

The social and legal status of physicians in the late Roman Empire¹

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Abstract

An analysis of the social and political status of physicians in the late Roman Empire is presented. The article examines the evolution of perceptions of the social standing of physicians from the late Republic to the Late Antiquity. The work sheds light on the financial and legal status of physicians and their families, the peculiarities of the professional training of medical personnel (special attention is paid to the Alexandrian School), the organisation of the health system in provincial and capital cities of the Roman Empire, the ties between members of the medical community and the capital and provincial elite in the empire. Close attention is paid to the work of the corporations of municipal and court archiaters, their social status, professional and personal ties with emperors, participation in governance and diplomatic activities. Using the example of a wide range of sources, including late Roman legislation, epigraphic monuments, oral tradition and epistolary evidence, based on modern ideas about bioethics as a science, the author makes an argument for the theory of considerable consolidation of the status of late Roman physicians compared to the status of their counterparts in the late Republic and the Principate.

Keywords

history of medicine, bioethics, late Roman Empire, Late Antiquity, social status of physicians

In the modern era of the development of bioethical knowledge, special attention is paid to issues relating to medical culture, one of which is the relationship between physician and patient. Social norms and stereotypes, which influence mutual perception between physician and patient, play a crucial role in this area. The actual social status of medical personnel, which is shaped by a plurality of economic and public (including formal and legal) factors, has a considerable, and sometimes determining the influence on the patient's perception of the

attending physician, members of the medical community and medicine in general. Therefore, the social status of medical personnel is one of the key factors influencing the functioning of the health system.

The status of the physician is influenced not only by present-day developments but also social conventions and stereotypes typical of preceding eras. The social image of the medical professional essentially bears the footprints of the social status of counterparts who lived many generations before. Therefore, the study of the social status of medical professionals necessitates the examination of the development of this phenomenon in a historical context. In this regard, the analysis of the status of the physician in critical eras is of particular interest.

For Europe, Western Asia and North Africa, one of such periods was the Late Antiquity (late 3rd – 6th

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century AD) – the era of the fundamental break from the old, ancient society and the birth of a new Middle-Age society. Despite that during this period a variety of social phenomena typical of classical antiquity ceased to exist, many social institutions remained in place and continued to develop amid a rapidly changing socio-political and economic environment. This fully relates to medicine. The Late Antiquity inherited a strong health system from the golden age of the Roman Empire.

Various aspects of medicine and medical practice in the late Roman Empire were studied in great detail in the works of V. Nutton (Nutton 1977; Nutton 2012a; Nutton 2012b, p. 292–309), B. Baldwin (Baldwin 1984) and partly A.E. Jones (Jones 2014, p. 250–283) (who, nevertheless, primarily drew on materials from post-Roman Gaul in the 5th – 7th centuries). However, research literature tends to understate the social and political significance of physicians in that era. For instance, in one of his papers discussing East Roman diplomacy, renowned Byzantine scholar R.C. Blockley argued that the reputation and status of physicians in the late Roman Empire remained low (Blockley 1980, p. 90).

According to common belief, the art of healing during the late Republic and the early empire was not highly appreciated, and the profession of physician was not prestigious, which was primarily a consequence of the low social status of practicing physicians in Rome. Most of them were slaves or emancipated Greek serfs, who had a lower social status than freeborn Romans (Jackson 1988, p. 56). The contempt for medicine as an occupation not worthy of a Roman citizen was also transferred to physicians; there is abundant evidence in the works of Roman writers from 1st century BC to 1st century AD of the disdain among the wealthy towards medical professionals.²

Unlike the upper echelons of Roman society, which were in thrall to social prejudice and stereotypes, the government of the empire fully recognised the value and necessity of the work of physicians. Julius Caesar, who granted citizenship rights to practicing physicians in Rome, was the first to patronise physicians.³ Under Emperor Augustus, physicians were exempted from municipal duties.⁴ These privileges were subsequently kept in place by emperors from the Flavian and Antonine dynasties which, nevertheless, limited the circle of physicians exempt from the burden of municipal liturgy (Israelowich 2015, p. 26–28).

Thanks to the efforts of the Caesars and the general decline of xenophobia in the society, which gradually became more cosmopolitan owing to cultural integration of the Roman society and the devaluation of Roman citizenship, the social status of physicians began to rise. As early as the second half of the 2nd century, the recently despised profession became respectable, and some prominent physicians (for example, the great Galen) gained fame across the empire. By the late 3rd – early 4th century, the new status of physicians had finally gained a foothold in Roman society. There are known cases of municipal-funded statues in honour of physicians who had benefited various cities with their art.⁵

There is no information about slave physicians or emancipated serf physicians in 4th – 5th century sources. In contrast, the absolute majority of physicians mentioned in sources from this period belonged to the upper crust of Roman society. Abundant evidence of personal ties between physicians and members of the provincial and capital aristocracy suggests that the status of physicians had vastly improved. For instance, members of the Roman elite in the late 4th – early 5th century Quintus Aurelius Symmachus and Macrobius were in awe of physician Disarius.⁶ Physician Justus was a friend of one of the leaders of the Gallic aristocracy Sidonius Apollinaris.⁷ The preeminent member of the pentapolitan elite Synesius of Cyrene exchanged letters with physician Theodore.⁸ Therefore physicians not only enjoyed social respect, but were seen as equals to the elite of Roman society.

From the perspective of political power, the practice of medicine was socially considered important work. The law passed by Emperor Constantine I freed physicians from municipal and national duties. Physicians received government support and protection (including honour and dignity).⁹ Exemption from compulsory service also extended to family members of practicing physicians, primarily their sons.¹⁰ Apparently this decree was primarily meant to create dynasties of physicians.¹¹ In the late Roman Empire, the art of medicine was often passed on from father to son. There are several known medical dynasties of the 4th – 6th centuries. For example, famous physicians such as Jacobus

² For examples, refer to: (Jones 2014, p. 252).

³ Suetonius. *De vita caesarum*. Divus Iulius. 43. Hereinafter: Latin texts are quoted from publications in the Packard Humanities Institute Latin Library texts (PHI 5, CD-ROM edition), Greek texts are quoted from publications in The online Thesaurus Linguae Graecae (<http://stephanus.tlg.uci.edu>).

⁴ Dio Cassius. *Historia Romana*. LIII. 33.

⁵ Ref., for example, to *Supplementum Epigraphicum Graecum*, XVIII. 475; the statue of famous 5th century physician Jacobus Psychrist was erected in the Baths of Zeuxippus in Constantinople. Ref.: Ioannes Malalas, *Chronographia*. XIV.38.

⁶ Symmachus, *Epistulae*. III.37; IX.44 ; Macrobius, *Saturnalia*. I.7.1. For more, ref: (Petrova 2013).

⁷ Sidonius Apollinaris, *Epistulae* II.12.3.

⁸ Synesius, *Epistulae*. 154.

⁹ *Codex Theodosianus*. XIII.3.1 (Nutton 1977). By all accounts, government support for physicians was abolished under Justinian I. Ref. Procop. *Anecd.* 26. 5.

¹⁰ *Codex Theodosianus*. XIII.3.2.

¹¹ *Codex Theodosianus*. XIII.3.3, cp. *ibid.* XIII.4.2.

Psychrist¹² and Alexander of Tralles¹³ learnt the art of medicine from their fathers. However, the transfer of medical knowledge by inheritance was not a rule: not all sons followed in the footsteps of their fathers and not all physicians were sons of physicians themselves.¹⁴

Medical education became popular due to the likelihood of a higher social status (Jones 2014, p. 259) it provided. The empire had many professionals who paid to train as physicians young men with whom they had no blood relations. Some established their own medical schools,¹⁵ while others taught in famous educational institutions. The capital of the Roman province of Egypt remained the largest educational centre for training physicians. The medical school of Alexandria established during the Ptolemaic dynasty was extremely popular and popular education there was very prestigious. According to historian Ammianus Marcellinus, in his time the physician only had to say that he studied in Alexandria to confirm his qualification.¹⁶ Unsurprisingly, nearly all young people aspiring to become physicians dreamt of learning from Alexandrian teachers. Among its graduates were such luminaries of late Roman medicine as Sergius of Reshaina, Oribasius, Caesarius, Jacobus, Aëtius of Amida, Paul of Aegina, Hesychius, Damascius, Asclepiodotus and Palladius (Udaltsova et al. 1984, p. 426–427).

Besides physicians living on private practice, from the time of Emperor Antoninus Pius municipalities of the ancient Roman state were allowed to keep public physicians – archiater (archiatrii) – at the expense of the local, civil collective. The number of public physicians depended on the status of the city. There were normally five, rarely seven physicians. Major cities of the empire had the right to keep up to ten municipal physicians.¹⁷ In Rome itself, through the decree of Emperor Valentinian I, an archiater was assigned to each of the 12 of the 14 districts of the city.¹⁸ The position of archiater was a lifetime appointment. In the event that

one died, elections for a new collegium member were organised by the local medical corporation. The candidacy of a new archiater was supposed to be approved by at least seven active archiateres. In the event of a positive decision, the supported candidate took up a junior position in the collegiums.¹⁹ That the authorities took the collegium of Roman archiateres seriously is evidenced in a report sent by city prefect Quintus Aurelius Symmachus to the court of Emperor Valentinian II in the year 384. It addressed the eligibility of one candidate. According to this document, one of the high-ranking Roman officials could not personally decide on the matter and had reached out to the emperor for advice.²⁰

The wages of archiateres depended on their rank in the collegium, length of service, as well as the status of the city.²¹ For example, in the mid-6th century, the most senior member of the collegium of archiateres of the Carthage earned nearly 100 gold solidi, while junior members received 50–70 solidi a year.²² According to the will of the archiater of Antinopolis in Egypt Flavius Phebammon, his annual salary was 60 solidi (Jones 1986, p. 1012). The wages of physicians were much higher than those of mid-tier officials and officers in the guard units of the army (Scheidel 2015, p. 169).

Municipal support was not the only source of income for public physicians. They were allowed to run private practice and accept gifts from patients. The government made an effort to ensure that the pursuit of additional income did not affect the affordability of medical services: public physicians were required to treat patients who could not afford their services for free. They were also barred from accepting payment if the life of the patient depended on the medical intervention.²³ Overall, surviving data suggest that medical practice brought significant income, although not all physicians were wealthy (Nutton 2012a, p. 11).

The pinnacle of the medical career in the late Roman Empire was the position of physician in ordinary to the emperor (archiatri sacri palatini). Besides all privileges associated with medical work, court archiateres were traditionally awarded 1st or 2nd rank comes,²⁴ which put their status on par with that of duxes²⁵ or vicars.²⁶ Furthermore, upon taking up service, they received the honorary title of “vir perfectissimus” or “vir clarissimus”, which opened up access to the senatorial class (Giyani 1964, p. 42). In the 6th century, due to the

¹² Damascius, *Vita Isidori*. Fr. 84.

¹³ Alexander Trallianus, *Libri XII de re medicina*. IV.1

¹⁴ For instance, the son of physician Decimius Magnus Ausonius preferred the career of grammarian to his father's profession. Ref. Ausonius. *Parentalia*. I (III).13.

¹⁵ The most prominent among teaching physicians in the 4th century was Zeno of Citium, whose school produced such famous physicians as Oribasius, Ionicus of Sardis and Magnus of Nisibis, who subsequently headed the Alexandrian medical school (Eunapius, *Vitae Sophistarum*. 498–499). At the turn of the 5th – 6th centuries, the star of medical education in the empire was Itrosophist Gessius who taught in Alexandria and whose fame outlived the empire itself. Ref.: (Watts 2009).

¹⁶ Ammianus Marcellinus. *Res Gestae*. XXII. 16.18. On medical education in Alexandria, also refer to *Expositio totius mundi*. 37; other evidence, ref.: (Haas 1997, p. 417). On medical education in the late Roman Empire in general, ref.: (Pormann 2010).

¹⁷ *Digesta*, XXVII.1.6.2–4.

¹⁸ Codex Theodosianus, XIII.3.8.

¹⁹ Codex Theodosianus, XIII.3.9.

²⁰ Symmachus. *Relationes*. 27.

²¹ Codex Theodosianus, XIII.3.9.

²² Codex Iustiniani, I.27.1 §41. In comparison, the minimum living wage in the empire was about 2½ solidi a year. Ref.: (Jones 1986, p. 447).

²³ Codex Theodosianus, XIII.3.8.

²⁴ Codex Theodosianus, XIII.3.12.

²⁵ Dux – the highest officer rank.

²⁶ Vicar, i.e., the head of a diocese – a large territorial and administrative unit, which included several provinces.

devaluation of said titles, archiater received the new title of “vir gloriosissimus” (Martindale 1992, p. 1259). Moreover, they were exempt from duties and taxes levied on members of the senatorial class, including the *gleba senatoria*²⁷ land tax.

The influence and status of court archiater depended not only and not so much on their formal and legal status as on the opportunity to directly speak with the emperor, who was the absolute ruler of the Roman empire. The emperor’s indulgence of archiater was often evident in the appointment of archiater to senior positions in the court, as well as political office. For instance, the brother of Gregory of Nazianzus – Caesarius, who served as archiater in the court of Emperor Constantius II, was appointed treasurer (*comes thesaurorus*).²⁸ Oribasius, who was not only an archiater, but also friend and adviser to Emperor Julian the Apostate,²⁹ was appointed quaestor (Olszaniec 2013, p. 303–304). Archiater Vindicianus was appointed proconsul of Africa (Jones et al. 1971, p. 967). Gallic physician Marcellus was *magister officiorum* in the court of Theodosius I (Jones 1986, p. 1407). Some archiater played a key role in the emperor’s court even without holding any positions related to medical practice. For example, senior archiater Jacobus Psychrist³⁰ had considerable power in the court of Emperors Leo and Zeno the Isaurian.

²⁷ Codex Theodosianus, XIII.3.15.

²⁸ Gregorius Nazianzenus. *Orationes*. VII.15.

²⁹ Iulianus Imperator, *Epistulae ad senatum populumque Atheniensem*. 277c; Iulianus Imperator, *Epistulae*. 4(8); Eunapius, *Vitae Sophistarum*. 498; Eunapius, *Historia*. fr.9; Philostorgius, *Historia Ecclesiastica*. VII.15.

³⁰ Damascius, *Vita Isidori*, Fr. 84–85; Marcellinus Comes, *Chronicon*. 462; Ioannes Malalas, *Chronographia*. XIV.38.

Besides professional work, archiater were involved in the empire’s diplomatic relations with the barbarian world. Under Justinian I, they were often part of diplomatic missions involved in negotiations with Persian Shahanshah Khosrow I. In the year 544, the “renowned physician of his time” Stephen, who accompanied the Roman envoy, delivered a bold speech before the Persian ruler.³¹ Among Roman ambassadors in Persia was physician Uranius, who became a favourite and adviser of Khosrow I.³² Under Justin II and Tiberius II Constantinem, physician Zechariah³³ visited the Persian court four times. Under Emperor Maurice, important diplomatic missions to the headquarters of the Avar Khaganate were entrusted to archiater Theodore.³⁴

Clearly, the demonstration of the achievements of Roman medicine was aimed at bolstering the image of the superiority of the society, science and culture of the Roman Empire. Furthermore, as R. Blockley noted, the rank of archiater was very high, which afforded the embassy great significance.³⁵

It is particularly in the Late Antiquity that Roman society began to consider physicians as members of the elite. The status of physicians which developed in the Late Antiquity was accepted by barbarian states emerging from the ruins of the Western empire, as well as the Byzantine Empire, and was firmly established in the Middle Ages and the Modern Age.

³¹ Procopius. *Bellum Persicum*. II.26.31–34.

³² Agathius. *Historiarum libri quinque*. II.29–32.

³³ Menander. Fr. 39; 48; 49; 56.

³⁴ Theophylactus Simocatta. *Historia*. VI.117.

³⁵ For more on the involvement of physicians in Late Antiquity diplomacy, ref.: (Blockley 1980, Nechaeva 2001).

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