and practices which differed between time, place, and approach to medicine.

2.1 Division of Greek Medical Thought into Schools

Beyond this more general context, the primary question in this context is to what extent Scribonius adheres to contemporary medical theories and philosophical schools of thought, and if so, to which. In order to provide a basis for this approach, some general points regarding the theoretical organisation of Greek medicine at Rome will be discussed initially.

Within the theoretical framework of Greek medicine, different approaches towards the understanding and treatment of disease became associated with different 'schools' or 'sects'. It is beyond the scope of this dissertation to go into the specific theories of the different philosophical groups, just as a more detailed account of ancient medicine and medicine at Rome is not possible, but a basic overview can nevertheless be provided. While a certain amount of overlap in their respective philosophies is to be found between the sects, and while eventually a blending into a less distinguishable approach occurred, traditionally theoretical medicine is divided into a number of theoretical approaches, the most important of which are empiricism, methodism, dogmatism, pneumatism, and eclecticism. Although for the present purposes a detailed analysis of these various schools is not relevant here,⁸ a brief overview of the individual character of the three schools most relevant for this study may aid understanding of Scribonius' place in the context of medical theory. While, as with any philosophical school, the details of the individual schools' philosophy are complex and not necessarily summarised in a simple way, some overarching comments can be made. Thus, it is

7 Consider e.g. the Hippocratic Oath commencing with an invocation of all the Goddesses and Gods, and indeed Scribonius' quotation of Herophilus as well as condemning the doctor guilty of malpractice as *omnibus diis et hominibus inuisi* (*Comp.* ep. (3).9).

8 For general overviews, see Jackson (1988:30-40), Scarborough (1969:43-52), or Nutton (2004:187-8).

generally held that dogmatism is to be considered the most theoretical of the schools; it was predominantly concerned with the investigation and understanding of disease aetiology as prerequisite for treatment (Jackson, 1988:39).⁹ By contrast, empiricism was perhaps the most practical school, stressing the need to take note of patients' symptoms and to focus on treatment based on practical experience, not on theorising and hypothetical conclusions (Jackson, 1988:30), which, as Kollesch (1979:511) argues, is to be understood as a reaction against the inferred nature of theoretical medical thinking which emerged as a result of the comparatively little knowledge of scientific principles. This approach is of significant importance to the understanding of Scribonius' medical theory, as will be shown below. The same holds true for methodism, an approach associated with Asclepiades who receives special mention in Scribonius' *epistula dedicatoria* and is generally credited with rendering Greek medicine more acceptable to Roman thought. Methodism was associated with regimen-based treatment, a focus on both the individuality of the patient and the general applicability of therapeutics (Porter, 1997:70; Jackson, 1988:30); as Nutton (2004:188) argues, it emerges as perhaps the most important and successful approach to theoretical medicine. In addition to these more established schools, a plurality of approaches to medicine existed throughout the Roman world, some of them combining ideas from different schools (Scarborough, 1969:51). The theoretical framework of medicine in which Scribonius operated must consequently be seen as somewhat complicated, heterogeneous, and potentially problematic.

While this topic will be taken up in more detail further on, a brief discussion of the scholarly views on Scribonius' philosophy and affiliation with the schools is in order. While Scribonius does mention the teachings of Asclepiades in the preface and attributes some importance to his approaches to drugs, he is generally widely understood to show more traces of empiricism than methodism, a philosophy which held Asclepiades in similarly high regard (see Scarborough, 1991:205). Scarborough attributes the reasonably wide-spread misunderstanding of Asclepiades' approach to pharmacology to an uncritical reading of Scribonius (1991:204-5), thus implying that selected passages of Scribonius may be far more widely known and used than the entire text.¹⁰ Despite the general attribution to the empirical school, Thomas (1978:22), referencing Edelstein, attributes Scribonius to the Pythagorean

9 Pneumatism can be seen as a 'splinter group' (Jackson, 1988:30) with aetiological theories based on *pneuma* rather than the more traditional humours (Scarborough, 1969:44).

10 A similar statement may be made concerning the tendency to reference the Herophilus' quote of drugs as the hands of the Gods by either mentioning Galen or Scribonius.

school on account of their philosophy to favour drug treatment, and consider surgery and cautery 'the least acceptable forms of medical treatment' (ibid). While this is a valid interpretation, it is perhaps a slightly too close reading of the preface, and it can be argued that Scribonius was too concerned with the overall unity of medical sub-disciplines including surgery to be strictly Pythagorean in his approach, a point which has been discussed to an extent in Chapter 2 and will be taken up again later. By contrast, Schonack (1912:66-9) draws attention to the diverse range of historiographical debates on this question (1912:67); he points out that there is a range to Scribonius' approach involving methodism on account of the detail and precision of drug composition, argues against empiricism on account of his care for diet and 'halb verächtliche(n) Seitenblick' to practice-based healers without medical training, and subsequently concludes in favour of the eclectics (1912:68); this approach is perhaps the most useful when considering Scribonius. In the context of Scribonius' presumed affiliation with empiricism, Edelstein's reminder that the school was connected to the philosophy of scepticism, and that the empiric and sceptic physician is

'not given to unnecessary talk, but prefers action; talking much or talking big is the habit of those who, unlike the empiricist and sceptic, believe in speculative theories. In his writings and in his research he is truthful, not intent on winning an argument à tout prix, or on displaying his conceit'

(Edelstein, 1956:334)

is worth recalling as it explains Scribonius' approach to both medicine and medical writing.

3 Potential Indications of Medical Theories Underlying Scribonius' Work

In this context, it is of interest to investigate whether the *Compositiones*, which are, at the end of the day, primarily a recipe compilation intended for practical use rather than a textbook of medical theory, reveal any insights into the medical theories on which Scribonius might be basing his approach to treatment. A number of chapters may provide some insight into Scribonius' understanding of the aetiology of specific diseases, or the functionality of

individual treatments.

3.1 Necessity for the Removal of an Unspecified Noxious Agent

While Scribonius does not provide many indications of a theory of the aetiology of disease, a number of recipes indicate that he had some notion of a noxious agent in need of being removed to alleviate suffering. For instance, the headache chapters all seem to operate under the understanding that headache must be treated either by rubbing something into the skin (thus forehead and temples, pouring the remedy over the head, or shaving the head and then bathing it in warm water), or by 'removing matter', which he does by inducing sneezing (chapter 10), nose baths (chapters 7-8), or inducing salivation by chewing spicy things (chapter 9). Thus he subscribes to a similar theory which leads to bloodletting and purging, but he is somewhat more gentle about it. This topic however holds particularly true for a number of chapters concerned with purgation, which will be discussed subsequently, but there are likewise chapters concerned with removal of noxious matter in different ways. Here chapters 173 and 174 are of particular interest as they concern inducing deliberate suppuration, a topic which appears somewhat odd to modern medical thought but holds much power in medical theory up to the 19th century as it aligns with the generic idea of removing noxious matter from the body as well as the concept of 'laudable pus'.¹¹

Scribonius does not discuss the theory to any extent, but nevertheless occasionally applies remedies to induce deliberate irritation or suppuration. Cases in point of this are chapters 173 and 174. Thus, in chapter 173 he states in the context of rabies that *oportet autem locum morsum a rabioso cane vel a serpente diu tenere in exulceratione neque pati cicatricem ducere, ut virus illa pertrahatur* (Comp. 173.16-8), providing some implication as to the reasoning behind his therapeutic advice. Similarly, in chapter 174 he is more specific with regards to the drugs required for this sort of treatment: *extra itaque ea sunt imponenda, quae etiam sana corpora exulcerant, ut aleum, lepidium, chelidonium, batracium, sinapis, scilla, cepa cum aceto* (Comp. 174.1-3). He likewise attempts to remove noxious matter in other ways, such as in chapter 6 which discusses the removal of noxious matter through the nose in

¹¹ See Porter (1997:117-8) on pus and (1997:674) on purgatives.

order to improve complaints pertaining to the head (under which heading he lists epilepsy and mental illness as well as headache), in a chapter called *purgatio capitis per nares*.¹² Scribonius likewise takes up the concern of purging in later chapters which provide a list of 'purgatives' more or less traditionally associated with purging.¹³ This is particularly the case in the chapters following 135 which not only includes generic purgative remedies but also indicates the reason for using them: *quoniam interdum res postulat et per alvum detrahi materiam, ut diutius lippientibus secundum sanguinis detractorem, scabiem, ignem sacrum, papulas habentibus et alia eiusmodi circa cutem summam, non alienum iudicavimus horum quoque genus exponere* (Comp. 135.1-4). Given that it is held by sources such as Tacitus that Claudius' initial survival of a poisoning attempt was predominantly brought about by a bowel movement, the relevance for imperial Roman medicine is evident.¹⁴ It is interesting that Scribonius recommends drugs which are both simple and moderate in their purgative effect: *sed prius ponemus, quae alvum mediocriter molliunt simpliciaque sunt* (Comp. 135.4-5). This is perhaps to be seen in some contrast to the more harsh nature of the heroic medicine which reliance on purgatives is normally connected with, and may be interpreted to mean that Scribonius was conscious of the unpleasantness connected with some remedies, and tried to avoid them if possible even if he did not completely abstain from remedies with unpleasant effects as chapters such as 130 indicate.¹⁵

3.2 Non-pharmacological Treatments

In addition to purgation as a means to 'remove' disease, a number of chapters contain topics more in line with traditional understanding of humoral medicine, such as cupping or bloodletting. While this is relatively infrequently mentioned in the *Compositiones*, a number of chapters are concerned with such non-pharmaceutical treatments.

¹² *purgatio* is likewise the dominant therapeutic concern in subsequent chapters, e.g. ch. 7-9.

¹³ That is, of the bowels.

¹⁴ That is not to say that a concern with purgation was restricted to this time period or socio-political context; much treatment in medical history up to the 19th century is concerned with purgation of one form or the other (see Porter, 1997:674), and interestingly the practice continues in the modern alternative medicine movement with practices such as colonic irrigation.

¹⁵ See chapter 2 for a more detailed discussion of this point.

3.2.1 Bloodletting

In contrast to its predominant nature in subsequent medicine, there are only a limited number of chapters which make mention of bloodletting to be found throughout the *Compositiones*. Chapter 22 may give an indication as to why this form of therapeutic invention is less frequently used by Scribonius. Here, in a chapter describing another eye ointment, Scribonius lists fasting and bloodletting as *ceteris auxiliis* (22.14) to be used in addition to drug therapy *prout res postulat* (22.14). It is not quite clear whether the statement that the ointment works *meliusque ea ceteris proficere adfirmo* (22.15) applies to the other *auxilia* or other eye ointments - the former would lend additional weight to the present argument-, but in any case it is evident that Scribonius, unlike many of his contemporaries and certainly unlike later generations of physicians which culminate in the 'heroic' medicine of the 18th century as advanced by proponents such as Benjamin Rush,¹⁶ does not hold venesection in overly much regard. He applies it as an additional 'helper' when necessary, but the technique is subjugated to drug therapy in Scribonius' account.

Similarly, he uses phlebotomy and cupping in chapter 67, but the Latin seems to indicate that while these are frequently used and with good effect, drug-based treatment is likewise efficient, and perhaps to be preferred: *'medicamenta autem simplicia quidem haec faciunt'*. While Schonack (1913:35) renders this as 'aber auch folgende, zwar einfache Arzneimittel wirken', translating 'but simple drugs also achieve this', which may indicate a further verdict in favour of drug therapy and the delegation of phlebotomy to an auxiliary status, is also a possibility. This, then, may be seen to indicate that Scribonius is unlikely to entirely subscribe to a humoral theory of disease, as the restoration of humoral balance central to this theory very much depended on this form of treatment. It is however to be remarked that in selected cases, Scribonius does appear to work with a humoral theory of disease in a more evident way. Thus, in chapter 104, he makes mention of the impact of black bile on treatment, or rather the impact of his treatment on patients who are suffering from or by their constitution predisposed to black bile: *item ad bilem atram generantes, quos melancholicos vocant, bene facit* (*Comp.* 104.5-6). Consequently, while attributing Scribonius' medical views to subscription to a particular school is problematic, if not impossible, it can generally be argued

¹⁶ See Porter (1997:266).

that he does not emerge as openly hostile to any particular school.¹⁷

3.2.2 Prevention of Blood Loss

While venesection does not feature dominantly in his work, by contrast a number of chapters are very concerned with preventing blood-loss, most prominently through nose-bleeds in chapters 46 and 47. 46 contains a rather complicated and lengthy remedy for something as seemingly harmless as a nose-bleed, but it should perhaps be recalled that a) nose-bleeds can appear rather terrifying even today, particularly as they often appear without an apparent cause, and b) excessive nose-bleeds which do not end can be somewhat dangerous from a medical perspective on account of the general dangers of extensive haemorrhage. This is not only medically interesting, but also in terms of the application of potentially styptic substances, although a detailed analysis of the pharmacology of Scribonius by the standards of modern medicine is beyond the scope of this dissertation. Furthermore, rather strikingly, the chapter offering a list of purgatives states that these are to be applied, among other circumstances, in cases where chronic inflammation of the eyes has occurred as a result of phlebotomy (*diutius lippientibus secundum sanguinis detractionem* (Comp. 135.2)). Thus despite his occasional application of bloodletting he seems to be overall sceptical of the procedure, or at least very conscious of potential risks.

3.2.3 Bathing

Other non-pharmacological forms of treatment, in some cases more commonly associated with Roman medicine (such as here), include bathing. The literature as well as the archaeological record provides ample evidence of the importance of baths for Roman culture in general and medical and hygienic enterprises in particular (Jackson, 1988:46-53). While the *Compositiones* predominantly subscribe to drug-based medicine, they do nevertheless make mention of bathing as a therapeutic measure. Interestingly, chapter 20, which is one of the chapters making most extensive use of bathing as part of the therapy, is predominantly

¹⁷ In contrast to being outspoken against what he considers ethical misconduct; see chapter 2 above.

concerned with the treatment of eye troubles, thus a very local complaint rather than a systemic one. While the other eye recipes (chapters 19 to 38) very much function by topical treatment, i.e. the application of ointments onto and around the eye,¹⁸ this recipe applies a more holistic treatment. In addition to applying the ointment, the patient is to be bathed in warm water, including the head and face, and sponges soaked in hot water are to be placed onto the eyes (*ex aqua quam poterint sustinere calidissima spongeis expressis vaporare eos diutius eodemque die in balneum ducere, ita ut cum cetero corpore caput quoque et facies calda immergatur et foveatur, vinoque uti, ut quisque adsuetus est* (Comp. 20.2-5). Bathing is likewise applied in chapter 130, where the patient is even subjugated to a hot bath despite suffering on account of the treatment (a point already addressed in chapter 2). Similarly, chapter 146 is concerned with a remedy which Scribonius obtained from a healing bath in Etruria, thus not only indicating the existence of such specific 'spa'-type centres, but also Scribonius' acquaintance of these. He states that *hoc ego traxi ab aquis calidis quae sunt in Tuscia ferratae et mirifice remediunt vesicae vitia (appellantur itaque vesicariae)* (Comp. 146.2-4); this may be taken as evidence not only for the fact that kidney and bladder complaints constituted a somewhat significant problem at Rome (as indeed the surrounding chapters are all concerned with this sort of ailment), but likewise indicates that Scribonius was at least to some extent in contact with the medical thought and practice of his day, and familiar with healing establishments and practices in, surrounding, and beyond Rome.

3.2.4 Food and Diet

One of the most dominant aspects of Hippocratic medicine, far more so than any pharmacological treatment, is the use of food and diet as a therapeutic measurement. Given the general importance of Hippocratic (and pseudo-Hippocratic) works in subsequent centuries, this approach has likewise had a strong influence on medical thinking at Rome.¹⁹ Oddly enough, given the traditional Roman mistrust of Greek theories, Cato's traditional

18 The *collyria* hold some significance for Roman medicine, and there is ample material evidence for 'oculists' as well as the stamps they used to mark eye ointments (see Jackson, 1988:83-4).

19 See Schulze (2003:23-4). For a discussion of Hippocratic medicine in the context of pharmacology, see in general Totelin (2009).

Roman medicine, famously treating cabbage as a panacea, similarly follows this approach.²⁰ Scribonius' near-contemporary, Celsus, likewise includes a large number of diet-related treatments; diet as well as the more vague conglomerate of therapeutic measurements summarised under 'regimen', which also includes exercise and a general approach to a healthy lifestyle, likewise feature prominently in a number of the dominant medical sects of the time. By contrast, Scribonius' therapeutic reliance is much more firmly on drug therapy, although food is mentioned in the *Compositiones* in a number of ways.

The majority of recipes mentioning diet at all do so as part of instructions on how to take the prepared drugs, a 'patient information leaflet', so to speak. Thus, chapter 6, one of the group concerned with headache, but also epilepsy and madness, states concerning the patients suffering from the latter two complaints that *debent autem ii omnes pridie abstinere et superioribus diebus aquam potare* (Comp. 6.5-6). For Chapter 15, Scribonius advises that it should be taken on an empty stomach as well as be followed by exercise: *ut dilutum ieiunus bibat per dies quadraginta quinque. sed cum biberit, citatus ambulet milia passuum non minus III et dimidium* (Comp. 15.3-4). Instructions on the circumstances and side-effects of taking a remedy beyond those concerned with food and drink are likewise found. Thus, in chapter 38 he warns of the strength of the remedy even after solution in water, and states that *quamobrem non sunt inungendi, qui capitis dolorem aut gravitatem habent* (Comp. 38.6-7). Similarly, chapter 90 states that *quin etiam si quando aliis hic fuerit iunctus, alii vitio non erit tunc dandum hoc medicamentum* (Comp. 90.7-8), which may indicate a warning in terms of the dangers of tolerance or poisoning, something which would stand to reason given that opium and henbane are used in the recipe, although given that he never warns for toxicology elsewhere in chapters beyond the toxicology section, it may likewise have different, indeterminable reasons. Different chapters likewise include comments on the circumstances of useage without much indication as to the reasons for the instructions; thus, 16 forbids the drinking of wine as well as the consumption of pork (*hoc medicamento qui utitur, neque vinum neque suillam gustet* (Comp. 16.16-7). In general, wine features quite prominently in the *Compositiones*, both as a drug and as a more regimen-related topic; thus, Scribonius makes frequent comments advising patients to drink as much wine as they are used to (thus e.g. in chapter 20: *vinoque uti* (Comp. 20.5)). Similarly, he attributes importance to wine in a

²⁰ See Nutton (1992:35).

large number of the recipes concerned with conditions in which there may or may not be fever present. Here he distinguishes between the patient with a temperature and without, specifying that one should take the drug with wine, the other with water. An example of this would be 115: *dantur febricitantibus ex aquae cyathis quattuor, sine febre ex musti Surrentini cyathis duobus* (Comp. 115.5-7). Chapter 112 is likewise concerned with this issue: *dantur ieiuno sine febre ex vini myrtitis aut Signini cyatho uno cum duobus aquae mixto, febricitantibus ex aquae cyathis tribus* (Comp. 112.5-7). In general, wine and drinking of wine features prominently in the *Compositiones*, and while only a small number of chapters are concerned with hangover cures, a much larger number is concerned with habitual drinking and sets its medical recommendations in accordance with patients' lifestyles. In this context the addenda found in some of the chapters are likewise instructive, such as the addendum in chapter 12, otherwise concerned with epilepsy. Here Scribonius provides an anti-hangover remedy along the same lines of the preceding remedy, something which may reveal more in terms of the more social history of medicine – aspects of the *Compositiones*: *haec eadem herba ebrio data copiosa in crapula vinum discutit mentemque restituit* (Comp. 12.3-4). While frequently chapters list diseases of very little similarity, in this case it may stand to reason to list two afflictions which concern the mind and voluntary control over motor function and action together. Although this list of chapters perhaps does not provide much of an insight into medics' attitude towards habitual drinking in antiquity, it does indicate that Scribonius did take some interest in the individuality of his patients and attempted to match more generic cures with the lifestyle and habits of the patient in question. This can be seen to tie in with Scribonius' humanitarian concerns as discussed.

To return from the specific topic of wine to the more general one of regimen, other chapters likewise include relevant statements. Thus in chapter 52, a remedy against a persistent type of cold, he advises, in addition to drug treatment via opium, aniseed and henbane, that *prodest igitur quies unius diei et ab omni re abstinencia* (Comp. 52.2-3). Similarly, chapters such as 122 do make a comment on the impact of diet-related lifestyle on health, but they do not apply food as a remedy: *postea in consuetudinem victus sui, qui colo infestabatur, dimittatur. oportet tamen non indifferenter remediatos in futurum vivere: tametsi enim a coli dolore tuti sunt, metuere nihilo minus debent, ne alia parte corporis aequae adficiantur ob intemperantiam <quam> colo, antequam remediati erant* (Comp. 122.39-43). Here the stress

on moderation draws on particularly Greek ideals of proper lifestyle (to the extent that it may function as a cure which likewise bestows immunity) and is noteworthy in contrast to Hippocratic medicine, or contemporary medicine in general, as Scribonius does not use food as the treatment (and focal point for moderation) and relies almost entirely on drugs. His statements on food are predominantly concerned with an indication as to how the diet influences the medication which constitutes the main treatment. In many contemporary authors, such as Celsus, diet is by contrast an important therapeutic in its own right, and even a pharmacological text such as Dioscorides' *Materia Medica* spends a significant amount of words on discussing the medicinal properties of food. While Scribonius uses a number of items as drugs which are also found in the kitchen, such as figs and white pepper, his medicine is first and foremost drug - rather than generally 'regimen' - based.

4 Anatomy and Physiology

While Scribonius' understanding of anatomy and physiology would have been of interest in conjunction with both his medical understanding and his approach in the 'surgical' recipes, only very few recipes mention specific anatomical or physiological details. Indications of his anatomical knowledge often emerge only in brief and not very in-depth comments, such as a comment on the *foramina primae tuniculae oculi* (*Comp.* 21.14-5)). Similarly, chapter 206 includes a statement concerning the brain which is of both anatomical and surgical interest: *facit hoc emplastrum ad detectam membranam tegentem cerebrum de industria a medicis, cum terebratu exciditur quod laedit eam os, vel alioquin detectam, rosa dilutum et impositum* (*Comp.* 206.10-13), all of which does not provide much basis for generalising about his knowledge of anatomy and physiology or awareness of the advances of Hellenistic medicine in these respects. Chapters such as 71 which deals with the *uva* indicates knowledge of surface anatomy, and later chapters hint at some understanding of the general workings of the body and the position and function of inner organs, but no particularly outstanding insights can be derived from the text in this respect. Chapter 46, which attempts to quench nose bleeds by pouring the remedy into the ear on the side of the nose-bleed (*acetum acre infundere in aurem, cuius e regione sanguis fluit, aut in utramque, si ex utraque sanguis emanaverit* (*Comp.* 46.3-5)), may indicate some underlying thought about blood circulation, but the

comment is too vague to speculate adequately.

One chapter of significant interest, however, is 84, in which he extensively discusses what could be termed blood circulation, drawing on own experiments and disputing the views of other physicians. This is significant as this is one of the few chapters where Scribonius contrasts his own medical views with that of others, and it furthermore concerns a topic which tempts comparison to William Harvey's experiments on venal compression in the 17th century²¹: *huius rei argumentum: si quis super laqueum percusserit venam in brachio, quae est animalis, animadvertet aequae incitari sanguinem ex ea parte quam ex inferiore loco, cum percussa est vena* (Comp. 84.11-13). It is also one of the few chapters in which Scribonius justifies his approach to treatment by what could be seen to consist of a scientific experiment. As a comparison of Scribonius' physiology to William Harvey's understanding of the cardiovascular system is beyond the scope of this dissertation, it remains to point out that this chapter may be considered evidential for Scribonius' empirical and scientific approach to medicine. Furthermore, on account of chapters such as this, it might be assumed that Scribonius had a good understanding on anatomy and physiology, given that he emerges as a more or less well-read physician and given the discoveries made by particularly the Hellenistic scholars which had a profound impact on medicine at Rome, but no conclusion with specific insights into Scribonius' understanding of human anatomy can be arrived at based on the scarce evidence found throughout the *Compositiones*.

5 Diagnostic Observation

A further point of interest is the way in which disease and the patient are observed on a diagnostic level. Thus, chapter 23 includes a description of clinical symptoms throughout the progression of the disease, determining the sixth or seventh day of illness as key to the outcome. This can be argued to imply clinical observation of the patient which Scribonius may routinely adhere to but not see fit to mention in general for one reason or another. Clinical observations can likewise be found in one of the chapters concerned with bladder stones and similar complaints; thus, in chapter 144 he states of the remedy he applies that it

21 On which see Porter (1997:211-6).

does not only alleviate pain but constitutes *Alia ad renum dolorem potio, quae etiam quasi harenam sabulosam interdum detrahit* (Comp. 144.1-2)). Likewise, chapters 133 and 134 are discussing the development and progression of a disease, something similarly of interest in the context of potential underlying medical theories. Here, the former is concerned with the advanced stage of the disease as Scribonius states that *ad hydropicos, cum iam distenti sunt propter aquae multitudinem (initio enim alia via prodest)* (Comp. 133.1-2), the *alia* in question being the subsequent chapter. While this section is not strictly diagnostic, it may nevertheless be seen to reveal his concern with observation of both patients and diseases; it is certainly indicative of Scribonius' approach to medical practice with relations to its theoretical foundations. Similarly, in chapter 62 Scribonius recognises the need for early diagnosis and immediate treatment. Speaking of oral cancer, he states that *est et molestum interdum, cum cancer os corripit, quod in initiis neglectum brevi spatio temporis mortis causa est* (Comp. 61.1-2). Thus Scribonius does display concern for diagnostic medicine and treatment drawing on examination, even if his approach seems generally preoccupied with practical pharmacology and not so much with taking extensive case histories or focussing on investigating the details of the disease progression.

What generally emerges from the *Compositiones* is that Scribonius' medicine is predominantly practice-based. Thus, chapter 103 constitutes a remarkable statement about empirical medicine as well as (if you will) evidence-based medicine: *sed videlicet in eiusmodi rebus potentior usus ratione est: expertus enim unus quisque intellet stomacho quoque hoc medicamentum eximie prodesse* (Comp. 103.4-6), indicating that while Scribonius may have an undeclared extent of theoretical foundations to medicine, his primary concern and proof of efficiency is practical. This is mirrored in the preface to Dioscorides' *Materia Medica* where a similarly result-based approach to medicine is expressed as physicians are criticised for including remedies without providing experimental validation of their effectiveness,²² and thus places Scribonius more broadly into the context of ancient medicine, different as he may be in approach compared to Dioscorides or Celsus.

22 'Diese haben zwar den schon allgemein bekannten Gesamtkomplex einer ziemlich gründlichen Behandlung für wert gehalten, die Effektivität und die Echtheitskriterien der Arzneimittel aber nur beiläufig abgehandelt, auch wurde die Wirksamkeit nicht experimentell verifiziert, sondern vielmehr deren Ursachen bei jedem einzelnen in leerem Geschwätz auf unterschiedliche Größenmaße zurückgeführt' (Dioscorides, I.1,trans. Aufmesser (2002:21)).

6 Individuality, Constitution, Age, Gender, and Season

A further point of interest is to what extent Scribonius takes into consideration the individuality of the patient or case, factors such as constitution, age or gender, or more external aspects such as season. Given both the importance of individuality for methodist medicine and the impact of works such as the Hippocratic *Airs, Waters, Places* on the understanding of disease, this deserves some discussion. Here a number of chapters may be taken as evidence to investigate this case. Thus, chapter 20, one of the *collyria*, distinguishes between both age and gender of the patient and accounts for patients with a generally weak constitution, which may perhaps indicate ideas of the strength of the remedy and how to increase or weaken it depending on the patient's needs and ability to withstand treatment. Likewise, some chapters distinguish by age or general 'weakness' of the patient - chapter 212, for instance, specifies that it is to be used *in teneris corporibus puerorum* (Comp. 212.2), whereas chapter 34 is predominantly concerned with a gender-specific treatment: *stacton quod vocant ad eadem, fere autem magis mulieribus prodest* (Comp. 34.1-2). Chapter 81 displays specificity both in terms of disease progression and season - *hoc medicamentum solvitur tertio quartove die, si non suppuraverint strumae; sed si apertae fuerint, hieme alternis, aestate cotidie* (Comp. 81.9-19)-, and chapter 92 is concerned with both the type of disease and the constitution of the patient: *dantur ad stomachum imbecillem habentis et sanguinem reicientis ex aquae frigidae cyathis duobus, ceteris ex caldae totidem cyathis* (Comp. 92.7-9). In this context Scribonius may be argued to be more in line with methodist theories, given the school's preoccupation with the individual nature of disease experience and patient constitution rather than favouring universal remedies. Scribonius stresses the importance of individuality in patient and patients' surrounding most explicitly in chapter 271, the last chapter in the *Compositiones*, and one which features a lengthy addendum addressed once more at his patron Callistus. Here, after stating again that only well-tested remedies were included in the *Compositiones*, Scribonius states that *illud autem te meminisse oportet, mi Calliste, quod initio dixi, eadem medicamenta in iisdem vitiis interim melius deteriusve respondere propter corporum varietatem differentiamque aetatum temporumve aut locorum. eadem enim res in dissimiliter dispositis corporibus non possunt eosdem effectus exhibere* (Comp. 271.31-5). This comment not only reiterates the points made in the *epistula dedicatoria* concerning the factors which may have an impact on the efficacy of drugs, but is

likewise reminiscent of works such as *Airs, Waters, Places* as well as the theory of different constitution types which to an extent, but not necessarily, is connected to a humoral understanding of the body. Similarly, while the only mention of Hippocrates is in the preface as 'founder of our profession' and in the context of the Oath, the general tone of the *Compositiones* are reminiscent of what Nutton says about the Hippocratic physician:

'The Hippocratic physician was less interested in distinguishing between diseases as such or in identifying a specific cause than in dividing important from unimportant symptom groups so as to discover the underlying inner changes within the individual body that constitute that person's diseases. He was concerned with individual disposition, not individual cause. The differentiation occurs at the level of the patient, not the disease.'

(Nutton, 2004:92)

The *Compositiones* reveal in various recipes that Scribonius may have had a similar approach to sickness, thus placing Scribonius both in the context of Hippocratic medicine, and that of methodism.

7 Interconnection of Medicine

What emerges quite strongly throughout the *Compositiones* is Scribonius' sense of the interconnection of the different aspects of medicine. Thus, in chapter 200 he states that

Implicitas medicinae partes inter se et ita conexas esse [constat], ut nullo modo diduci sine totius professionis detrimento possint, ex eo intelligitur, quod neque chirurgia sine diaetetica neque haec sine chirurgia, utraque sine pharmacia, id est sine ea parte, quae medicamentorum utilium usum habet, perfici possunt, sed aliae ab aliis adiuvantur et quasi consummantur.

(Comp. 200.6-11)

Topics ranging from ethics (see chapter 2 above) over diet, exercise and surgery (see the present chapter) to pharmacology and preventative as well as emergency toxicology (see

chapter 4 below) find discussion, indicating that Scribonius did not ascribe to a specialist notion of medicine, and certainly did not consider subjects other than those pertaining more strictly to pharmacology to be beyond his professional obligation. This notion of the interconnectedness of medicine is reminiscent of the Hippocratic Corpus which likewise opposes the idea of profound boundaries between the subdisciplines (see Nutton, 2004:68). Here it is also noteworthy that in contrast to the Hippocratic Oath, which forbids surgery,²³ surgery seems to form an important aspect of Scribonius' medical practice, although most of his surgical recipes are more concerned with either preventing surgery or more topical remedies such as plasters. Furthermore, the interconnectedness is in contrast to the division in medical practice between the surgeon and the physician, a tradition which informs the self-understanding of the profession up into the 19th century.

8 Scribonius' Faith in his Drug Therapy

In general, what can be stated is that Scribonius relies predominantly on drug therapy in his treatment, although occasionally other means of treatment are applied. He displays much faith in the efficacy of his recommended treatments which is to be expected given his statement in the *epistula dedicatoria* that he would compile a list of effective and well-tested remedies for his patron. While he likewise includes some recipes which he did not test or openly disagrees with (such as 172 or 17), he generally seems to hold true to this promise. Consequently he displays a confidence in curing a variety of illnesses ranging from less severe (such as various forms of headache, which barring being symptoms for brain tumours can be assumed to be overall unpleasant but harmless) to life-threatening (such severe bowel obstruction, or rabies), and occasionally promises that his remedy will prevent the reoccurrence of the affliction in the future, thus in chapter 19 - *hoc enim inter initia si quisut collyrio inungatur, protinus, id est eodem die, et dolore praesenti et futuro tumore liberabitur* (Comp. 19.3-5). He likewise occasionally uses strong words indicating treatment success, such as in 94 where he claims that *liberat enim omni periculo eos* (Comp. 94.4); this chapter is however perhaps somewhat suspicious in this respect as he qualifies that *hoc medicamentum Apulei Celsi fuit praeceptoris Valentis et nostri, et numquam ulli se vivo compositionem eius dedit, quod*

²³ A point which does not seem to concern Scribonius as his only concern with surgical treatment seems to be patients' dismay.

magnum opinionem ex ea traxerat (Comp. 94.5-7), thus indicating that he was somewhat biased in this respect. Likewise, chapter 113 expresses optimism, although it provides somewhat of a caveat by qualifying the circumstances in which the remedy is to be expected to be effective: *hoc efficax est medicamentum et si cetera, quae debent, <con>sentiente eius valetudine, recte adhibita fuerint, utique sanat* (Comp. 113.8-10). It is however worth pointing out that there are instances in which he mentions the poor prognosis of a disease, or states that it is generally considered incurable. Examples of this would be the chapters on oral cancer (mentioned above) and epilepsy (ch. 18) where he indicates that the disease is curable provided it is diagnosed and treated early, or one of the chapters concerned with rabies (mentioned above) where he considers the prognosis altogether poor. Similarly, the rather striking chapter 118 which features a case study of the patient voiding excrement through his mouth includes the evaluation and prognosis that *est autem vitium ileos periculosissimum et ideo inter praecipua refertur. quamobrem non utique cum magna fiducia ad hoc genus vitii adgredi debemus* (Comp. 118.7-9). It is noteworthy that even though the prognosis is depressing in a case such as this, he nevertheless seems willing and determined to attempt a cure, unlike the more traditional approach to avoid treatment in hopeless cases lest it reflects badly on the doctor's abilities, another case in point concerning Scribonius' humanitarian concerns. Thus while Scribonius may be generally accused of a somewhat suspiciously successful practice, he does reveal that he approaches medicine not only with experience but also with realism and an awareness of the limitations of his '*ars et professio*'.

9 Surgery

After the medical side has received some attention, it remains to make a few points about the surgical aspect of the *Compositiones*. Here it is initially necessary to define what will be meant by 'surgical' for the present purpose. The theme of surgery concerns the *Compositiones* in three particular ways, none of which are perhaps predominantly thought within the topic of surgery in medical history. First, the third section of Scribonius, the recipes from 201 onwards, have been frequently described as the 'surgical' part, although their content are quite distinct from what is commonly seen as surgical literature, i.e. that concerned with operations ranging from minor (e.g. lancing boils) to major (amputation or lithotomy are popular themes

in medical historiography), sometimes more broadly also including orthopaedic surgery (e.g. realigning dislocated limbs or splinting fractures).²⁴ Nevertheless, there is reason to consider the last third of the *Compositiones* to be consisting of the 'surgical' recipes, as a large extent of the plaster-based remedies are either concerned with wound treatment, or at least fulfil the idea of surgery as historically a topical rather than internal form of medicine. In addition to this, the *Compositiones* contain a number of remedies which, while not concerned with operations as such, nevertheless incorporate 'surgical' themes such as the use of particular instruments. Finally, a reasonably large number of recipes is introduced by drawing attention to what is considered its specific benefit, namely the avoidance of any surgery. As plasters have received significant attention in Zeber's (2001) *Geschichte des Pflasters*, which awards a significant amount of attention to the *Compositiones* in this respect, the present discussion will briefly focus on aspects concerned with wound treatment more broadly before discussing Scribonius' focus on the avoidance of surgical intervention which features prominently throughout the *Compositiones*.

Both the section designated for plasters as well as a number of recipes throughout the rest of the *Compositiones* are concerned with wound treatment. Here, while Scribonius does not possess the gladiatorial physician background of Galen, his background with Claudius' army in Britain may have contributed to his understanding of combat-related injuries. Scribonius here professes a variety of different approaches to the treatment of wounds, revealing a number of further insights along the way. In addition to applying plasters and bandages in order to treat wounds, a number of chapters are concerned with what might be termed open wound treatment. Thus, chapter 209 describes the composition of another type of plaster, but this time it is to be applied without a bandage in order to promote healing: *sine alligatura enim interdum dimidio celerius sanat ea et sine dolore servat, iungit sinum* (Comp. 209.3-4). Given that open wound treatment has been shown to have significant benefits in certain cases, this is an interesting approach. Similarly, as Edelstein (1956:323) points out, exceedingly elaborate bandages were one of the points of criticism laid at the feet of some strands of Greek medicine, so Scribonius' use of a far simpler way of treatment here and in other recipes which similarly make little comment beyond stating that a bandage should or should not be applied may be read as both a point for his more 'Roman' practical simplicity and for his lack

24 See Ellis (2001) for an introductory discussion of the history of surgery.

of affiliation with any of the organised schools.

9.1 Hygiene and Tumours

While there is no way to draw comparisons to antiseptic surgery, it is in this context worth mentioning that a few chapters of the *Compositiones* are concerned with something akin to hygiene. Thus, occasionally indications are made that something should be clean or boiled before use – thus, chapter 43 uses *aqua marina ferventi novis spongiis demissis* (Comp. 43.2-3) –, this invites the contemplation whether that is on account with properties perceived to be inherent in new sponges and salt water, or with an understanding of the importance of hygiene. Similarly, chapter 71 states that *vel, si voles, digito mundo sine melle curabis* (Comp. 71.15-6), and in 74 he recommends the use of a clean mortar (*cetera trita mortario curiose admiscere*, Comp. 74.8), which may likewise point to hygienic concerns, as may chapter 80 which includes the remark that *praecipere autem oportet, ne quis hoc medicamento manus inquinet aut inquinatas, priusquam bene laverit, ad os referat* (Comp. 80.6-8). Beyond the surgical side of matters, this topic is of relevance as it relates not only to the treatment of wounds, but also the development and management of various growths, as poor hygiene particularly in wound healing can lead to the development of ulcers (Salazar, 2000:32). It is here remarkable that in chapter 212 Scribonius states that the plaster *eadem iungit belle vulnera et sine tumore servat* (Comp. 212.2-3), thus stressing both the need to 'conserve' the wound as well as the observation that no form of tumour appears. While it is problematic to speculate about an understanding of disease aetiology and an awareness of the need to 'preserve' wounds in an antiseptic stage to prevent infection, it is nevertheless a further indication of the experience- and observation-based approach Scribonius takes to medicine, and the valid insights he contributes to the understanding of ancient medical practice.

9.2 Avoidance of Surgery

Various tumours and growths emerge as a dominant health concern indicated by their prevalence throughout the *Compositiones*, and at least 42 chapters make some form of

mention of such an affliction. Interestingly, as shall be discussed subsequently, he makes no attempt to treat them by surgical intervention. As the surgical treatment of any form of growth is usually a standard incidence in the history of medicine,²⁵ Scribonius' approach here may be seen as somewhat unusual as he almost exclusively relies on pharmacological treatment. In this context, the extent to which the *Compositiones* offer ways of avoiding surgery should be discussed. This is not to say that Scribonius opposed surgical treatment, but perhaps rather that he was conscious of his patients' reluctance to undergo surgery; this approach might be considered as the ideal of conservative treatment, something which is also expressed in his attempts to avoid dental extraction if at all possible. While on occasion perhaps somewhat optimistic, this approach in general can be seen as in line with his humanitarian concerns for patients, as already referenced in the preface with its acknowledgement of the reluctance of patients to allow surgical treatment. Thus, drawing back on the previous discussion of the prevalence of growths, chapters concerned with this field of pathology frequently also include comments on the 'removal of flesh without pain' without surgical intervention. An example of this is chapter 37 where he advocates his medicament by stating that *Medicamentum liquidum ad palpebrarum veterrimam aspritudinem et excrescentem carnem, sycosin quam vocant, item callum durissimum; hygram appellant, quia est liquidum medicamentum; carnem ex palpebris tollit sine magno dolore* (Comp. 37.1-4). In this context, it is noteworthy that in the case of eye complaints he does not indicate that the therapeutics provided may be applied in an attempt to avoid surgery, and makes no mention of the option of eye surgery as one open to the patient. While cataract surgery is very old and well-established by the time of Scribonius, and while surgical instruments attributed to *ocularios* have been found, this may simply indicate that he only listed diseases which could, in his opinion, be cured by drug therapy. Thus, since none of the recipes state to be against ailments such as cataract, this is perhaps not overly surprising. Other chapters are concerned with more serious matters and take into consideration that the patient may be fearful of an operation, such as chapter 229 which provides an alternative for a case where *cum vero aliqua pars suppuraverit et timidus fuerit ad sectionem cui id acciderit* (Comp. 229.1-2). Scribonius here takes up a point concerning the understandable fearfulness of patients towards surgery which he already made in the *epistula dedicatoria*, thus once again documenting his sympathetic nature as well as his

25 Thus, anything from the lanced boil of the humble barber-surgeon to operations such as the removal of a large osteosarcoma by James Syme in 1828 (see Kaufman and Royds (2000)) is commonly associated with surgery rather than pharmacology.

adherence to the standards he set up in the initial section. This can likewise be documented other chapters such as 228 where in addition to more medically essential interventions, Scribonius provides an example of avoiding surgery for more cosmetic concerns: *Si quando non exulceratas eminentias tollere sine ferro voluerimus, ut verrucas, naevos aliave eius generis, hoc medicamento utimur* (Comp. 228.1-3). Thus, Scribonius does not only reveal concern for the treatment of disease in more medical and rational contexts, but also attempts to utilise sympathetic and careful treatments in awareness of patients' concerns and fears.

Conclusion

This chapter has attempted to illustrate a number of points with regards to which the *Compositiones* are of interest both medically and surgically. Scribonius emerges as a physician concerned with the treatment and alleviation of disease above all, and any theoretical consideration, which may or may not inform his approach to and understanding of medicine, is subjected to the importance he places on practical pharmacology. Scribonius may thus be considered as providing insights into the practicalities of Roman medicine beyond the constraints of adherence to particular schools. Nutton (2004:35) points out the caveat that

'To bring together texts from different periods, different places and different traditions risks reconstructing an edifice that never existed, or that was not recognized by contemporaries (...) Medical texts preserve (...) information from past doctors and surgeons, yet the very process of accumulation may blur out understanding of what treatments were actually used or what diseases were generally encountered';

(Nutton, 2004:35)

as such, focussing on Scribonius alone may have benefits, as the issue of assembling different sources into a potentially artificial whole does not apply. The *Compositiones* can be seen as one case study capable of providing some insight into what at least one doctor and surgeon thought concerning treatments and diseases of importance. More points concerning both this

relevance as well as the potential for further research in this respect shall be made in Chapter 5. Following this discussion, the next chapter will discuss the more pharmacological interest of the *Compositiones* as well as the toxicology of the text, both topics of interest and relevance when attempting to gain further insights into the medical concerns and reality of Imperial Rome.

Chapter 4

The Pharmacology of the *Compositiones Medicamentorum*

Introduction

As we have seen in the previous chapter, in contrast to Hippocratic medicine which focusses on a variety of treatments as well as the need to 'restore balance' in the ailing body (see Nutton, 2004:97), Scribonius considers drugs to be the key component in healing. Given the nature of the *Compositiones*, a strict division between medical and pharmacological remedies is difficult, to the extent that any attempt at a formal division might be artificial. Nevertheless, a number of aspects of the *Compositiones* can be identified as more relevant to a pharmacological rather than medical analysis, and this chapter will argue along these lines. The pharmacology and toxicology of the *Compositiones* will be discussed in terms of both general and case-study related aspects in order to show that despite occasionally containing superstitious elements, Scribonius' approach to pharmacology can be seen as predominantly rational and scientific. In applying a methodology which draws from both literary analysis and modern medical theory, this dissertation will attempt to contribute an interdisciplinary approach to the pharmacology of Scribonius Largus.

1 History of Pharmacology: Issues of Methodology and Terminology

Initially, a few words should be said about the methodological issues encountered in the study of a text such as Scribonius' *Compositiones*. The discussion of drugs in medical history is a somewhat complicated matter. One concern is the identification of drugs, which renders any analysis within modern frameworks of pharmacology and biology problematic.¹ More importantly, while any scholarship drawing on ancient texts for potential identification of new drug compounds² stresses the importance of approaching historical medical texts with an eye of modern relevance, it appears that the application of modern medical understanding to

1 It should be pointed out that this problem had already been recognized by ancient authors such as Dioscorides, so the concern is not a recent development.

2 The use of willow bark for analgesic purposes in history and the use of salicylic acid in modern drugs constitutes one of the more well-known examples.

historical medicine is generally either frowned upon or considered as an obsolete approach to scholarship. This is a problem in contemporary medical history, but it is beyond the scope of this dissertation to develop this concern properly. Instead, what shall be attempted is a more general discussion of the pharmacological and toxicological aspects of the *Compositiones*. While parts of the methodology may emerge as somewhat old-fashioned, a detailed justification of this approach as well as an analysis of the *Compositiones* in both socio-economic and medico-pharmacological respects remains for a future venture.

While a detailed analysis of terminological issues in the study of ancient medicine in general and the *Compositiones* in particular is beyond the scope of this work, some points regarding Scribonius' approach to particularly botany and synonyms are to be made. For example, it emerges that unlike the approach found in Dioscorides' *Materia Medica*, significantly fewer chapters contain any indication of botany or a more specific description of the plants in question. One of the examples where Scribonius does provide some botanical information can be found in chapter 55 where he describes the drug he recommends further: *radicem cotyledonos, quae herba similia folia cymbalis habet nasciturque fere in parietibus humidis* (*Comp.* 55.7-8). He likewise goes into more botanical detail in chapter 163 where he discusses a form of clover, displaying some botanical knowledge in two languages, as well as the ability to describe plants in distinctions from new drugs he learned about:

*idem praestat et hierobotane et trifolium acutum, quod oxytriphylon
Graeci appellant; nascitur et hoc Siciliae plurimum. nam in Italiae
regionibus nusquam eam vidi herbam nisi in Lunae portu, cum
Britanniam peteremus cum deo nostro Caesare, plurimum super
circumdatos montes. est autem foliis et specie et numero similis
communi trifolio, nisi quod huius pleniora sunt et quasi lanuginem
quandam super se habent et in extrema parte velut aculeum
eminentem. sed huius frutex duum pedum interdum aut etiam amplior
conspicitur et odorem gravem emittit, quorum nihil circa pratense
trifolium invenitur*

(*Comp.* 163.7-15)

Similarly, and in accordance with standards of modern botanical textbooks, Scribonius occasionally provides synonyms for the drugs he uses. A good example of this is chapter 83 which uses two of such instances, one more general, and one related to Greek as opposed to Roman plant terminology. Thus he states on comfrey: *symphyti radix, quam quidam inulam*

rusticam vocant, quidam autem alum Gallicum dicunt (Comp. 83.2-3), and on pennyroyal: *herbae, quam polion vocant, nos ut opinor tiniariam* (Comp. 83.10-11). However, as already noted in the introduction to Dioscorides, who is criticised for the same lack of botanical information (albeit in the context of the problem of the identification of ancient remedies from pharmacological textbooks), Aufmesser (2002) points out that the purpose of the *Materia Medica* is not that of a botany textbook; the same applies to the *Compositiones*.

2 Pharmacological Knowledge

Beyond botanical knowledge, or the lack thereof, the *Compositiones* can be examined with regards to Scribonius' approach to pharmacological knowledge. Here, the *Compositiones* can be seen as a remarkable incidence of approaches to practical pharmacology. As the theoretical approaches have been discussed in Chapter 3, the practical pharmacological approach encountered in the *Compositiones* will be discussed subsequently.

Frequently, the way in which Scribonius describes remedies seems to indicate that he expected his readers to have a certain level of knowledge about the preparation of drugs. This might be partially because he wrote for a lay patron whom he might have expected to take his recipes to an expert for composition, but it may similarly be an example of a broader tradition of physicians knowledgeable in pharmacology – 'a 'pharmacological doxography' purloined by every physician who took knowledge of pharmaceuticals as a precious aspect of the practice of medicine' (Scarborough, 1991:215, who makes the same point for Soranus who likewise 'assumes a general command of pharmacology on the part of his reader' (ibid)). A similar point may be made for the use of drugs in the Hippocratic Corpus, which likewise provides more general comments on medicinal therapeutics without a detailed discussion of drug properties or careful description of recipe preparation (see Totelin, 2009:258), something which may be read to indicate similar assumptions of pharmacological expertise.

3 Quantitative and 'Scientific' Pharmacology

This distinction is particularly striking when it comes to quantitative aspects such as the provision of weights and measurements. Despite Scribonius' invocation of Hippocrates as 'founder of our profession' as well as his reference to the Oath, the pharmacological approach of the *Compositiones* emerges as distinctly different from that of Hippocratic medicine. As Totelin (2009:258) summarises, 'One of the most salient characteristics of the Hippocratic recipes is that they leave out many elements of information; information such as quantities, utensils to be used, and times of application are left to the appreciation of the reader'. Unlike the more qualitative pharmacology of the Hippocratic Corpus which predominantly suggests types of drugs rather than their dosage, or indeed that of his near-contemporary Celsus, Scribonius places much emphasis on the weight or volume of each individual recipe component, and only very few recipes (e.g. chapter 19, which stresses the effectiveness of one simple drug (*lycium*) for use in *collyria*) lack measurements. Scribonius makes his emphasis on specificity in terms of measurements clear in both the *epistula dedicatoria* as well as in the final chapter, placing knowledge of weights and details of drug preparation among the professional obligations of the practising physician. Thus, chapters such as 199 and 191 continue statements made in the preface concerning the importance of knowing specific details about the technicalities of drug compositions in terms of measurements; indeed, chapter 199 contains an addendum which states that *medicamentorum malorum non nocet nominum aut figurarum notitia, sed ponderis scientia. hanc porro medicus nec quaerere nec nosse debet, nisi diis hominibusque merito vult invisus esse et contra ius fasque professionis egredi* (*Comp.* 199.6-9) and thus takes up the strong terminology of the laws of Gods and men already used in the *epistula dedicatoria*.

Furthermore, while Scribonius does assume some more or less detailed knowledge of pharmacology in his readers, he additionally provides very specific and 'scientific', if that term can be used here, instructions on the preparation of certain compounds. Thus, in chapter 22, he describes in extensive detail how to dry the drug in a mortar, and how quickly it should be processed. Chapters such as this, as well as e.g. 45 with its very practical description of remedy composition, indicates that he either took the recipes verbatim from elsewhere, or, perhaps more likely given his claim in the preface and chapter 271, indeed prepared the

remedies himself (rather than leaving the preparation to another professional or a drug trader), and wrote up practical instructions which are reasonably impressive even from a modern chemical perspective.

Despite this display of knowledge of drug preparation, it must be pointed out that his pharmacology emerges as somewhat peculiar and technically incorrect in places. Beyond the use of peculiar remedies³ which are of less interest here, he despite an otherwise impressive grasp of chemistry and pharmacological practice very frequently advises for drugs to be dissolved which technically are not soluble in the liquid used as solvent, thus creating a suspension rather than a proper solution. This is for example the case in most of the recipes concerned with opium, which in its resin form is not soluble in water (e.g chapter 76). While terms like 'solution' are frequently used in their non-chemical meaning, this aspect nevertheless reveals something about the manner in which remedies were prepared – thus, in addition to ointments, plasters and proper solutions, the drugs were likewise used in a suspended manner. He likewise dilutes euphorbium with water (chapter 66) which only displays a slight solubility in this solvent. It also remains to be said that very frequently the manner of using the recipe is not specified – while a number of chapters indicate that the drug is to be swallowed or applied topically, a number of recipes leave the exact method of usage open, thus further indicating some form of pharmacological knowledge in the reader or the preparer of the component. In general, it may be remarked that while Scribonius has been discussed in scholarship concerning the superstitious nature of his pharmacology (thus Machold (2010), but also Hirsch (1911) earlier), it may be argued that beyond these select cases of semi-magical treatment Scribonius displays a profound emphasis on rational and quantitative approaches to pharmacology. Further indications of the scientific nature of Scribonius' treatments will inform the analysis in the remainder of this chapter.

4 Storage of Remedies

In addition to being very specific concerning the measuring and preparation of drugs, Scribonius is similarly frequently clear on whether or not a drug needs to be prepared in

3 Thus, any animal remedy may strike the modern reader as somewhat odd.

advance or is suitable or even intended for storage, and if so in what material it must be stored. An early examples for the former constitutes chapters 5 which is a headache remedy that can be stored: *teruntur haec omnia aceto et fiunt pastilli; cum opus est, diluuntur aceto et rosa in mellis spissitudinem atque ita frons et tempora inlinuntur* (Comp. 5.4-6). This might be interpreted to indicate that Scribonius, in anticipation of more pre-eminent diseases of concern to Roman society and in accordance with his patron's desires for a book of remedies to the most pressing health concerns, maintained a kind of 'Bedarfsapotheke' or first aid kit and medical storage with frequently used remedies readily prepared. Here it is also of interest that a vast number of recipes specifies the type of material the storage vessel is supposed to have.⁴ While it has been argued that the use of some of these materials, such as iron or copper, has magical connotations (see Hirsch (1911) and Machold (2010) in general), another interpretation would be that Scribonius perceived some form of connection between the storage material and the drug which was more chemical than magical. Thus chapter 25, where he argues that the honey used for treatment should be best stored in a copper vessel, it has been argued that this is due to the magical properties of copper; but from a chemist's perspective, it appears as if Scribonius was aiming for a certain level of copper content.⁵ While neither case can be convincingly argued, it would be as reasonable to assume that Scribonius understood something – perhaps not the chemical properties and impact of storing acidic compounds in metal vessels, but something - about the reaction between storage vessel and stored material, and selected the combination accordingly.⁶ Furthermore, Scribonius acts here in parallel to Dioscorides, who likewise stresses the need to collect or store drugs in a particular way in a context which is more reasonably interpreted as scientific than magical.⁷ Thus the specificity in terms of a particular type of container may point as much to scientific as it may to magical approaches to pharmacology (if not more towards the former); in any case Scribonius' practicality in preparing a drug for storage and usage when necessary is noteworthy, may be drawing from his experience as a physician in the service of Claudius' army, and speaks in favour of Scribonius' 'Roman' and empirical approach to medical

4 For a detailed analysis of this, see Tadorelli (1996).

5 Provided honey displays a significant reaction with copper, on which perhaps somewhat unsurprisingly no analytical data could be found.

6 I am grateful to Dr. Ruffell for drawing my attention to the fact that beyond reactions on the molecular level, metals such as iron or copper display visible changes upon oxidation and thus provide a rationally observable alteration which additionally stresses the not necessarily superstitious nature of the *Compositiones*.

7 Dioscorides, *Materia Medica* I.6-7.

treatment.

5 Drug properties

While in general Scribonius is rather reserved with regards to implications concerning the mechanisms of drug action and the medicinal properties of the remedies he applies, an analysis of the *Compositiones* may nevertheless reveal some insights as the text contains chapters which may be interpreted to make some form of comment on the properties of the drug in question.⁸ An example of this would be chapter 66, which states that *hoc etiam cum eruperit suppuratio uti oportet: expurgat enim et explet idem* (Comp. 66.10-11), which is one of the few instances where he qualifies the specific action of the remedy in addition to recommending it for the diseases mentioned. Chapter 71 likewise specifies: *solvit enim ventrem et ita vehementissime prodest (multos enim a summo discrimine mortis liberavit)* (Comp. 71.5-6). Scribonius furthermore reveals here that some understanding of the increased potency of drugs existed, either through increasing dose or via adding further ingredients. Thus, chapter 70 contains three remedies, two equal, and a third which is introduced by *multis et hoc profuit medicamentum quod est sine dubio efficacius et vehementius* (Comp. 70.11-12) and concluded with *hoc Augusta semper compositum habuit* (Comp. 70.20) to add further emphasis. Likewise, in chapter 38 he states that *aquato uti oportebit hoc medicamento: est enim acerrimum et undique humores trahit* (Comp. 38.4-6), together with instructions in which cases it should not be used by certain types of patients (see chapter 3 above). This indicates an awareness of the strength and effect of a remedy,⁹ and reveals that Scribonius appears to have a good knowledge of some effect of the remedy, and is conscious of the need to advise caution.

In this context a few words should be said concerning terminology and Scribonius' approach to the etymology of drugs. Very close to the beginning of the *Compositiones*, Scribonius discusses lousewort, called thus, according to Scribonius, on account of its ability to kill lice (*quod eos necat, quidam appellant* (Comp. 8.2-3) - see here also chapter 166 where he takes

8 A comparison with Dioscorides, which has emerged to be beyond the scope of this discussion, may reveal further insights into Scribonius' understanding of drug properties, given that Dioscorides provides discussions of properties as well as applications of the remedies he includes.

9 Regardless of the question whether or not ancient remedies were effective by modern standards.

the topic up again - *staphidos agrias (quam herbam pediculariam quidam vocant, quod pediculos necat, a quibus hoc nomen trahit) seminis* (*Comp.* 166.2-3)). Scribonius makes similar notes in other places, revealing not only some rudimentary understanding of drug action, but also insights into socio-economic concerns,¹⁰ thus exemplifying the *Compositiones* as a potential source for socio-economic in addition to medical investigations.

6 Simple and Compound Drugs

Given the importance of complex drugs in the history of medicine and particularly the pharmacology of Galen, it is here appropriate to briefly discuss Scribonius' stance on the use of simple or compound drugs as this allows to place the *Compositiones* into the general context of Roman and Greek writing on pharmacology and to investigate how Scribonius' approach compares and contrasts to that of others. Here at the outset of the *Compositiones*, in quoting/paraphrasing Asklepiades, he states that *ceterum in libro, qui Parasceuasticon, id est praeparationum, inscribitur, contendit ultimae sortis esse medicum, qui non ad singula quaeque vitia binas ternasque compositiones et expertas et protinus paratas habeat* (*Comp.* ep. (8).3-6). While this stresses predominantly his agenda to justify his approach, it also indicates qualities he considers important in a physician, namely to be prepared for different instances and diseases, and to be able to cater to a variety of diseases and patients from a well-equipped medical chest or an equivalent facility. What emerges overall is that he includes a number of recipes with individual or very few compounds, and occasionally draws attention to the power of a simple as opposed to a complex remedy. An example of this would be chapter 19 which discusses Indian *lycium* as the most efficient eye ointment, even though he subsequently moves on to offer further, and more complex, *collyria*. Here Scribonius praises the efficiency of this remedy used on its own; by contrast he likewise includes very complex remedies, both with regards to the number of ingredients as well as their manner of preparation. Examples of the latter would be remedies such as some of the remedies he considers in the context of epilepsy which are pharmacologically difficult to prepare.¹¹ He

10 Thus, Scribonius provides insights into the materials used by tanners (*Comp.* 41), soapwort for the washing of wool (*Comp.* 10) as well as the existence of a washing powder (*Comp.* 159) or the use of tanner's sumach by cooks (*Comp.* 111).

11 E.g. ch. 13 or 16, although as stated above the epilepsy chapters are somewhat complicated on account of their at least partially superstitious nature.

likewise includes such famous examples of compound drugs as Mithridate (chapter 170). While part of the remedy is missing in the transmission of the *Compositiones*, it nevertheless mirrors other ancient recipes of this famous compound drug in its extensively difficult preparation. Thus, the *Compositiones* can be seen in the broader context of different approaches to ancient pharmacology.

7 Effectiveness of Ancient Therapeutics

As previously noted, any discussion of ancient medicine in terms of effectiveness of therapeutics in relation to modern medicine is somewhat problematic. While Nutton (2004:35) argues that 'ancient medicine depended on the recuperative powers of the body and the self-limiting nature of many acute illnesses', this is perhaps too negative an analysis of ancient remedies. Scribonius does use some drugs which by modern pharmacological standards are considered to have medicinal properties;¹² furthermore, in judging the efficiency of ancient remedies, factors such as the placebo effect and the therapeutic importance of the doctor-patient encounter should not be overlooked (which Nutton later points out, 2004:99). It is worth considering that modern medicine still remains unsure about the nature or aetiology of a number of ailments (idiopathy) and occasionally can advise little more than patience, rest and perhaps an analgesic for a variety of concerns (the common cold being one of the less serious of these). In this light, the prescription of drugs which did not necessarily contain active ingredients is perhaps to be understood in a more lenient way and might even provide insights into doctors' understanding of their patients' needs and psychology.

While ancient remedies have generally a bad reputation in the understanding of modern medical thought, it is worth to examine chapter 52 as it contains various drugs which are of medical effect. Thus, both opium and aniseed have been historically applied as remedies for cold-like complaints, not to mention the undisputed analgesic properties of the former; henbane, the active agent of which is *hyoscamine*, likewise finds application in contexts somewhat understandable from a modern medical view, as has been mentioned by Thomas (1978) in the context of a discussion of dental analgesics. Similarly, some, if not all of the

¹² Thus see Thomas (1978), and below. A more in-depth analysis of Scribonius' remedies is forthcoming.

purgatives Scribonius employs can be considered to have medicinal value in some respect; elsewhere, Scribonius recommends caraway seeds for intestinal complaints and flatulence (chapter 119), which is likewise still an agent applied in modern herbal therapy and sanctified by scientific research. A further chapter uses myrrh and liquorice for throat complaints (chapter 75), drugs still found in modern cough and cold mixtures on account of their antiseptic or soothing properties. Other drugs he uses, such as honey, vinegar or pine tar, which have mild antiseptic properties, have likewise been shown to be not without therapeutic merit (Jackson, 1988:68), and there have been cases where drug components encountered in late modern remedies could be traced back to antiquity, particularly in the context of *collyria* (Jackson, 1988:79-1). Similarly, while Scribonius' discussion of milk under the heading of toxic substances is somewhat peculiarly to modern readers (despite the serious concern that is lactose intolerance), a case of interest is chapter 179 where milk is used as a remedy for poisoning. While this approach is now outdated in favour of charcoal or hospital-based treatments, encouraging the drinking of milk after poisoning used to be an advised remedy in late 20th century medicine. Consequently, Scribonius' pharmacology may be considered to be of interest not only with regards to its stance in the context of ancient medicine in general, but also with regards to its relevance for modern approaches to and understanding of the history of medicine.

8 Toxicology

In addition to being of relevance for the understanding of a particular approach to pharmacology in general, Scribonius is also of interest with regards to toxicology in the context of first century Roman health concerns as well as approaches to the treatment of poisoning.

8.1 Contemporary Concerns with Poisoning

Unsurprising for a text composed during the Roman Empire, the *Compositiones* reflect the contemporary concern of attempted murder by poisoning, something of particular relevance

for the imperial court but extending beyond these boundaries. Beyond deliberate poisoning attempts in the context of politics or warfare, accidental incidences were likewise a health concern (Nutton, 1985:141-2). As Nutton (2004:33) states, both malaria and lead poisoning have been considered responsible for the decline of the Roman Empire; consequently, it may be considered relevant to eventually examine the *Compositiones* with regards to not only fevers, but also general notions of non-deliberate poisoning, as well as ailments which may correspond to lead poisoning.¹³ While Scribonius does not discuss elemental lead within the toxicology section of the *Compositiones*,¹⁴ his explicit commentary on storage vessel materials as well as his use of metallic remedies merit to examine lead in the context of the *Compositiones* at a further stage.

In terms of more general observations, chapter 176 provides a good list of poisonous concerns for Romans, as it is supposed to help against *toxicum potum, eadem si quis venenato telo percussus est, praeterea ad omnis serpentis morsus aut ictus, praecipue ad canis rabiosi morsus* (Comp. 176.1-3). The potential of afflictions caused by bites of poisonous or rabid animals features likewise, again not surprisingly given the expansion of the Empire, the widely travelled nature of some individuals on account of business or war, and the distressing and incurable nature of rabies. Subsequent chapters likewise illustrate the range of issues which Scribonius considered important enough to include in the *Compositiones*, such as warfare by poisonous arrows, snakes, rabid dogs, poisoned drinks, and deliberate poisoning via food. Similarly, it can be argued that the fact that he lists a remedy under 178 which was prepared for Augustus indicates the political context of poisoning at Rome; given the historical development of the Empire (such as the attempted poisoning of Claudius), the relevance of such a section in the *Compositiones* is obvious. Thus, regarding the former, in addition to potential commentary on Scribonius' marketing and business skills, the fact that a chapter such as 175 which is a further remedy against animal bites is prefaced by being a remedy *sed multo magis emplastri huius vis facit, quod Augusta propter eiusmodi casus habuit compositum et multis profuit* (Comp. 175.1-3) may likewise be read to indicate not only general fears of facing animal bites which permeated at least high-class Roman society (perhaps for fear of poisoning, or on account of confrontation during military or political

¹³ See Jackson (1988, 37-45).

¹⁴ He does however discuss white lead, *cerussa*, in a number of chapters (thus 45, 207, 220, 246, among others, as well as in a toxicological context in chapter 184).

postings across the Empire), but perhaps also about the degree of preparedness for medical emergencies in the imperial family, given that quite a number of remedies are listed as being carried or used frequently by members affiliated with the court. Finally, it must be recalled that some of the drugs Scribonius employs as remedies, such as opium or henbane, are poisonous themselves; as such dangers of overdose or poisoning by use of medicinal plants was a further concern the Roman physician and patient alike faced. All this illustrates that Roman health concerns, particularly in terms of poisoning, were somewhat wide-spread.

Conclusion

As has been shown throughout this study in general and this chapter in particular, the *Compositiones* hold much pharmacological and toxicological knowledge. It was attempted to show that Scribonius' approach to pharmacology is thorough and quantitative, and that for all attention that has been drawn to the superstitious nature of individual chapters, what emerges as particularly remarkable about this text is its rational and (to use a somewhat problematic term) scientific as well as evidence-based approach. It was the aim of this chapter to provide some introductory insights into the pharmacology and toxicology of this texts which, as Scarborough has pointed out, is of vast importance for the understanding of Roman pharmacology between Celsus and Pliny (Scarborough,1985:105-6). As such, much analysis is still required; what remains to be done given the limitations of this work is to draw conclusions from the previous chapters as well as stress the vast range of topics in which further research is still required.

Chapter 5

Conclusion and Further Research

The *Compositiones Medicamentorum* of Scribonius Largus are a text of importance for the understanding of medical ethics, medical and surgical theory and practice, and pharmacology and toxicology in the 1st century CE. They have received some scholarly attention but contain far more potential for analysis than has been previously explored. This dissertation has attempted to contribute to the scholarship as well as illustrate points deserving further research. In chapter 1, the general context of the 'life and career of Scribonius'¹ was discussed in addition to the provision of a literature review in order to provide a framework for the subsequent analysis. Given that Scribonius Largus is a relatively obscure author, it seemed suitable to do this somewhat more extensively than commonly done in a Masters dissertation in order to introduce the reader to the author and give an overview of the scholarship to date.

Chapter 2 was concerned with the ethical and humanitarian themes within the text, drawing on the extensive scholarship discussing the *epistula dedicatoria* and supplementing it with a closer reading of the text itself with an eye on ethical concerns. Here pain management as well as the way in which Scribonius refers to and treats patients as individuals was of interest in addition to the topic of the obligation of the medical professional which are already strongly emphasised in the preface. It was shown that Scribonius can be seen as a very sympathetic physician with a strong sense of the responsibilities and ethical obligations of the medical profession; Pellegrino's (2006) use of Scribonius' preface as the basis for his proposed new system of medical ethics for the modern world speaks strongly of this. This was demonstrated not only by an analysis of Scribonius' commentary which forms part of some of the chapters, but also by studying his general approach to patients, particularly less fortunate ones such as slaves or the insane, and by investigating pain management in the *Compositiones*.

In chapter 3, the medical and surgical aspects of the *Compositiones* received discussion in the context of both contemporary health concerns and contemporary approaches to medicine.

1 To use Baldwin's title for his 1992 article.

As in the above chapter, it was shown that the *Compositiones* contain material beyond their immediate purpose as a recipe compilation, and that some chapters provide insights into different methods of treatment Scribonius applied in addition to drug therapy. While it was originally hoped to derive a system of medical theory which might be underlying Scribonius' approach to pharmacological treatment from the *Compositiones*, the evidence for this emerged to be too scarce to justify anything but speculation. It was however possible to determine that at least in some cases Scribonius applies an approach to disease similar to that underlying the humoral pathology made most famous through the work of Galen but already present in works within the Hippocratic Corpus. Similar evidence for the knowledge and inclusion of approaches associated with one or more of the philosophical medical sects, particularly those of methodism and empiricism, was likewise discussed to demonstrate that Scribonius includes thoughts from most schools but exclusively condemns or adheres to none of them. The chapter furthermore discussed the surgical side of the *Compositiones*; here not only chapters which are concerned with wound treatment were analysed, but also sections which utilise pharmacological treatment in an expressed attempt to avoid surgical intervention. Despite Scribonius' focus on drug therapy, his expressed view of medicine as a unified discipline incorporating ethics, surgery, dietetics and pharmacology and which cannot be considered complete if any of these components are lacking, emerges strongly throughout the *Compositiones*.

While a predominant concern of this dissertation was to illustrate how the *Compositiones* could be used as a source for broader topics such as medical ethics and Roman medicine in general, the text is still first and foremost a collection of pharmaceutical recipes. Chapter 4 examined this aspect of the *Compositiones*, discussing the general themes which inform Scribonius' approach to the use of drugs for medical treatment, such as the comparatively little concern with drug properties in contrast to Dioscorides, and the general tendency to assume an extensive knowledge of technical methods in pharmacological preparations in his audience. The toxicological section of the *Compositiones* likewise received some comment in order to illustrate how Scribonius engages with the health concerns of his contemporaries given how comparatively frequent the encounter of poisonous substances must have been in Imperial Rome. As suitable for the study of a text such as the *Compositiones*, the methodological problem of applying modern medical understanding to the study of ancient

medicine as well as investigating to what extent drugs may have had some effect likewise received some comment. In general conclusion it was shown that Scribonius' pharmacology reveals significant technical knowledge and places great emphasis on quantitative and accurate preparation and use of drugs; even though some aspects of the *Compositiones* must be considered pseudo-magical, the text largely establishes Scribonius as more of a scientific than superstitious practitioner.

The general aim of this work was to re-introduce Scribonius Largus into the group of authors on ancient medicine and pharmacology who receive scholarly attention, as well as to show how the *Compositiones Medicamentorum* are of interest as a text on medical, professional and personal ethics, medical theory and practice, ancient approaches to surgery, the understanding and availability of drugs and poisons, and the prevalence of disease, to name a few themes. As emerges from this extensive list, there is much further scope for investigating this important source for Roman pharmacology, and a large number of topics which could not receive proper analysis in the present study will be discussed in detail in an eventually forthcoming PhD. What remains at the end of this dissertation is to briefly address some of the major points of further research which the *Compositiones* invite before concluding with some further remarks.

The initial problem that emerges in the study of Scribonius is that of accessibility. While it is expected of students of ancient authors to be able to read the original Greek or Latin (at least from a certain level onward), this poses a problem as it makes the study of ancient medicine somewhat complicated for non-classicists. This is to an extent problematic as the history of medicine with its diverse field of practitioners including doctors, historians, sociologists, archaeologists, linguists and classicists, to name just a few, has become a theoretically if not practically interdisciplinary field, and each group contributes their own expertise and perspective. Scribonius Largus would benefit from such a diverse group, for example from the interest of a modern pharmacologist as much as from that of a classicist, but a work which does not have an easily accessible modern edition (at writing Sconnocchia's Teubner was out of print and only available in a small number of UK libraries), let alone a translation, may turn researchers with limited linguistic skills towards the study of authors more readily available in translation. Consequently, as Schonack already pointed out in his

German translation of 1912, there is need for translations to be available so that medical sources may be rendered more accessible to a broader audience. It remains the author's aspiration to provide an English translation and commentary of the *Compositiones* in a subsequent thesis. Furthermore, it would be worth analysing Schonack's German translation from 1912 in more detail, and to eventually contribute a new German translation based on the most recent edition of the *Compositiones*. As has been pointed out (e.g. by Machold, 2010:18-9), this translation is somewhat flawed and now rather outdated both on accounts of its use of archaic medical and chemical terminology and its basis in Helmreich's edition. The provision of an updated German translation is another project worthy of consideration to further diversify the accessibility of the text; in addition to that, a detailed study of works such as that of Schonack or Rinne can provide insights into early 20th century German historiography of medicine and the reception of classical texts.

Beyond an investigation of early 20th century scholarship, the commentary found in the editions of the previous centuries has not received much attention. Schonack's strong praise for Rhodius' commentary indicates that it would be useful to translate and investigate the extra commentary of the various editions in addition to the 1983 Teubner's Latin text, and to include the conclusions drawn by previous scholars in a modern investigation. It would be of interest to investigate how early modern commentary, such as that of Rhodius in his edition of Scribonius, treats the text in comparison to both modern scholarship and the reception in subsequent texts. Here Otto Sperling's *Animadversiones in Scribonium et notas Johannis Rhodii* (xxxx), edited and discussed by Wuttke-Groneberg (1974) would be a similarly interesting primary source to discuss, particularly as it has received even less attention than the commentary of Rhodius or the introductory statement of earlier editions. Furthermore, the scholarship on Scribonius (both modern and historical) in its approach and selection of topics from Scribonius would reveal much about both the scholarship and the medical practice of the respective era. This is of interest not only for the understanding of Scribonius, but likewise for the understanding of the historiography of medicine in previous centuries. Just as a detailed analysis of the works of Schonack and Rinne could reveal much about early 20th century German classical scholarship, a discussion of previous commentary would allow a better understanding of 16th to 18th century medical historiography.

It has been argued by John Scarborough (1985:105-6) that Scribonius provides an insight into the medicine and pharmacology at Rome between Celsus and Pliny the Elder. Consequently it would be of interest to develop this point further and attempt to determine, via comparison of Scribonius to the two authors, what insights the *Compositiones* do provide, and whether the *Compositiones* reveal a different approach to medicine than either of the other authors. While this dissertation has attempted to evaluate the significance of Scribonius' contribution to Roman medicine, further insights could be derived from direct comparison to other authors, particularly to Celsus whose extensive work contains much insightful material about surgery, pharmacology and medicine. A comparison to Pliny would likewise be of interest, although given the extent of the *Natural History*, this would provide sufficient material for a study of its own. In addition to the insights into Roman medicine, a more extensive comparison of Scribonius' pharmacology to that of Dioscorides would be of interest given Dioscorides' importance for the history of pharmacology. It could be investigated in more depths how Scribonius' preparation compare to those of Dioscorides, and whether some understanding of their presumed effectiveness can be derived from a comparison, given that unlike Scribonius, Dioscorides describes remedies in terms of humoral properties and generic effects. Furthermore, although the identification of ancient diseases and remedies is a problematic case and the application of modern scientific understanding of diseases and drug action to the study of medical history is controversial, it would nevertheless be of interest to examine whether the course of treatment appears reasonable with regards to ancient notions of treatment of the respective diseases, and whether Scribonius prescribes drugs and treatments which according to modern pharmacological and medical knowledge may have been beneficial, harmful, or neutral. While practical historical investigations are less easily (or indeed ethically) conducted in medicine as opposed to the history of science, a text such as the *Compositiones* would lend itself to practical research to at least some extent. A precedence has been provided by Singer's 1950 self-experimentation in the context of ancient toothpastes; selected sections of the *Compositiones* may likewise be used to dare an investigation of practical medical and pharmacological history by preparing some of the plasters or remedies in order to investigate how easily Scribonius' instructions can be followed and how accurate his descriptions are. Finally, Scribonius' use of particular drugs may be used to draw conclusions concerning both trade links for the acquisition of exotic drugs or animals and the state of Roman chemistry, botany and metallurgy. It might be investigated where the drugs

come from and how many are local, how many are adopted from classical works, and to what extent their use is relevant.² Similarly, as it was beyond the scope of this dissertation to include a detailed discussion of the pharmacology and particularly toxicology, this initial research focus may be finally investigated, particularly with regards to generally more well-studied topics in ancient medicine such as the use of opium, or lead poisoning. This may be further extended into a study of the countries of origin of the various drugs and poisons in order to map out the countries the Roman Empire either included or had trade links or other engagements with by the time of Scribonius.

Wilhelm Schonack, who contributed a monograph and a translation to the study of Scribonius Largus at the beginning of the 20th century and whose work reveals his genuine hope to introduce more scholars and interested laypeople to the *Compositiones Medicamentorum*, concludes in the introduction to his 1913 translation:

“Sollte meine Übertragung, soweit sie auch bei der Grundverschiedenheit philologischer und medizinischer Wissenschaft von Vollkommenheit fern sein mag, etwas dazu beitragen, in einigen (...) Lesern das Interesse für antike Medizin und Pharmakologie sowie die Lust zu eigenen näheren Nachforschungen (...) anzuregen oder bei Anfängern auf diesem Felde stärker zu entfachen, so wäre dies der beste Erfolg, den ich meiner (...) Arbeit wünschen kann.”³

Schonack, 1913:XI

The present study set out in much the same spirit as that of Schonack, and has attempted to reintroduce Scribonius Largus and his work to a broader audience as well as draw attention to the merits of a thorough analysis of the *Compositiones Medicamentorum*. It is to be hoped that at least some of its high aspirations were accomplished.

2 The prevalence of snakes in medieval Irish medical manuscripts despite the near absence of snakes from Ireland comes to mind.

3 'Should my translation, as distant as it may be from perfection given the profound difference between philological and medical science, contribute to promote the interest in ancient medicine and pharmacology in some readers as well as their desire to conduct more in-depth studies of their own, or to increase it in beginners in this field, this would be the best success for which I could wish for concerning my work.'

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