



Humanism and Ethics in Roman Medicine: Translation and Commentary on a Text of Scribonius Largus*

Edmund D. Pellegrino and Alice A. Pellegrino

It is only when we, as members of a later society, with the gifts of hindsight and differing ideals, attempt to define Roman medicine in modern terms that it falls short. One should recall the basic humanity of Celsus, Aretaeus, and Galen as one assesses the worth of medicine in the Empire.

—John Scarborough, *Roman Medicine*, p. 148

In the closing words of his last public address—his presidential oration before the British Classical Association in 1919—William Osler summarized his philosophy of medicine and life in two words—*philotechnia* and *philanthropia*—"love of the art" and "love of humanity."¹ He was quoting from a well-known Hippocratic text that many physicians before him, and since, have taken as the inspiration for those humanistic qualities that have characterized the best physicians in all ages.

Osler's view has long been the standard account of the origins of medical humanism and especially its ethical expression. In 1955, however, Ludwig Edelstein, a distinguished humanist and authority on ancient medicine, disagreed. In his Osler oration, he suggested instead that a fuller and perhaps loftier expression might be found in the writing of an obscure Roman of the first century A.D.—one Scribonius Largus.² Edelstein expanded upon the opinions of several German classicists whose

* Presented in abbreviated form before the Washington Society for the History of Medicine, 30 April 1983, and the American Osler Society, Minneapolis, 3 May 1983.

commentaries on a text of Scribonius—the preface to his *Compositiones*—pointed to a humanistic strain not generally attributed to Roman medicine.³

Edelstein's commentary emphasized several distinctive humanistic features of Scribonius's professional ethics—the grounding of the physician's moral obligations in the special nature of his social role, the compassion intrinsic to that role, and its status as a moral imperative. Taken together these created a humanistic ethic in which compassion for the sick person shapes the moral obligations of the physician.

These features of Scribonius's preface merit careful reflection today when both ethics and humanism are foci of public and professional concern. The humanistic strain in medicine is being threatened by some of the same forces that are weakening the ancient edifice of medical ethics—the commercialization and industrialization of medical care, specialization and technology, and moral pluralism. As a result, the physician's technical and professional moral obligations are becoming progressively disengaged from each other. Osler's hope for a fusion of *philotechnia* and *philanthropia* seems less possible now than ever.

Equally sincere and dedicated physicians differ sharply on most of the prescriptions and proscriptions of the Hippocratic ethic.⁴ Many recognize only competence and nonmaleficence as moral obligations, denying any obligation to efface self-interest in the interests of the sick. The physician as professional is giving place to the physician as entrepreneur, proletarian, or corporate employee. Compassion is increasingly depreciated as unrealistic and ancillary in the face of medicine's technologic prowess.

Given the likely continuation of these trends, a central question is whether it is still possible to define some set of moral commitments common to the profession that can transcend the deep philosophical differences that divide it. If such commitments are to be found, they will reside in the one medical reality that does not change with time—the need of the sick person for the physician's help and the promise the physician makes when he or she offers to provide that help.

Scribonius Largus illuminates the humane and ethical nature of that relationship in a unique way. In a few pregnant words embedded in a treatise devoted to *pharmacotherapeutics*, he defines precisely what it is to be a physician. He writes squarely in the Hippocratic tradition but adds dimensions drawn from the ethics of the middle Stoa that enlarge that tradition significantly.

J. S. Hamilton recently provided the first English translation of Scribonius's preface.⁵ Ours differs in emphasis but not in substance. In this

paper we extend Edelstein's commentary on the ethical substance of Scribonius's work, particularly as it relates to the search for a humanistic medical ethic today. Our intent is to focus attention on the origins of the philosophical argument all too briefly presented in Scribonius's text.

Scribonius Largus and His Text

We know very little for certain about Scribonius. He is variously described as physician, freedman, slave, pharmacist, Greek or Roman.⁶ His Latin is crude by Augustan standards, suggesting that he was poorly educated or a foreigner who wrote first in Greek and then translated into Latin.

Some authorities make Scribonius the personal physician of Claudius, others of Claudius's wife Messalina, or simply a member of the Claudian household. He is reputed to have accompanied Claudius on his campaign in Britain in 43 A.D., although the evidence is scanty. He did, however, have access to a powerful figure in the Claudian household—G. Julius Callistus—to whom he addressed and dedicated his *Compositiones*.

The body of the *Compositiones* consists of a compilation of some 271 remedies. They must have been of interest to Claudius, whose fascination with drugs and magic potions was well-known. Scribonius's compendium followed the well-established tradition of the Roman encyclopedists, for example, the elder Cato, the elder Pliny, Varro, and Vitruvius, each of whom had drawn up lists of medical recipes.⁷ These were commonly used as guides to home- and self-therapy by the practical-minded Romans.

Written between 44 and 48 A.D.—sometime after the return of Claudius's British expedition and before the death of the empress Messalina—Scribonius's *Compositiones Medicamentorum* seems to have been quickly relegated to a secondary position behind the works of his more famous colleagues.⁸ From the time of the earliest manuscripts, which date to the ninth and tenth centuries, to the codices of the sixteenth century, Scribonius's book has been published in tandem with the works of a variety of other medical authors including Celsus, Benevenius, and Marcellus Empiricus. Indeed, the *Compositiones* was published with the work of Marcellus so often that many editors and scholars attributed the book to that author.

The *editio princeps* of Scribonius was compiled by Johannes Ruelle, who incorporated it into the medical writings of Aulus Cornelius Celsus, Scribonius's probable teacher, in his publication of 1528, now in the Na-

tional Library of Medicine in Bethesda, Maryland. This edition was soon followed by several others, including a 1529 Aldine edition of Andernaco's concerning those ancient doctors who wrote on diseases and their cures in Latin, and Stephanus's 1567 edition of the writings of the leading medical practitioners after Hippocrates and Galen.

In 1887, following two more editions in 1655 and 1786, Georg Helmreich produced what proved to be the definitive edition of Scribonius. Succeeding scholars from Karl Deichgräber to Aldo Marsili used Helmreich's work in producing papers, translations, and new editions of the *Compositiones*. In 1983, however, Sergio Sconocchia, using the newly discovered sixteenth-century Toledo code rather than the edition of Ruelle, which was based on several imperfect and sometimes contaminated manuscripts, published the new Teubner Scribonius. It is this text of Sconocchia on which our translation (and that of Hamilton as well) is based.

Translation

Scribonius Largus: *Compositiones*

Scribonius opens in the usual manner with a salutation to his patron Gaius Julius Callistus.⁹

Herophilus, who was once considered to rank among the greatest physicians, is reported to have said—with good reason, I believe—that drugs are the hands of the gods; the use of drugs that have been perfected through testing, after all, can produce the same kind of results of which divine influence is capable. During my own searches among the works and disputes of the more distinguished physicians for methods of treatment for my patients, I have often discovered otherwise humble men who have gained importance because of their experience. Unfortunately, I have also come across men who, to their shame, have no ties to the discipline of medicine, yet manage to free their patients from pain and danger simply by administering an effective drug: it seems to be the work of some god! For this reason, those who attempt to diminish medicine by using drugs—calling what they do *medicine* not because they actually heal but because of the imagined power and efficacy of those drugs—ought to be despised. On the other hand, those who are simply eager to help their patients in every possible way should be applauded.¹⁰ Certainly, I myself have sought to win great honor of science by the fruitful use of the drugs I have given, the same honor which many other men have

attained by that means. This area of medicine, in fact, is the most important and, therefore, it was the first to be practiced and celebrated—if it is indeed true that the ancients cured their illnesses with herbs and roots. Even from its very beginnings, the human race in its timidity distrusted the iron and fire of cauterization. Nowadays, many men, although still not all, do turn to the latter expedient; yet, unless great necessity and fear for their health impels them, men tend to avoid things that they could barely tolerate even when healthy. I do not know, therefore, why some physicians refuse to use drugs to heal, unless they are thus displaying their ignorance of their craft. If, indeed, they have no experience of this type of remedy, then they are justly condemned for neglecting to learn so vital an area of their art. If, on the other hand, they have experienced the utility of drugs, yet still reject their use, they are all the more culpable because they are subject to bias, an evil that should be despised in every living creature, especially physicians. All gods and men should hate the doctor whose heart lacks compassion and the spirit of human kindness. These very qualities, after all, preclude the physician, bound by the sacred oath of medicine, from giving a harmful drug even to an enemy—yet the physician will attack that same enemy, when occasion demands, in his role as a soldier and good citizen. Medicine, however, does not measure a man's worth according to his wealth or character, but freely offers its help to all who seek it, and never threatens to harm anyone.

Hippocrates, the founder of our calling, transmitted the beginnings of this discipline in the form of our sworn oath, which ordains that no physician should give, or even show, an abortifacient drug to a pregnant woman. In this way, Hippocrates long ago prepared his students' hearts and minds to learn humane feelings. How much more evil would this man, who thought it wrong to destroy even the tenuous possibility of a man, judge the harming of a living human being! In truth, he believed it to be of the utmost importance that each and every physician preserve the name and honor of medicine by working conscientiously, even reverently, in accordance with the maxim which he himself set down: "Medicine is the science of healing, not of harming." If, while aiding the suffering, the doctor does not concentrate his whole being on following this ideal in every way, then he does not truly practice the compassion he promises. Those men who either cannot, or do not, wish to help the afflicted, therefore, should cease to discourage others by denying that powerful drugs can frequently offer the sick much-needed aid. The true doctor uses medicine to succor the sick in a series of specific steps. He should first try to heal his patients by giving them food, in a calculated

amount over a suitable period of time. If the sick man does not respond to this treatment, then the physician should turn to the power of drugs, which are more potent and, thus, more effective than food. Only when the disease does not yield to these cures, should the physician perforce turn to surgery or, as a last resort, cauterization.

But surely, Asclepiades,¹¹ the greatest proponent of medicine, denied that drugs should be given to the ill! Such is the fiction certain men still use to support their argument against drugs. Even if it is true, I could yet say that Asclepiades provided for what he had experienced. Perhaps he did not carefully consider this particular area of medicine. He was, after all, a man and, in this matter at least, did not conduct himself very favorably. No one can deter me when I see something so clearly manifested. What more can I say, therefore, about those men who so shamelessly contrive such claims than that they commit a crime tantamount to patricide and sacrilege. Certainly Asclepiades did state that drugs should not be given to patients suffering from fevers or from that illness that the Greeks call "severe suffering" (ὄξεία πάθη). He felt that food and wine given at suitable intervals would more safely cure them. In his book *Parasceuasticon*, or "Preparations," however, he contends that the doctor who does not possess two or three tested compounds for each type of illness, which he can prepare at a moment's notice, should be employed only as a last resort. Thus does Asclepiades denigrate the use of drugs: if a doctor does not have various drugs, compounded for each type of illness, at hand, the great physician considers him unworthy of the vocation of medicine! Yet the negligence of certain men, who are doctors in name only, has caused widespread license. For this reason, no man should entrust himself and his family to any doctor whom he has not carefully judged. Certainly, he would never consider allowing any untested artist to paint his portrait. All people, however, have exact weights and measures, so that no mistakes will occur in the less important areas of life. They are not so careful of their health, but value all things at a higher price than they do their lives. Thus, not all aspiring physicians need study seriously or at all; some are not only ignorant of the ancient founders who shaped and perfected their professional abilities. They even dare to devise false teachings about them. When there is no careful selection process, but instead good and bad men are given equal consideration, regard for discipline and principle is lost. Each man pursues with greater vigor that which he can attain without labor, but which yet seems useful and capable of maintaining his dignity.¹² Thus, every man practices medicine in whatever way he wishes, nor can those who choose charlatanry be diverted from their course. The very size of the field of medicine allows

everyone free rein. Many men, therefore, although they may have full knowledge of but one area of medicine, yet possess the name and reputation of the true doctor. We judged, nevertheless, that from the beginning we followed the right course—in so far as anyone can—when we chose to believe that nothing is more important than the skill as a whole. For, moved not so much by our desire for glory as by our empathy for the art itself, we trusted that we could obtain true good from it. To be capable of protecting or restoring someone's good health, seemed, for us, a great, almost divine, achievement. And so, as with other aspects of the discipline, we eagerly followed up that whose virtue the use of drugs demonstrates, particularly since we daily observed its successes and, despite the disbelief of the majority, we could display them, from time to time, in practice.

Do I truly need to give you, Callistus, further proof that drugs have a necessary use? You have asked me for certain compounds because you already understand their efficacy. Mindful of the kindness and brilliance that you have shown to all men, particularly to me, I have gathered into this book not only those compounds that you specifically requested, but also any others I had at hand. I am eager to repay somehow those kindnesses that you have so often shown me, both in the past and more recently, kindnesses that you have now compounded. After you yourself had read them and given me your opinion, you handed my writings on Latin medicine, control of which I entrusted to you, to our divine Caesar. I, for the most part, bow to your judgment. With your extraordinary generosity toward me, you sheltered my work's reputation under the aegis of your great name, not simply with words but by the very fact that you approved it. Indeed, when you praised this work, dedicating it with your noble hands, you faced as much risk through that judgment as did I through my pen. I readily acknowledge, therefore, that I owe you unique thanks, not only because you so warmly fulfilled my wishes before you were even asked, but also because your favor won me swift reward for and enjoyment of my labors. Forgive me, however, if you find these compounds few and incomplete: we are, as you know, abroad and the necessary number of books has yet to follow us. Later, if you wish, I will collect more remedies for each disease. It is necessary to have a large number for certain remedies are only suitable for certain people. All remedies are not suitable for all since their bodies differ. I will start from the head, which holds the highest and the most important place when action is needed. I will take care to place the uncompounded remedies first. They are often more effective than those compounded of many ingredients. It is like the number of denarii and Greek drachmae in a Roman

pound. For us a pound contains eighty-four denarii but remains a pound no matter how many drachmae it comes to for the Greeks. I have listed first and marked by number those diseases for which remedies were requested and appropriate so that readers can easily find what they want. Then I listed the names and weights of the drugs compounded for each disease to which they apply.

Commentary on the Text

Scribonius's Latin is somewhat awkward and unpolished, prompting the belief that he first wrote the *Compositiones* in Greek and later translated parts of it into Latin. But his use of some very important words was in close accord with the usage of his contemporaries. These few words are particularly significant because they reveal an underlying philosophy of medicine and medical ethics that is singularly humanistic.

Professio originally meant "a declaration of intent," especially a formal declaration before a magistrate. It is so used in writings from Cicero to Tacitus and Quintilian. In Scribonius's meaning of "one's occupation," it is first found in the Tiberian historian Vellius Paterculus and then in writers such as Celsus, Ulpian, and Suetonius, all of whom were Scribonius's contemporaries or successors.¹³

Scribonius's use of *humanitas* and *misericordia*—respectively "humane feeling and kindness" and "compassion"—is common to many authors of the Golden Age (ca. 60 B.C.–14 A.D.). *Humanitas* appears in the anonymous *Rhetorica ad Herennium*, in Cicero, in Caesar, and in the writers of the second and third centuries A.D. For all of them, *humanitas* is "that quality by which man is distinguished from the beasts."

The same classical precedents apply to *misericordia*, for it can be found in Plautus, Terence, Cicero, Seneca, and Tacitus, among others.¹⁴ Thus, despite his lack of style, Scribonius's use of these Latin words is consistent with usage of the best authors of his time. These words carry nuances of meaning of particular significance for his humanistic philosophy of medical ethics.

We should, however, distinguish Scribonius's use of *misericordia* from Seneca's use. Writing a decade after Scribonius, Seneca (5 B.C.–65 A.D.) equates the word with "pity," a "mental defect" that "blunts" the mind, interfering with discernment of facts, good judgment, justice, and prudence.¹⁵ Yet these are the very qualities Scribonius would want in the physician. His usage, therefore, suggests not pity in Seneca's sense but

"empathy" and "compassion" combined with "rationality and humane-ness."

In the same way, Scribonius's use of *sacramentum* conforms to usage by his literary contemporaries. *Sacramentum* was at first the legalistic term for "an oath made to support a claim in court," and was so used by Cicero, Varro, and Gaius. In Cicero's *De Officiis*, Caesar's *De Bello Gallico*, the *Res Gestae* of Augustus, or Pliny's letters, it was a purely military oath. *Sacramentum* came to refer to a "solemn obligation" in the first century A.D. The *Oxford Latin Dictionary* cites Petronius's *Satyricon* (written during the reign of Nero) as the first literary appearance of *sacramentum* with this meaning. It seems likely that Scribonius was using this word in the same sense as his literary contemporaries.¹⁶

John Scarborough has warned of the difficulties of any research into Roman medicine—the fragmentary texts, their uncertain provenance, the difficulties of finding contemporary equivalents for Latin words, and the paucity of translations and commentaries on medical texts.¹⁷ Gilbert Murray points out, in addition, that in the Greco-Roman world books were viewed differently than they are in our own. They were intended more as mnemonic aids to conversation rather than as works to be read. Thus, textual criticism and interpretation put ancient books to tests most were not expected to meet.¹⁸

Any interpretation of Scribonius's text is beset with all of these difficulties and is further complicated by the structure of some of his sentences. Nevertheless, as Edelstein so clearly demonstrated, certain conclusions about Scribonius's moral philosophy can be safely gleaned from the available text.

Although the body of the *Compositiones* is yet to be translated into English, it has an intrinsic interest as evidence of the kind of therapeutic armamentarium available to the Roman physician. The remedies range from the barely rational to the outrageously fanciful. It is filled with fascinating prescriptions, such as electroshock by the torpedo fish to cure headaches or gladiator's liver for hemoptysis. Scribonius was mistaken about the use of tourniquets and perhaps over-enchanted with the use of even legitimate drugs.¹⁹ Yet intermingled with the oddities are some very rational elements: the first description of the preparation of opium extract, a defense of the proper use of effective drugs, denunciations of superstition and magical remedies, and drug usage based on experience and observation of effects. How much of his compendium Scribonius or his contemporaries actually used we do not know. Nevertheless, the bizarre therapeutics must not alienate us from the lofty medical morality of the preface.

Commentary on Ethical Content

In that preface, Scribonius's purpose is to justify the use of drugs against those who eschewed their use. In his time, these were the followers (or misinterpreters) of Asclepiades who preferred diet, baths, and exercise, and had a parsimonious or even nihilistic attitude toward the use of drugs. Against this view, Scribonius contends that drugs should be used when necessary, and that to withhold them is to do an injustice to the patient and to be unfaithful to the physician's primary obligation, which is to help the sick by all legitimate means.

Scribonius argues his case on grounds of professional morality, especially the obligation of beneficence, and its intrinsic connection with the nature of a physician's activities. The key words in his argument are *professio*, *misericordia*, *humanitas*, and *sacramentum*. We have noted their philological significance above. They had their origins in Stoic moral philosophy and complement, even as they offer a contrast to, Hippocratic conceptions of profession and medical beneficence.

Scribonius pays proper tribute to the founder of medicine, writing that the Hippocratic Oath prepared the profession for *humanitas*—"human kindness," or "compassion." His reference to the Oath, apparently the first in any Latin text, uses the Oath in an interesting way. Scribonius takes the Hippocratic proscription against abortion as evidence for the acute sensitivity to compassion. Indeed, compassion becomes an explicit moral obligation that the physician ought to manifest in every medical act or cease to be a physician at all. Compassion is, in fact, role-specific, since it is required of physicians but not of soldiers. Nor is it required of physicians when they are not serving as physicians but acting as citizens in defense of their countries.²⁰ This is a very critical point for the Roman citizen who was expected to fulfill his obligations to his state and fellow citizens despite his private beliefs. To say that the obligation to compassion supercedes this civil duty is—for a Roman—high praise indeed.

In fact, the physician's "profession" is a promise of compassionate beneficence, a *sacramentum* that he is morally obliged to respect.²¹ This promise is what unites physicians as a special group. This profession is so holy that when he defaults on it, the physician is to be condemned by gods as well as by men. Being a member of the profession is more than a mastery of a *technē*, therefore, in the Greek sense of "an art or craft." It is also a way of life to which one publicly and voluntarily commits himself. Medicine calls for a concentration of one's whole being. It does not discriminate among patients because it "does not measure a man's worth according to his wealth or character, but freely offers its help to all who seek it."

To be faithful to Hippocrates, Scribonius calls for an uncompromising dedication to medicine as an art of healing and not harming. In Scribonius's own words—*scientia enim sanandi non nocendi est medicina*—"the prime end of medicine is healing"; to harm the patient in any way is to violate the physician's reason for being. But Scribonius goes well beyond non-maleficence, which is the lowest level of beneficence. He says the doctor must concentrate his whole being on the relief of suffering. The physician who does not, or will not, offer compassion (*miser cordia*) should not practice medicine at all, since compassionate healing is the primary end of medicine. Nor is it defensible for those who deny the utility of drugs to discourage their use by those who are dedicated to healing. Scribonius thus demands a positive view of beneficence—one must do good and even at some risk to his own self-interest.

The profession of medicine demands an effacement of self-interest since the physician must not have money or glory as his primary motivation. Moreover, medicine requires that the physician be a virtuous person since physicians have great freedom and may practice as they wish. Scribonius even alerts patients and their families to scrutinize the character of their physicians since they must entrust themselves to their care and are dependent upon their integrity and competence.

Taken together, these elements of Scribonius's moral code may justifiably be called humanistic. His is a virtue-based, role-specific, deontologic ethic. Scribonius is explicit in his exhortation on behalf of the humanity of the person who is ill. He makes compassionate healing the specific moral aim of medicine. He subordinates the physician's self-interest to the interests of his patients. Scribonius thus enriches and deepens the Hippocratic concept of *philanthropia*. The aim of medicine is always healing. The vulnerability and exploitability of the patient are always part of being sick. Thus, Scribonius's conception of medicine as an enterprise of compassion, joined to competence and a good character, has a significance beyond his own time and place.

Stoic Origins of Scribonius's Medical Humanism

Rome in the first century A.D. and Roman medicine, itself, seem among the most unlikely places to nurture the kind of ethical and humanistic sentiments expressed by Scribonius. The city and the empire had just been relieved of its grosser atrocities by the death of Caligula. It had yet to be assaulted by Nero's special brand of madness.

Roman medicine was in a no less parlous state. It was beset by a

multitude of charlatans and incompetent itinerants marketing a mixture of magic and empiricism, combined with remnants of Hippocratic medicine. When they were ill, Romans first turned to superstition and their tradition of homespun medicine. Then they consulted their Greek physicians. Neither the science nor the ethics of Roman medicine would seem to be congenial soil for Scribonius's lofty doctrines.

Yet, one of the paradoxes of this complex period of history is the influence—at least on educated Romans, their thinkers, politicians, and writers—of the demanding moral philosophy of the middle Stoa. The most influential Stoic philosopher for the Romans was Panaetius of Rhodes (185–110/9 B.C.).²² He introduced Stoicism to Rome in the second century B.C. through his influence on Scipio the Younger, Laelius, and Q. Mucius Scaevola. His greatest disciple was Poseidonius of Apamea (135–51 B.C.), whose lectures Cicero attended in Rhodes in 78 B.C. Panaetius made significant changes in the moral philosophy of the old Stoa. He gave it a more practical turn, making its duties more specific to everyday life and, indeed, relating them to the several roles each of us plays. Most important for the dominant spirit of Scribonius's work is the fact that Panaetius also placed stronger emphasis than his predecessors on the duties of generosity and humaneness. He is usually credited with softening the harshness of the ancient Stoa and with introducing its humanistic strain.²³

This turn to the human and the practical was most congenial to the Roman mind. Stoicism became Romanized to some extent by its emphasis on the old virtues of courage, justice, temperance, honesty, and benevolence, and on the solidarity of family ties. This Romanized moral philosophy of the middle Stoa was the basis for Cicero's treatise on morals, *De Officiis*,²⁴ a work that seems most likely to have provided, through the writings of Seneca, a contemporary of Scribonius, the Stoic substratum for Scribonius's medical moral philosophy.

Cicero's last work, *De Officiis* was written sometime between 46 and 43 B.C. for the edification of his son, Marcus. By the time Scribonius wrote his *Compositiones* one hundred years later, *De Officiis* had already become a classic in the Roman world. Some have suggested that Cicero's work is nothing more than a paraphrase or translation of Panaetius. Cicero, however, wrote that this is not so but that he has taken from Panaetius what is most reasonable while emphasizing a topic Panaetius did not cover adequately, the conflict of duties and their resolution. This is a particularly important point since so much of ethics is indeed the resolution of conflicts of obligation rather than a choice between absolute good or evil.²⁵

Cicero's work touches only tangentially on medicine. On one occasion he recognizes medicine as a useful role worthy of a gentleman.²⁶ In another place, he labels *inhumanus*—"inhuman," "unfeeling"—a doctor who would hold his patient to a promise not to use a remedy more than once.²⁷ He thus shows himself sensitive to the special plight of the ill person. It is less what Cicero says about medicine than his general philosophy of duty, promise-keeping, and conflicts of obligation that is most important for Scribonius's medical ethics.

Cicero's treatise speaks of the classical virtues: wisdom, justice, courage, and restraint, decorum, or temperance. These virtues are based in the idea of *humanitas*. Humans differ from animals, because rationality gives humans the capacity to choose and to make those choices known in speech. For the Stoic moralist, these are the most distinctively human qualities. They constitute the common bond that binds all humanity together.²⁸ They are the source of the obligations we owe to each other. Cicero devotes much attention to the nature of oaths and promises, the sacredness of good faith and trust, the relationship of morality to our roles in life, the superiority of morality over exigency, financial gain, business advantage, and even over law.²⁹ He uses practical examples from Roman life and history to illustrate these points in a concrete way.

One quotation will illustrate the emphasis Cicero puts on keeping promises—keeping one's profession of faith:

But in the taking of an oath we ought to bear in mind not so much the consequences of breaking it as the obligations we have brought upon ourselves: for an oath is a sacred declaration. A solemn promise should be considered as being made before a god as witness and is therefore to be kept. Its fulfilment should be considered not in the light of non-existent divine anger, but of justice and good faith.³⁰

Accordingly, the physician's profession is a promise to help, to serve the humanity of his patient with compassion (*misericordia*). It is, therefore, a solemn and sacred oath, and this is the way Scribonius interpreted it.

There are many other features of Cicero's Stoic philosophy that are applicable to medical ethics, for example, his emphasis on the virtue that should characterize a good person, no matter what his profession, the repeated assertions of morality over expediency, whether in business, private life or public life, and the concept of duties owed those who are dependent upon us.³¹ It is not our purpose to comment on the whole of Cicero's text but only to cite it as evidence of a very likely source of Scribonius's humanistic medical ethics.

The Roman Stoic idea of *humanitas*, according to Bruno Snell, was different from the Greek concept of *philanthropia*.³² Snell demonstrates that *philanthropia* was, for the Greeks, a feeling of solidarity of all men as short-lived and frail subjects of fate. A helpless person as a fellow human merited consideration by that fact alone. A conqueror like Cyrus does nothing wrong if he takes his foes' property. But if he leaves them something, he shows *philanthropia*. *Philanthropia* is a restraint, and a hospitality beyond legal behavior.

The Ciceronian notion of *humanitas* was exceeded in beneficence only by the Christian notions of *agape* and *caritas*. These virtues were based on the obligation of Christians to follow the example of the Beatitudes and the Sermon on the Mount. The early date of Scribonius's work makes Christian influences improbable, although we know that in later centuries Stoicism and Christianity did influence each other.³³

Amundsen and Ferngren, in an admirable review of the notion of philanthropy in medicine, take note of the special meaning of the term *humanitas*.³⁴ They compare and contrast the meanings of *philanthropia* as used in Hippocrates', Galen's, and Scribonius's works. We agree with these authors that Scribonius's use suggests a deeper feeling of compassion than we find in Hippocrates or other authors in earlier Roman medicine. Scribonius sees compassion as intrinsic to what it is to be a physician, as did Galen later. This is crucial to our own conception of the philosophical foundations for medical ethics.³⁵ We agree with Amundsen and Ferngren that even Scribonius's notion of *humanitas* is different from the Christian notion of *agape* and *caritas*.³⁶

The ethical principles we find in Scribonius are based in an evolution of Greek *philanthropia*, as exemplified in the Hippocratic ethic, and Roman *humanitas*, as exemplified in Cicero. These two concepts provide a solid basis for a humanistic ethic—one that sees the essence of the physician-patient relationship in a promise that the physician will serve beyond self-interest. It is a sacred promise that invites trust and, therefore, imposes a sacred obligation of fulfillment. It is, in fact, a covenantal promise—not a contract.

The Stoic philosophy and the medical ethical imperatives derived from it by Scribonius are virtue-based. Virtue-based ethics is the oldest ethical theory. It emphasizes the kind of person the physician should be rather than the resolution of complex medical ethical dilemmas. It is at the foundation of the Hippocratic ethic and the ethic of Thomas Percival (1740–1804), whose own work was used so extensively in drafting the American Medical Association's first code of ethics.

Scribonius's ethic is authentically humanistic in the best sense of that belabored term. It is based in the humanity of both the physician and the patient, and in the special kind of human relationship that binds physician and patient to one another. It places the source of the physician's obligations on the dependent and afflicted humanity of the person who is ill.

To opt for a virtue-based ethic is not to deny the utility or importance of ethical analysis and clarification that dominate Anglo-American medical ethics. But, when all is said and done, the patient is dependent upon the character, the trustworthiness, the moral sensitivity, and the resources of the physician. This is understandably difficult to accept in an egalitarian and democratic age, but is ultimately inescapable.

NOTES

1. William Osler, *The Old Humanities and the New Science* (Boston: Houghton Mifflin, 1920), 63–64.

2. Ludwig Edelstein, "The Professional Ethics of the Greek Physician," in *Ancient Medicine: Selected Papers of Ludwig Edelstein*, ed. Owsei Temkin and C. Lilian Temkin (Baltimore: Johns Hopkins Press, 1967), 319–48.

3. See Georg Helmreich, ed., *Scribonii Largi Compositiones* (Leipzig: Teubner, 1887); Karl Deichgräber, "Professio medici: Zum Vorwort des Scribonius Largus," *Abhandlungen Akademie der Wissenschaften und der Literatur im Mainz, Geistes und Sozialwissenschaftliche Klasse* 9 (1950): 856–57; and Julius Hirschberg, *Vorlesungen über Hippokratische Heilkunde* (Leipzig: G. Thieme, 1922), cited by Edelstein, "Professional Ethics."

4. See Edmund D. Pellegrino, "Toward a Reconstruction of Medical Morality: The Primacy of the Act of Profession and the Fact of Illness," *Journal of Medicine and Philosophy* 4 (March 1979): 32–56; and Edmund D. Pellegrino and David C. Thomasma, *A Philosophical Basis of Medical Practice: Toward a Philosophy and Ethic of the Healing Professions* (New York: Oxford University Press, 1981).

5. J. S. Hamilton, "Scribonius Largus on the Medical Profession," *Bulletin of the History of Medicine* 60 (Summer 1986): 209–16.

6. See T. Clifford Allbutt, *Greek Medicine in Rome* (London: Macmillan, 1921), 371–72; Paul Jourdan, "Notes de critique verbale sur Scribonius Largus," *Revue de Philologie* 42 (1918): 170–75; Pauly-Wissowa, *Real Encyclopadie der Classichen, Alter Wissenschaft*, 80 vols., ed. J. B. Metziersche (Stuttgart, 1893); and Sergio Sconocchia, ed., *Scribonii Largi Compositiones* (Leipzig: Teubner, 1983).

7. John Scarborough, *Roman Medicine* (Ithaca, N.Y.: Cornell University Press, 1969), 55–65.

8. Our account of the provenance of the text is taken from Sconocchia's "Praefatio," viii–x.

9. G. Julius Callistus was one of the four influential freedmen whom the emperor Claudius appointed to run the increasingly complex bureaucracy of the Roman state. Along with his colleagues Pallas, Narcissus, and Polybius, Callistus controlled all access to the emperor. As secretary, *a libellis*, he oversaw the emperor's private correspondence and all petitions. It was in this capacity that he approached Scribonius and commissioned the *Compositiones*.

10. There is some dispute over the meaning of this sentence. J. S. Hamilton, in his recent translation of Scribonius, prefers to take *probandi* as meaning "tested" or "proved," referring to the same subject as *spernendi*. We believe, however, that the following *autem* and the parallel passive periphrastics *spernendi* and *probandi*, as well as the general context, create a contrast between two separate subjects. We have thus translated *probandi* as "approved" or "applauded" to counterbalance "scorned" (*spernendi*).

11. Asclepiades was the scion of an old and distinguished Pergamese family long connected with medicine. Inscriptions indicate that this family had held a hereditary priesthood of the healer god Asklepios, from as early as the fourth century B.C. He was born circa 130–124 B.C. and came to Rome in 91 B.C.—see Allbutt, 177–91.

12. *Dignitas*, the most important possession a Roman could have, contained all the ideas of worth, honor, glory, and reputation. To maintain it, most Romans would make any sacrifice. It was in defense of his *dignitas* that Caesar crossed the Rubicon in 49 B.C. and began the civil war with Pompeius Magnus. Here, Scribonius seems to suggest that for the physician, at least when practicing medicine, even *dignitas* must take second place to *humanitas*.

13. *Oxford Latin Dictionary*, s.v. "*professio*."

14. *Ibid.*, s.v. "*miser cordia*."

15. Seneca, *De Clementia*, bk. 2, sec. 4, in *Moral Essays*, trans. John W. Basore, 3 vols., Loeb Classical Library (Cambridge: Harvard University Press, 1958), 1:437–39.

16. *Oxford Latin Dictionary*, s.v. "*sacramentum*."

17. Scarborough, 162–67.

18. G. G. A. Murray, "Prolegomena to the Study of Greek Literature," in *Greek Studies* (Oxford, 1946), cited in Arnold J. Toynbee, *Civilization on Trial* (New York: Oxford University Press, 1948), 42.

19. Guido Majno, *The Healing Hand: Man and Wound in the Ancient World* (Cambridge: Harvard University Press, 1975), 404.

20. See Teo Forcht Dag, "Medical Ethics and the Problem of Role Ambiguity in Mikhail Bulgakov's 'The Murderer' and Pearl S. Buck's 'The Enemy,'" which addresses this very conflict, in this volume, pages 107–22.—ED.

21. We still recognize the special nature of the *professio*—the public declaration of commitment to a certain way of life—when we administer an oath (Hippocratic or some other version) at medical commencements. Conferral of the degree is, therefore, not the authentic entry into the "profession." Rather, it is the taking of a voluntary Oath of Commitment, the promise to use professional competence for the benefit of the sick. Some who take and administer the Oath may take it as merely symbolic, but the audience and the public take it as a serious promise of service.

22. See J. M. Rist, *Stoic Philosophy* (Cambridge: Cambridge University Press, 1969), especially chap. 10, "The Innovations of Panaetius," 173–200, and chap. 11, "The Imprint of Poseidonius," 201–18; Émile Bréhier, *The Hellenistic and Roman Age*, trans. Wade Baskin (Chicago: University of Chicago Press, 1965), 127–35; Ludwig Edelstein, *The Meaning of Stoicism* (Cambridge: Harvard University Press, 1966); and Peter Green, *Essays in Antiquity* (Cleveland and New York: World Publishing, 1960), especially chap. 4, "The Garden and the Porch: Stoics and Epicureans," 74–95.

23. See Rist, 173–200; and Giovanni Reale, *A History of Ancient Philosophy: 3. The Systems of the Hellenistic Age*, ed. and trans. John R. Catan (Albany: State University of New York Press, 1985), 296.

24. *Cicero on Moral Obligation: A New Translation of Cicero's "De Officiis,"* with introduction and notes by John Higginbotham (Berkeley: University of California Press, 1967).

25. *Ibid.*, bk. 2, sec. 60; and bk. 3, sec. 7–9.

26. *Ibid.*, bk. 1, sec. 151.

27. *Ibid.*, bk. 3, sec. 92.

28. Ibid., bk. 1, sec. 50.

29. Ibid., bk. 3, sec. 46–72.

30. Ibid., bk. 3, sec. 104.

31. An example of the last point is Cicero's approving citation of Hecato of Rhodes, who stated that a ship did not belong to its owners but to the passengers until they arrived at their destination. Ibid., bk. 3, sec. 89.

32. Bruno Snell, *The Discovery of the Mind: The Greek Origins of European Thought*, trans. T. G. Rosenmeyer (Cambridge: Harvard University Press, 1953), 246–63.

33. G. Verbeke, *The Presence of Stoicism in Medieval Thought* (Washington, D.C.: Catholic University of America Press, 1983).

34. Darrell W. Amundsen and Gary B. Ferngren, "Evolution of the Physician-Patient Relationship, Antiquity through the Renaissance," in *The Clinical Encounter*, ed. Earl Shelp (Dordrecht, Holland: Reidel, 1983), 26–29.

35. See Pellegrino and Thomasma.

36. E. D. Pellegrino, "Agape and Ethics: Some Reflections on Medical Morals from a Catholic Christian Perspective," in *Catholic Perspectives on Medical Morals: Foundational Issues*, Philosophy and Medicine Series (Dordrecht, Holland: Reidel), in press.