When the Emperor Wasn’t Divine: Patient-Doctor Interactions in Tacitus’ *Annals*

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Abstract

In his *Annals*, a sixteen book history of the Roman Empire, the Roman historian Tacitus includes four episodes of an emperor or a member of the imperial class interacting with a doctor. Although there has been much scholarly study of ancient medicine and physicians in Roman antiquity, as well as of Tacitus’ *Annals*, very little attention has been paid to these patient-doctor interactions in the *Annals*, despite the considerable sociopolitical, historical, and cultural implications inherent to medical interactions in Roman society, implications that can be used to elucidate Tacitus’ text. This thesis fills this gap in Tacitean scholarship by examining the effect that the social and political undertones of these four medical interactions have on Tacitus’ political history as a whole. In particular, I first examine Tacitus’ representation of imperial doctors as stereotypically Greek professionals, and what consequences that ethnic labeling has on his argument about foreign influence on the principate; namely, that Greek physicians are a manifestation of a Greek influence on imperial politics that Tacitus deems negative. Then, I turn to the amorphous and muddled power dynamics of these interactions, and the ways the physicians subvert and fulfill expectations for how Roman doctors should act. From this analysis, I conclude that Tacitus’ depiction of doctors is a thematic extension of his broader arguments surrounding the principate, and especially its susceptibility to foreign interference, and the unstable, contradictory nature of its authority.
Introduction

In 23 BC, Augustus Caesar became dangerously ill. While Rome’s first emperor was no stranger to poor health—he reportedly suffered from chronic illnesses his entire life (Suet. Aug. 81.1)—this episode was particularly severe. The historian Cassius Dio writes that Caesar, fearing for his life, went so far as to explicitly make preparations among the Senate and his inner circle for the inevitable transfer of power, stopping just short of overtly naming a successor (Cassius Dio 53.30.1–2). Only forty years old, and having just emerged victorious from several years of intense civil war, his death would be devastating to a Roman state that had only recently regained some sense of stability following decades of violent unrest as the Republic collapsed. The nascent principate—barely five years old in 23 BC—seemed about to end almost as soon as it had begun.

Augustus, however, did not die, but recovered his health through the help of his personal physician, Antonius Musa. Musa, pioneering a medically unorthodox and potentially dangerous treatment, prescribed for the princeps a series of cold hydrotherapies (53.30.3). This cure worked, and Augustus went on to command Rome for an additional 37 years, longer by far than any subsequent emperor. The reward for his doctor was both generous and socially consequential, affecting not just Musa, but also the status of the medical profession in the empire as a whole: Musa received significant sums of money from the Senate, a gold ring—normally a symbol reserved for citizens, not freedmen like Musa—and tax exemption for himself and for other physicians in the empire, a policy that future emperors maintained (53.30.3). The princeps,
clearly, was grateful for his health and ascribed his recovery, in large part, to the knowledge and intervention of his *medicus*.

Some decades later, according to the historian and senator Cornelius Tacitus (AD 56-120) in Book 12 of his *Annals*, an interaction between physician and emperor of a far different nature occurred. In AD 54 Emperor Claudius survived—apparently unbenownst to him—an attempted assassination by his own wife Agrippina when she tried to poison his food. Not one to let her 63-year-old, third husband interfere with her political ambitions, Agrippina tried again, this time enlisting the help of Claudius’ personal physician Xenophon. The doctor, supposedly helping Claudius to vomit, stuck a poison-coated feather down his throat, killing him (Tac. *Ann.* 12.67). Claudius’ physician-assisted assassination brought an end to his thirteen years of relatively competent leadership, and ushered in the reign of Agrippina’s son Nero (12.68).

These moments raise important questions that extend far beyond the brief moments themselves. For Tacitus in particular, an author known for a brevity and economy of prose that avoids even a single superfluous word, to include such an interaction at all indicates a thoughtful and deliberate choice. The choice to include it becomes even more complicated when we realize that medical interactions in classical antiquity, especially at the elite level of society, involve many issues, including the incidence of illness in the imperial Roman elite, the social status and social mobility of physicians, the power dynamic between imperial physician and imperial patient, the institution of slavery in the Roman world, Roman xenophobia and attitudes towards foreigners, and epistemological concerns about the function of expertise and the specialization of knowledge in imperial society. Furthermore, the moments involving Augustus Caesar and

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1 In this thesis I use the terms *medicus*, doctor, physician, and medical professional/practitioner relatively interchangeably. I include, however, some discussion on the limitations of these terms in an ancient context on pages 10–11.

2 This was, incidentally, not Agrippina’s first mariticide: Suetonius reports that she had murdered her second husband, Gaius Sallustius Passienu Crispus, some years earlier (Suet. *Pass.*). One wonders what fate any future husbands may have suffered if her son Nero had not gotten to her first.
Claudius are far from the only ones in the imperial Latin corpus that involve a depiction of the patient-doctor relationship in an elite context, and that involve some or all of these aforementioned issues. Patient-doctor interactions, and discussion of such interactions, abound in the writings of imperial Roman historians, biographers, poets, encyclopedists, politicians, and philosophers. Some of these—the historians Cassius Dio, Suetonius, and Tacitus—I have already introduced, but others include the encyclopedist Pliny the Elder, his nephew Pliny the Younger, the philosopher Seneca the Younger, and the poets Martial, and Horace. This thesis focuses primarily on Tacitus’ depictions of medical interactions in *Annals*, his sixteen-book history of the fifty years of the Roman principate following the death of Augustus, while also drawing on Suetonius’ *The Twelve Caesars*, and, to a lesser extent, Cassius Dio’s 80-book *Roman History* for historical context and rhetorical contrast.

Two factors motivate my focus on Tacitus’ *Annals*. First, Tacitus is one of our main sources about the early principate, and the *Annals*, published sometime in the AD 110s when Tacitus was about sixty and nearing the end of his life, offers some of the most detailed evidence surrounding the interactions between Julio-Claudian and Flavian emperors, their families, and physicians, interactions which are heavily ideologically-loaded. While the *Annals*—so called because it structures the historical narrative by year, although this was not its original title—was not the only work Tacitus penned, it provides the most instances of patient-doctor interactions of any of his publications. Second, and more importantly, although the *Annals* provides valuable information about elite patient-doctor relationships in the early empire, such interactions and the role they play in the text as a whole have largely been ignored by secondary scholarship on the

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4 Other notable works of Tacitus’ are an account of the Year of the Four Emperors and reigns of Vespasian and Domitian in the *Histories*, a biography of his father-in-law and governor of Britain in the eponymous *Agricola*, and an ethnography of the tribes of the province of Germania in *Germania*. 
subject. While the issues of imperial Roman physicians, patient-doctor interactions, and the reception of such interactions in non-medical Latin literature are incredibly rich topics about which there has been much academic study,⁵ and while Tacitean scholarship is an even more fertile field of scholarship that goes back centuries,⁶ little academic research has been done at the intersection of these two fronts. That is to say, little scholarly conversation exists surrounding patient-doctor interactions in Annals, and what does exist has not been attentive to the ways that patient-doctor interactions function in the wider context of this work, mentioning them only tangentially, and usually in the context of other examples of patient-doctor interactions from other sources, rather than as the primary framework in their own right.⁷ Furthermore, the scholars that do address physicians in Tacitus tend to divorce the patient-doctor interactions in Annals from broader considerations about how the text is functioning as a whole: namely, as an ideologically-driven analysis of the early principate and the first emperors of Rome. This thesis seeks to correct these discrepancies and focus on medical interactions in this text more systematically and thoroughly than they have been, by examining the ways that patient-doctor interactions are used to advance certain arguments that the author makes.

To some extent, this lack of focused scholarship on the doctor-patient relationship in Tacitus is to be expected. There is certainly much more evidence to be found regarding patient-doctor interactions in medical and scientific texts, like those of Aulus Celsus, Pliny the Elder, or Galen, or even philosophical texts like those of Cicero or Seneca the Younger, both of

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⁵ In particular, Nutton, Scarborough, Israelowich, Ferngren, and Amundsen.
⁶ In particular, Syme, Mellor, Kapust, Pagán, and Benario.
⁷ The only piece I have found that addresses medical anecdotes in Tacitus’ Annals within the text as a whole is Manfred Horstmanshoff’s “Ancient medicine between hope and fear: medicament, magic and poison in the Roman Empire.” This study examines poisonings in Annals, which, while adjacent to the topic of patient-doctor interactions, does not exclusively involve such interactions. I do draw on Horstmanshoff at a later point in this thesis, however, when discussing the limitations of modern delineations of medical professions on pages 10-11.
whom often use medical and physician imagery as political or philosophical metaphors.  

Moreover, there are not that many patient-doctor interactions in Tacitus’ *Annals*. There are only seven references to physicians in the sixteen books, four of which this thesis examines in depth. By analyzing such interactions, however, and the sociopolitical and cultural implications that they inevitably bring to the text, we can gain insights into the wider thematic apparatus at play in *Annals*, and how these medical interactions inform and exemplify such themes. To this end, the central question this thesis asks is: what function do these interactions, with all the sociocultural and political connotations therein, serve in the context of the work, and what wider arguments and themes in the text do they advance?

To answer this question, the first chapter begins with an overview of the state and perception of Roman medicine and medical professionals before and during the first decades of the principate, the time period that Tacitus’ *Annals* cover. This section draws on sources like John Scarborough’s *Roman Medicine*, the essays of Vivian Nutton, Ido Israelowich’s *Patients and Healers in the High Roman Empire*, essays from Georgia Irby’s *A Companion to Science, Technology, and Medicine in Ancient Greece and Rome*, and primary sources like Martial, Pliny the Elder, and Pliny the Younger, to situate medicine, medical practices, and medical practitioners, especially at the elite level of society, and set up the various social, political, and cultural dynamics that inform my reading of the medical interactions in *Annals*. The next chapters then turn to thematic interpretations of the interactions themselves, including the assassination of Claudius mentioned earlier, but also the assassination of Tiberius, the suicide of Seneca, and other moments that are not even strictly medical in nature but nonetheless include medical professionals acting in some capacity. The second chapter examines physician-patient

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interactions in the *Annals* as a Greek profession, and especially as a manifestation of Tacitus’ anti-Greek xenophobia. This chapter explores the implications of Greek medicine in the Roman imperial government, and the consequences such encounters have for Tacitus’ depiction of the principate, most notably through the pervasive theme of deception and the principate’s susceptibility to foreign interference. The third chapter addresses doctor-patient interactions as a locus of contested authority and ambiguous power dynamics. Throughout, I argue that the themes and considerations at play in the patient-doctor interactions Tacitus brings to the text are congruent with larger themes and considerations at play in the text as a whole, such as the deceptive influence of foreigners, and the unstable nature of power represented in the principate. These interactions, far from being isolated incidents Tacitus throws in merely to provide a provocative anecdote or poke fun at physicians, act as illustrative examples of the arguments he crafts.
Chapter 1: Physicians in Imperial Rome

By the time of the early empire, physicians occupied an ambiguous position in Roman society. This is due, in large part, to the great variability of social status inherent to the profession in the first century AD. Susan P. Mattern, in her essay “Physicians and the Roman Imperial Aristocracy,” writes that the category of physician as a profession in antiquity might range from “itinerant rural physicians and semiprofessional village physicians” to “slave-physicians in aristocratic or imperial households” serving members of the royal family.9 Similarly, John Scarborough notes that skilled doctors “commanded great prestige” even as the profession as a whole was met with skepticism and distrust.10 This distrust was not entirely unfounded, as many doctors, especially at the lower echelons of society, were poorly educated and unskilled.11 Furthermore, according to Molly Jones-Lewis in her chapter “Physicians and ‘Schools’,” doctors occupied a liminal space between “physical work (technē) and active engagement with creative mental processes (philosophia),” and thus had characteristics of both the working and elite classes.12 In a workforce that ranged from practitioners who were illiterate, to individuals like the second-century AD physician Galen, whose written corpus is the largest to survive from antiquity, a diversity of attitudes is to be expected.13 It is no understatement to say that medical professionals played a consequential role in Roman civic and political life, warts and all.

To complicate the issue further, the medical profession in imperial Rome was not well-defined. The Latin word medicus itself does not necessarily correspond conceptually, or exclusively, to our English words “physician” or “doctor.” Ido Israelowich, for example, notes

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9 Mattern 1999, 1.
11 Ibid., 102.
12 Jones-Lewis 2016, 389.
13 Scarborough 1969, 102.
that the category of healthcare professionals in imperial Rome could “includ[e] root cutters, gymnastic trainers, dream interpreters, pharmacologists, and priests.”14 While not all of these would be called medici, and each had their own Latin or Greek titles and vocabulary, the lines between them were not strictly delineated. All might play a part in a community’s healthcare system. Manfred Horstmanshoff, echoing Israelowich, cautions against a too-strict compartmentalization of medical professions, noting that “the differences between folk-medicine and learned medicine are vague” and that an individual practitioner may be considered by some to be a root-cutter (ῥιζοτόμος, which Horstmanshoff defines as someone “who collected, sold and administered vegetable medicines”) and by others a proper medicus or ἱατρός.15 As a consequence, when approaching the topic of ancient physicians and the dynamics of patient-doctor relationships, one must be careful to avoid introducing anachronistic associations to their interpretation of such relationships, but rather to analyze the relationships in the context in which they arose.

Moreover, the criteria by which one might be considered a medicus, and on what authority a physician’s credibility lay, were markedly different from those found in contemporary society. While medical reputation in a contemporary context is certainly not irrelevant or insubstantial, it is difficult to overstate just how important it was for ancient physician and ancient patient alike. In a society such as imperial Rome, which largely lacked formal medical education, training, licensure, and ethics oversight boards to provide legal safeguards for patients, a doctor’s reputation among patients was his de facto license and, consequently, the only authority he brought to his interactions with patients. Darrel Amundsen, for example, writes in his “Images of Physicians in Classical Times” that “the physician’s only

14 Israelowich 2015, 1.
15 Horstmanshoff 1999, 46.
credential was his reputation, and the protection of his reputation was of paramount concern to him,” and, as a result, Amundsen rather cynically argues, was what motivated ethical behavior towards patients. Vivian Nutton, in his essay “Lay Attitudes to medicine in classical antiquity,” takes this a step further and argues that a layperson’s assessment of a self-described physician was the ultimate determinant on whether or not a physician was, in fact, a physician at all: “doctors in classical antiquity played little or no part in deciding who was to be called a physician. In this the verdict of the layman was decisive.” How far exactly we take Nutton’s assertion is debatable, but it is clear that the ancient physician-patient relationship was based on a complex and rather amorphous reciprocal power dynamic, as the physician held power over the patient’s health and even life, but the patient also held power over the physician’s reputation and career.

An additional area where Roman medicine differs from contemporary definitions are Roman conceptions of science, religion, and the categorization of specialized knowledge. For modern observers, including laypeople with no medical training or knowledge, there is an intuitive connection between medicine and science: physicians are scientists, use the scientific method to diagnose illnesses, conduct peer-reviewed research, and undergo a rigorous education in fields like biology, chemistry, physics, and anatomy. Furthermore, many people, especially in a Western context, consider the role of religious, spiritual, or cultural beliefs and practices in healthcare to be limited. Some may make allowances for religion or spiritual practices as complements to modern medicine, or to provide psychological benefits, but a dichotomy is often drawn between religion and medicine, and even religion and science in general. Other commentators, subscribing to the conflict thesis despite it being, according to Colin Russell,

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16 Amundsen 1977, 647.
17 Nutton 1986, 27.
widely discredited among historians of science, take an even harder line and suggest religion and science are actively opposed to each other.\textsuperscript{18} 

For ancient physicians, and especially Romans, however, such modern paradigms are not applicable. Putting aside the fact that “science” and “religion” as epistemological categories are context-dependent even in a modern setting, Roman concepts of medicina and healthcare were more porous than 21st century ones. Israelowich gestures towards this with his inclusion of “dream-interpreters” and “priests” in his list of ancient healthcare professionals.\textsuperscript{19} One of the most salient aspects of Roman medicine, furthermore, was its inherent syncretism that combined traditional Roman folk medicine with imported Greek practices. Traditional Roman medicine, Molly Jones-Lewis writes, idealized the role of the rustic paterfamilias as the primary healthcare provider for Roman families, since the male head of the household was expected to use his knowledge of herbal remedies and magical chants to treat illness.\textsuperscript{20} Conversely, the Greek medicine that was most famously—although likely apocryphally—conceptualized by Hippocrates in the fifth century BC prioritized a “rationalizing approach to the human body” based on observation, diagnosis, and prognosis.\textsuperscript{21} These two systems came into contact with each other under Roman imperialism, although not, as I explain below, without resistance, and both formed a part of Roman healthcare. Likewise, Scarborough argues, “we need to note the prodigious influence of magic and the traditional forms of religious medical practice upon both doctors and their patients,” and he goes on to say that most ancient physicians would have included dream interpretation, magic chants, and charms, along with the “rational elements of the Hippocratic ‘school’” as tools in their black doctor bag.\textsuperscript{22} Such practices, Scarborough affirms,

\textsuperscript{18} Russell 2002, 7. 
\textsuperscript{19} Israelowich 2015, 1. 
\textsuperscript{20} Jones-Lewis 2016, 391. 
\textsuperscript{21} Ibid., 388. 
\textsuperscript{22} Scarborough 1969, 135.
were performed as part of ancient medicine, not merely in concert with it or as a psychological placebo. As such, the use of magic, religion, and superstition in the context of ancient medicine did not render Roman medicine “unscientific,” but in fact constituted scientific thinking as the Romans conceived it.²³

As our survey of Roman medicine approaches the early years of the principate, the status of the doctor involves even more sociopolitical considerations. María Ángeles Alonso explains in “Greek Physicians in the Eyes of the Roman Elite (from the Republic to the 1st Century AD)” how the establishment of the Empire represented a critical development in the history of ancient medicine, as it put physicians in close “proximity to the imperial family,” where it became standard practice for the emperor to “have a personal doctor.”²⁴ By the early empire, most doctors practicing in Rome were Greek, and, consequently, not Roman citizens. Indeed, many were even enslaved, or were freedmen.²⁵ The Greek and servile associations inherent to physicians contributed to the ambivalent attitudes towards them on the part of elite Romans. The strong Hellenic bent of the medical profession in the empire, however, was not a recent development, but rather represents a consequence of a centuries-long process of assimilation of Greek and Roman medical systems, a process that had begun in the third century BC when the Romans conquered the Greeks, and that, as Ido Israelowich recounts, formed part of a larger dissemination of Greek culture, philosophy, and thought in the Roman Republic and Empire.²⁶ This process was not without some resistance and skepticism on the part of the highly conservative Romans, who both celebrated these cultural exchanges and also saw them as something of a threat to traditional Roman values and identity. Israelowich notes that Greek

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²³ Ibid.
²⁴ Ángeles Alonso 2018, 128.
²⁵ Nutton 1992, 38.
²⁶ Israelowich 2015, 14.
medicine “continued to be viewed as something foreign well into late antiquity,” but the Romans nevertheless recognized the necessity of involving Greek medical practices as part of its wider system of healing.\textsuperscript{27} As I shift focus from physicians in imperial Rome in general, to physicians in Tacitus in particular, all these aspects of the profession become especially relevant.

These considerations mean that the medical profession in imperial Rome provoked a complex interaction with the institution of the principate and with members of the upper classes of Roman society, the individuals who were most likely to rely on the expertise of physicians. While drawing on recent scholarly conversations to contextualize such relationships is critical, the attitudes towards doctors in primary source texts themselves are a particularly potent testament to this complexity. This thesis focuses on Tacitus’ \textit{Annals}, but it is helpful to briefly examine examples of patient-doctor relationships in other ancient authors, many of whom were contemporaneous to Tacitus, to contextualize the various sociopolitical and cultural overtones of his inclusion of physician interactions in the \textit{Annals}. We may, as an example, return to the interaction of Augustus Caesar and Antonius Musa with which this thesis opened. The accounts in Cassius Dio and Suetonius together paint a positive moment where a doctor’s expertise and successful treatment of his imperial patient are rewarded, as Mattern argues, with a significant degree of upward social mobility despite his freedman status.\textsuperscript{28} This is not the only example of a positive portrayal of physicians in the Latin corpus. We may also look towards the letters of Pliny the Younger, a contemporary and friend of both Tacitus and Suetonius,\textsuperscript{29} for additional moments where physicians are depicted in a laudatory light. In one letter, Pliny describes the bravery of the daughter of one of his friends as she succumbed to a terminal illness. He includes among her virtuous behaviors the fact that she followed her doctor’s instructions:

\begin{quote}
\text{Pliny exchanged personal letters with both Tacitus (e.g., 1.6) and Suetonius (1.18).}
\end{quote}

\textsuperscript{27} Ibid., 18.
\textsuperscript{28} Mattern 1999, 7.
\textsuperscript{29} Pliny exchanged personal letters with both Tacitus (e.g., 1.6) and Suetonius (1.18).
Qua illa temperantia, qua patientia, qua etiam constantia novissimam valetudinam tulit! Medicis obsequebatur, sororem patrem adhortabatur ipsamque se destitutam corporis viribus vigore animi sustinebat (Plin. Ep. 5.16.4). 

In another letter, Pliny warns his friends that, if he should become ill, they are not to give him anything unless prescribed by his physicians:

Spero quidem, si forte in adversam valetudinem incidero, nihil me desideraturum vel pudore vel paenitentia dignum; si tamen superaverit morbus, denuntio ne quid mihi detis, nisi permittentibus medicis, scias si dederitis ita vindicaturum, ut solent alii quae negantur (7.1.3).

On more than one occasion, Pliny petitions Emperor Trajan himself to grant citizenship to physicians with whose help Pliny recovered from illness (10.5. and 10.11). This was clearly a man who, like Augustus more than a century before, was not afraid to acknowledge and reward a competent medicus.

For every instance of a positive portrayal of medici in Roman texts, there are numerous authors that are less generous. One author who levels some of the harshest criticisms against Greek medicine is, ironically enough, Pliny the Younger’s uncle, Pliny the Elder, the prolific first-century scientist and encyclopedist who died in the eruption of Mount Vesuvius in AD 79 while assisting in a combined rescue operation and proto-volcanological study. When he was not busy running towards erupting volcanoes instead of away from them, Pliny wrote scientific texts, including his 37-book masterpiece, the Natural History. In this work, Pliny harshly criticizes

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30 “With such restraint, with such endurance, and even with such composure did she bear her most recent illness! She obeyed her doctors, encouraged her father and sister, and she maintained herself, her body weak in strength, by the vigor of her spirit.” All Greek and Latin translations offered here are my own, although I consult Cynthia Damon’s 2012 translation of Annals for reference. Original Latin and Greek texts for all primary sources are from Loeb volumes of the Loeb Classical Library series, a full list of which can be found in the bibliography.

31 “Indeed, I hope, if by chance I fall ill, I wouldn’t ask for anything worthy of shame or regret; if, however, the illness worsens, I forbid you from giving me anything unless my doctors allow it, and you know if you did I would punish you, as anyone would who is refused something.”
medical professionals, especially Greek medical professionals, as dangerous and ignorant quacks who profit off of the suffering of others, and face no legal repercussions for their malpractice:

> itaque, Hercules, in hac artium sola evenit ut cuicumque medicum se professo statim credatur, cum sit periculum in nullo mendacio maius. non tamen illud intuemur, adeo blanda est sperandi pro se cuique dulcedo. nulla praeterea lex quae puniat inscitiam capitalem, nullum exemplum vindictae. discunt periculis nostris et experimenta per mortes agunt, medicoque tantum hominem occidisse inpunitas summa est (Plin. NH 29.8.18).\(^{32}\)

At another point, Pliny complains that doctors are ignorant of the very pharmacology about which they claim to be experts, as they confuse medical drugs for poisonous ones, and then he criticizes the treatments and therapies that physicians prescribed, such as hot baths and emetics, even going so far as to claim that the social acceptance of Greek medicine was itself a moral failing of the state:

> ostentatio artis et portentosa scientiae venditatio manifesta est. ac ne ipsi quidem illa novere, conperique volgo pro cinnabari Indica in medicamenta minium addi inscitia nominis, quod esse venenum docebimus inter pigmenta. verum haec ad singulorum salutem pertinent, illa autem...perdidere imperii mores, illa quae sani patimur...balineae ardentis quibus persuasere in corporibus cibos coqui...potus deinde ieiunorum ac vomitiones et rursus perpotationes (29.8.26).\(^{33}\)

Doctors fare no better in poetry than they do in prose: the first-century poet Martial, for example, makes fun of doctors in a number of his epigrams. In one, he jokes that a friend’s wife is having

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\(^{32}\) “Consequently, by Hercules, in only this profession does it happen that whoever professes himself to be a doctor is immediately trusted, although there is no greater danger in any other lie. But we don’t consider it so, so great is the charm of believing it for each of us. There is no law that can punish their deadly negligence, no model for our defense. They train by our peril and conduct experiments through our deaths, and for doctors alone is there any impunity for killing people.”

\(^{33}\) “The pomp of their profession and showy display of their science is clear. And they don’t even know what they’re doing: I have discovered that, in general, instead of Indian cinnabar they add red lead to medicines—due to their ignorance of the terms—which, we will see, is poisonous. Indeed these things pertain to the health of individuals, but those things...destroy the morals of the empire, those things which we undergo when healthy...hot baths, by which they’ve persuaded us that our food is being digested in our bodies...and then drinks while fasting, and emetics, and then drinks again.”
an affair with her doctor, but her husband, despite being aware of the situation, allows it, knowing the doctor will kill him if he confronts his wife for her infidelity:

_Uxorem, Charideme, tuam scis ipse sinisque
A medico futui: vis sine febre mori_ (Mart. 6.31). 34

In another poem, a physician, Diaulus, changes careers from doctor to mortician, which, according to Martial, provoked no discernible change in his daily activity:

_Nuper erat medicus, nunc est vispillo Diaulus:
Quod vispillo facit, fecerat et medicus_ (1.47). 35

In yet another poem, Martial suggests that simply dreaming about a visit to the doctor was enough to kill his friend Andragoras:

_Lotus nobiscum est, hilaris cenavit, et idem
Inventus mane est mortuus Andragoras.
Tam subitae mortis causam, Faustine, requiris?
In somnis medicum viderat Hermocraten_ (6.53). 36

These are humorous exaggerations, of course, but they draw on tropes that would have been familiar enough to a Roman audience to prompt a laugh and illustrate how widespread such stereotypes were.

There was, furthermore, an entire genre of ancient pedagogical texts, declamations, in which doctors often appeared as stock characters. Declamations, according to Clark Gibson in “Doctors in Ancient Greek and Roman Rhetorical Education,” presented hypothetical legal scenarios to student rhetoricians and lawyers, in order to train them to quickly assess a mock legal situation and develop an articulate oral defense. 37 Doctors in these texts, while often

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34 “You know, Charideme, that your wife is being screwed by her doctor, and you allow it: you want to die without a fever.”
35 “Diaulus was recently a physician, and now is an undertaker: what he does as an undertaker, he even did as a doctor.”
36 “Andragoras bathed and dined with us cheerfully, and then was found dead in the morning. You ask, Faustinus, what was the cause of such a sudden death? He saw his doctor Hermocrates in a dream.”
37 Gibson 2013, 529.
portrayed as expert and self-sacrificing healers who played a vital role in their communities, also often assumed a “negative portrayal…confined mostly to accusations of poisoning,” and in doing so, declamations drew on existing stereotypes of physicians as dangerous criminals. From the examples of declamations, Martial’s poetry, and Pliny the Elder’s *Natural History*, we can see that negative portrayals of doctors were not confined to one author’s or a small group of authors’ mere prejudice or dislike, but had deep roots in Roman social mores. Furthermore, these depictions did not exist in isolation, nor were they inconsequential, as authors could leverage them for a variety of argumentative, rhetorical, or persuasive purposes. Accordingly, as we turn now to Tacitus’ *Annals*, we see that his portrayal of doctors brings to the text the various connotations outlined here. The difference, however, is that Tacitus leverages these connotations in order to exemplify specific arguments he makes about the institution of the principate and his own relationship to it.

38 Ibid., 530.
Chapter Two: Greek Physicians in *Annals*

In the opening paragraph of Book 1 of the *Annals*, Tacitus famously promises the reader that he offers an account of the history of the empire *sine ira et studio* (Tac. Ann. 1.1). It is up to the reader’s interpretation whether this is a bold claim to complete objectivity and impartiality, or a more measured assurance that he does not hold any personal hostility towards the individuals his history critiques. Regardless, it is well-known among Tacitean scholars that Tacitus is hardly an unbiased source. The exact contours of his bias are too multivalent to be comprehensively outlined here, but as an aristocratic senator in an autocratic government, Tacitus, writes Herbert Benario, “philosophically…could not be neutral.” Try as he might, Tacitus the Roman historian could never fully divorce himself from Tacitus the Roman politician or Tacitus the Roman aristocrat. The biases he exhibits, however, are not only political, but social, religious, cultural, and ethnic as well. Ronald Mellor, in his *Tacitus’ Annals*, observes that “the text of *Annals* is replete with Tacitus’...prejudices: his social snobbery toward lower orders, and especially his hostility to Greeks and other easterners.” Prejudice against Greeks appears in Tacitus’ depiction of physicians in *Annals*, as three out of the four physicians mentioned by name in *Annals* have Greek names, and their portrayals are largely negative, being associated with deception, adultery, conspiracy, and murder.

The first instance of a doctor-patient interaction in *Annals* occurs in Book 4, in the context of the rise to power of Sejanus, the prefect of the Praetorian Guard and Emperor Tiberius’ confidant (4.1). In AD 23, Sejanus, wishing to undermine the influence of Tiberius’ family and solidify his own power, seduced Livilla, the wife of Tiberius’ son Drusus, in the

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39 “Without anger or partiality.”
40 Benario 2012, 106.
41 Mellor 2010, 145.
hopes that by gaining her affections and confidence he might convince her to murder her husband, as Drusus was Tiberius’ successor (4.3). Tacitus then describes the affair between Livilla and Sejanus:

> atque illa, cui avunculus Augustus, socer Tiberius, ex Druso liberi, seque ac maiores et posteros municipali adultero foedabat ut pro honestis et praesentibus flagitiosa et incerta expectaret. sumitur in conscientiam Eudemus, amicus ac medicus Liviae, specie artis frequens secretis. Pellit domo Seianus uxorem Apicatam, ex qua tres liberos genuerat, ne paelici suspectaretur. sed magnitudo facinoris metum, prolationes, diversa interdum consilia adferebat (4.3).42

I address the full implications of this episode in the next chapter, but of immediate concern is the physician Eudemus’ unmistakably Greek name, and that Tacitus claims he acted as a cover for Livilla’s infidelity—adultery was a crime punishable by banishment under Augustus’ *lex Iulia* passed in 18 BC. While Eudemus may not have been directly complicit in her husband’s eventual murder, Tacitus makes clear his involvement in Sejanus’ plot. It is striking, furthermore, that Eudemus’ involvement is not attested in other historical texts: Cassius Dio mentions Sejanus’ and Livilla’s supposed complicity in Drusus’ death (Dio 52.22.2), as does Suetonius (Suet. Tib. 62.1), but neither mention the participation of the doctor. Eudemus’ involvement in the murder, therefore, is historically suspect, and Tacitus’ unique inclusion of the doctor would seem to be a deliberate choice, motivated in part by his xenophobic attitude towards Greeks.

There are other instances where the Greek physician takes an even more active role in a crime. The murder of Claudius at the hands of his Greek doctor Xenophon, already mentioned above, is similarly unattested in any other historical source, as Suetonius (Suet. Claud. 44.2) and Cassius Dio (Dio 61.34.2-3) simply mention Claudius’ poisoning but exclude the doctor. Tacitus

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42 “And she, whose great-uncle was Augustus, father-in-law was Tiberius, whose children were Drusus’, polluted herself, her ancestors, and her descendants with a provincial adulterer, so that she might await shameful and uncertain things instead of honest and present ones. Eudemus, the friend and doctor of Livia, was taken into her complicity, frequenting her in secret under the pretext of his profession. Sejanus expelled from the house Apicata, with whom he had had three children, lest she became suspicious of his mistress. But the severity of the crime would bring terror, delays, and conflicting resolutions.”
includes another moment involving a malicious Greek doctor that occurred later on in the reign of Tiberius. Tacitus writes that near the end of Tiberius’ life in AD 37, his physical condition deteriorated, but he retained his mental lucidity (Tac. Ann. 6.50). Tacitus then, to contextualize the emperor’s death, includes the following episode:

erat medicus arte insignis, nomine Charicles, non quidem regere valetudines principis solitus, consilii tamen copiam praebere. is velut propria ad negotia digrediens et per speciem officii manum complexus pulsum venarum attigit. neque fefellit: nam Tiberius, incertum an offensus tantoque iram premens, instaurari epulas iubet discumbitque ultra solitum, quasi honori abeuntis amici tribueret. Charicles tamen labi spiritum nec ultra biduum duraturum Macroni firmavit. inde cuncta conloquiis inter praesentis, nuntis apud legatos et exercitus festinabantur (6.50).

Immediately following this interaction, Tiberius’ health did indeed take a turn for the worse, and, following his assumed death, Macro, who had become the Praetorian Prefect after Sejanus’ downfall, began the transfer of power to Tiberius’ grandson Caligula, whom Macro had been grooming for the position for some time prior. When Tiberius, however, was reported to be very much alive and suddenly convalescent, Macro ordered the 78-year-old man smothered, bringing his twenty-three year reign to an end once and for all (6.50).

Like the moments involving Eudemus and Xenophon, this account involves a Greek doctor complicit in a criminal act. Like the episodes involving Eudemus and Xenophon, these particular details in the account of Charicles remain unconfirmed by other sources. Cassius Dio does not mention it at all, and while Suetonius does relay a similar interaction where the

43 Sejanus, incidentally, had fallen from Tiberius’ favor some years later in 31 AD and, according to Cassius Dio, was arrested and executed by the Senate for his crimes (Dio 58.11.4). Livilla, similarly, either committed suicide or was executed (58.11.6-7). The exact details, however, are unclear since the relevant parts of Annals are unfortunately lost, and the circumstances must be reconstructed from later sources.

44 “There was a doctor, well-known in his profession, named Charicles, who was not accustomed to oversee the emperor’s health, but nevertheless to offer an abundance of advice. He, as if departing on his own business, and under the charade of respect, took [Tiberius’] hand and felt his pulse. He did not deceive him: Tiberius — whether he was offended and so much the more repressed his rage — ordered the banquet to continue and reclined back as he was accustomed, as if granting honor to a departing friend. Charicles, however, affirmed Macro that Tiberius’ respiration was weakening and that he would not last more than two days. Thereupon everything was hastened into motion by those involved, with messengers to commanders and armies.”
physician attempts to surreptitiously measure Tiberius’ pulse (Suet. Tib. 72.3), it is not in the context of the emperor’s impending death, but simply his attempts to conceal his ill-health. In the correspondent episode in Suetonius, Charicles—who, in this encounter, is also named—plays the part of a doctor, not an accomplice. Tacitus’ Charicles is a doctor and an accomplice to an assassination. The lines between these are blurred, but each element comes into play in Tacitus’ illustration. Whether or not these doctors were really involved in their patients’ murders, whether as perpetrators or accomplices, is historically unknowable. At ages 78 and 63, respectively, it is not inconceivable that Tiberius and Claudius merely died of old age. Furthermore, at least for the death of Claudius, Tacitus acknowledges the possibility that the murder did not occur exactly as he relates it: he includes, when describing Xenophon’s actions, the telling passive verb creditur (“it is believed”), which creates distance between himself and his account. Nevertheless, Tacitus includes these accounts of their deaths for specific reasons, one of which is to level a critique of Greek imperial doctors.

The only named physician in Annals who is not explicitly Greek is Statius Annaeus, the doctor of Nero’s advisor Seneca. Following Seneca’s indictment in AD 65 in the Pisonian conspiracy against Nero—in which it is unclear if Seneca was involved at all—the emperor ordered his 69-year old advisor to commit suicide (Tac. Ann. 15.65). The renowned Stoic philosopher first attempted to cut his wrists, but when this failed to kill him, apparently due to his age (15.63), he sought out the help of his friend and physician:

Seneca interim, durante tractu et lentitudine mortis, Statium Annaeum, diu sibi amicitiae fide et arte medicinae probatum, orat provisum pridem venenum quo damnati publico Atheniensem iudicio extinguerentur promeret (15.64).45

45 “Seneca meanwhile, his death lingering and slow, asked Statius Annaeus, dear to him for a long time for the loyalty of his friendship and medical skill, to provide the poison that had been prepared a while earlier, by which those condemned by the public trials in Athens were executed.”
When the poison also failed to work, Seneca withdrew to a hot bath in order to make his blood flow more easily, and it was here that he finally died, presumably with his doctor still attending to him (15.64). While Statius Annaeus—whose name is Roman, although he may or may not have been a Roman citizen himself—does act in a similar capacity to the Greek doctors like Charicles and Xenophon in that he helps kill his patient, the difference is that his actions are not cloaked in deceit or disguising some ulterior motive. Seneca is aware that his doctor is helping to kill him. In fact, as orat indicates, Seneca pleaded with his doctor to help. Furthermore, words like amicitiae and fide, a traditional Roman virtue, contribute to paint this doctor in a much more positive light than his Greek counterparts, who are associated with words indicating falsity and deceit like specie, secretis (4.3), and speciem (6.50), and outright crimes, like scelera (12.67). Finally, Statius Annaeus’ name is a clue that this relationship between doctor and patient is unlike the others: Seneca’s full name was Lucius Annaeus Seneca, suggesting Seneca and his doctor were either related, or, as James Ker muses in The Deaths of Seneca, that Seneca adopted his freedman doctor into his own familia.46 These differences in quality and characteristics throw the ethnic differences between these four doctors in sharp relief with one another.

It is clear, consequently, that Tacitus’ depictions of doctors foreground their Greek status, and, once that Greek status has been established, portrays them in a xenophobic manner that plays on Roman stereotypes about Greeks. As a response to this, one might be tempted to argue that, because the medical profession was dominated by Greeks, any hostility towards Greek practitioners is merely coincidental to hostility to the medical profession as a whole, and is not motivated by ethnic prejudice. Perhaps Tacitus simply dislikes treacherous or malicious doctors who intentionally kill their patients (as anyone would), and in Annals most of those doctors just happen to be Greek. While this may be true for some commentators, it is not true for Tacitus.

46 Ker 2009, 33.
First and foremost, one must bear in mind that the ambivalent or even hostile attitudes that elite Romans held regarding physicians were informed specifically by Roman xenophobia against Greeks. The extent to which anti-Greek prejudice was the defining motivation behind skepticism towards doctors, as opposed to other factors like legitimate fears of dangerous of incompetent practitioners, is an open question, but in an elite imperial context the distaste towards physicians cannot be separated from Roman xenophobia more broadly. Although the assimilation of Greek and Roman medicine was well-established by the time Tacitus wrote the *Annals*, lingering skepticism remained, and such skepticism must be taken into account when assessing the depiction of doctors in a text like the *Annals*. Furthermore, Karin Nijhuis, in “Greek Doctors and Roman Patients,” argues that Greek and Roman medicine, as competing sociocultural systems (what Nijhuis calls “explanatory models”) designed, in their own ways, to conceptualize and resolve physical and emotional experiences, begot differing expectations for Roman patient and Greek physician alike, and that this discrepancy undergirded much of the prejudice and antipathy Roman patients felt towards their doctors. Specifically, the medical treatment Greek doctors employed “omits the elements that to the Roman patient are necessary for healing to take place,” namely, charms and superstitious rituals. Such an omission, Nijhuis continues, creates “misconception,” and where there is misconception, there is the potential for prejudice and distrust. Roman skepticism towards Greek doctors was not just based on hesitation surrounding the ethnicities of the practitioners themselves, but also the entire psychosocial healthcare system these practitioners employed.

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47 Israelowich 2015, 18.
48 Ángeles Alonso 2018, 131.
49 Nijhuis 1995, 60
50 Ibid., 59.
51 Ibid., 60.
The second and more important reason that we can confidently conclude that Tacitus’ animosity towards physicians is motivated in part by xenophobia is the fact that he expresses anti-Greek prejudices elsewhere in the text, independent of Greek doctors. As Mellor notes, Tacitus’ bigotry is more pernicious and flagrant than that of Suetonius, but this hostility that Tacitus demonstrates is not an aversion to Greek culture or thought per se—as an educated, elite Roman historian and politician, he spoke fluent Greek and was familiar with Greek philosophy, literature, and drama. Instead, Mellor argues that the roots of Tacitus’ bias rest on a perception of the conquered Greeks as corrupt and bureaucratic enablers of autocracy. Ronald Syme, in his magisterial *Tacitus*, agrees, writing that Tacitus resented the obsequity and “worship of power” that Greek imperial freedmen paid their Roman conquerors, which, according to Syme’s interpretation, Tacitus considered a disgrace to Greece’s history and culture. In Book 2, for example, when Germanicus—the nephew of Tiberius—visits Athens in AD 18, Tacitus denigrates the Greeks’ reception of him: *excepere Graeci quaesitissimis honoribus, vetera suorum facta dictaque praeferentes quo plus dignationis adulatio haberet* (2.53). In Book 6, Tacitus likewise suggests *adulatio* (“flattery” or “sycophancy”) was a *Graeca* characteristic (6.18). In Book 14, he expresses distaste at *Graeca facilitate*: “Greek indulgence” (14.47).

In analyzing, however, the roots of Tacitus’ anti-Greek hostility and its relation to his arguments about the principate, some context for his exact position as a historian and author is necessary. It would be a mistake to anachronistically apply liberal, post-Enlightenment ideals like “freedom” and “democracy” when describing the Roman conceptions of *libertas* and *res publica* that Tacitus had at his disposal. Scholarly opinions on the matter vary. Mellor, for

52 Mellor 2010, 55.
53 Ibid.
54 Syme 1958, 513.
55 “The Greeks received him with the most artificial honors, and offered up their own old-fashioned words and deeds so that their flattery might have a bit more dignity.”
example, argues that Tacitus’ discomfort with the principate and its attendant loss of political freedom is not quite the noble, principled attitude it might appear to be, noting his relative ambivalence about “Roman provincials or the masses” or “the conquered peoples of East and West” who suffered under Roman imperialism, but rather his concern over “the loss of freedom of speech” and consequent “loss of political power” that senators like Tacitus had enjoyed under the Republic.\(^{56}\) Syme, in a slightly different vein, acknowledges that “at first sight and on the surface [Tacitus] is hostile to the monarchy,”\(^{57}\) but argues that Tacitus came to accept the reality of autocratic government as a necessary evil and that he, and other senators, developed an uneasy “ideal of the middle path” between freedom and servility.\(^{58}\) Conversely, Thomas Strunk in *History after Liberty* argues against the middle way doctrine that scholars like Syme espoused, asserting that Tacitus actively opposed the principate and was a republican thinker through and through.\(^{59}\) Whatever the exact nature of his relationship to the principate was (and it certainly may have changed over time), Tacitus would not have had much sympathy or respect for people who willingly enabled and perpetuated the institution and its power. In the version of history he offers in *Annals*, some of those people are Greeks, and some of those Greeks are physicians.

As a result, Tacitus’ inclusion and treatment of Greek physician-patient interactions at various points in *Annals* does not exist in isolation, but forms part of the wider matrix of arguments and biases he makes elsewhere in the text. This is a point that scholars studying patient-doctor interactions in non-medical texts like Tacitus or Suetonius largely ignore. Scarborough, for example, when describing the murder of Claudius in his chapter on public attitudes towards physicians, merely deems the story as an “opportunity to ridicule medicine.”\(^{60}\)

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\(^{56}\) Mellor 2010, 79.
\(^{57}\) Syme 1958, 547.
\(^{58}\) Ibid., 548.
\(^{59}\) Strunk 2017, 6.
\(^{60}\) Scarborough 1969, 96.
While we certainly may read some humorous mockery into the ridiculous and probably fictitious image of the physician assassinating the emperor by sticking a poisoned feather down his throat, the exact motivations behind Tacitus’ including moments like this in his text are more deliberate and more pointed than simple joking. Tacitus writes about the principate from a standpoint of, at a minimum, skepticism and mistrust. While the extent to which he takes this attitude is subject to intense debate, it is clear that the *Annals* is not a piece of imperial panegyric, in the vein of *Aeneid* (depending on one’s interpretation of the epic) or Horace’s poetry. Because of that mistrust, Tacitus is similarly ill-disposed to individuals he interprets as participants in the institution of the empire. By bringing deceitful and dangerous Greek doctors into the text, and painting them as power-hungry themselves, or under the influence of power-hungry individuals like Agrippina or Sejanus, Tacitus indicts Greek physicians, and possibly the medical profession as a whole (with exceptions allowed for doctors like Statius Annaeus), in the imperial household as one vehicle (among others) for the perpetuation of autocracy.

One might claim, as a response to this, that a doctor participating in the murder of an emperor like Tiberius is in fact undermining the autocratic government that Tacitus critiques. While these physicians do help assassinate the sitting emperor, they still act in service to other members of the imperial class like Agrippina or Sejanus. Their actions do not undermine the power of the principate, but merely transfer it. Tacitus’ depiction of physicians, therefore, puts these professionals in contact with the principate in a way that is politically significant, as the interactions generally accompany regime change. In doing so, Tacitus, on the one hand, draws on stereotypes of the dangerous Greek doctor that were common in other texts, but, on the other hand, does so for his own purposes. While the motivations for Pliny the Elder’s criticism of

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61 Xenophon, during the murder of Claudius, is described as *haud ignarus summa scelera incipi cum periculo, peragi cum praemio*: “hardly ignorant that the greatest crimes are begun with danger, but carried out with reward” (12.67).
Greek doctors lay, among other things, on their supposed ignorance of proper herbal medicines, Tacitus is not interested in pharmacology. His thoughts on the distinctions between Methodism, Empiricism, or Dogmatism, or the merits of atomic vs. humoral theory as explanations for disease, are unknown. This is not to say he did not internalize these cultural concepts or have any opinions on them—some knowledge of medicine was expected for educated, aristocratic Romans. Tacitus, furthermore, presumably fell ill at least once in his life and required the services of a doctor. It is certainly possible, moreover, that Tacitus was susceptible to the dynamic that Karin Nijhuis describes, and that it partially motivates the xenophobia he exhibits towards Greek physicians in *Annals*. It is more likely, however, that the primary cause is the broader presence of xenophobia in his text that I have already described. After all, Tacitus is first and foremost a politician and a historian, so he uses patient-doctor interactions primarily to substantiate arguments about politics and history, and one way that he does that is by foregrounding the Greek status of imperial physicians, a status that, in Tacitus’ view, yields a variety of consequences for his assessment of the principate. In doing so, he characterizes patient-doctor interactions at the imperial level as revelatory loci of the type of deceitful behavior he criticizes in the imperial government more broadly.

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62 Nutton 1986, 32.
63 Nijhuis 1995, 60.
Chapter Three: Power and Authority in Patient-Doctor Interactions in *Annals*

Medical interactions in Roman antiquity involved power dynamics that are simultaneously overt and difficult to neatly categorize. When we examine physician-patient interactions in *Annals* in particular, the nature of the relationship becomes even more difficult to parse because the physician and patient occupy ambiguous positions that both fulfill and subvert expectations for how each should act. There is, to some extent, precedent for the subversion that the parties—and especially the doctors—exhibit, as there was for the anti-Greek xenophobia that the previous chapter discussed. Much like the previous chapter, however, where I argue that Tacitus’ anti-Greek xenophobia with relation to doctors performs specific argumentative functions in the text, I claim in this chapter that Tacitus presents the patient-doctor interactions in *Annals* in such a way that highlights their amorphous, contested power differentials in order to exemplify his anxieties about the system of governance under which he lived.

In both a contemporary and ancient context, a complex power relationship exists between physicians and patients. Patients see doctors at vulnerable times in their lives when they are sick or injured, and entrust the practitioner with sensitive personal information, the ability to intimately observe the patient’s body, and the responsibility for issuing an accurate diagnosis and prescribing a safe treatment that will not kill them or make them worse. Ethical and legal concepts like patient-doctor confidentiality and informed consent are meant to protect these interactions, and especially the patient. In some branches of medicine, such as psychiatry, it is forbidden for practitioners to engage in sexual activity with their patients, as the power imbalance is so great it renders the patient effectively unable to give consent.64 The idea is not a

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new one: the Hippocratic Oath also considered physician misconduct, whether sexual or otherwise, a gross violation of medical ethics:

ἐς οἰκίας δὲ ὁκόσας ἂν ἔσιο, ἐσελεύσομαι ἐπ᾽ ὠφελείῃ καμνόντων, ἐκτὸς ἐὼν πάσης ἀδικίης ἑκουσίης καὶ φθορίης, τῆς τε ἄλλης καὶ ἀφροδισίων ἐργῶν ἐπί τε γυναικείων σωμάτων καὶ ἀνδρών, ἐλευθέρων τε καὶ δούλων (Hipp. The Oath. 20)."^^65

The Romans were sensitive to the high degree of authority a doctor brought to his interactions with patients, and especially to the potential for abuse of this authority. As Gary Ferngren notes in “Roman Lay Attitudes Towards Medical Experimentation,” this sensitivity “is a commonplace in many societies” but “it is particularly in Roman society that fears were expressed about the matter. This apprehension is grounded in the realization that physicians possessed knowledge which they could and sometimes did use to harm rather than to heal.”^^66 There is a persistent tension between doctors as knowledgeable experts, and doctors as dangerous killers. The patient-doctor interactions Tacitus offers in Annals capitalize on this tension.

One way that Tacitus introduces the issue of the authority of the physician in medical interactions is through references to professional reputation. When we first meet Tiberius’ physician Charicles, before we are even made aware of his Greek origins, Tacitus describes him as a medicus arte insignis: “a doctor well-known in his profession” (6.50). By emphasizing Charicles’ good professional reputation—arte—as a practitioner, Tacitus draws on a vital component of the medical field as a social and legal institution in imperial Rome, because a physician’s reputation was of primary importance for the authority behind his interactions with patients.^^67 A good reputation, in theory, ensured good treatment. Charicles’ good reputation and elevated status, of course, are thrown in sharp relief with his actions: performing a medical

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^^65 “In whatever houses I might go into, I will enter for healing the sick, being distant from all voluntary wrongdoing and harm, and from sexual acts with the bodies of men or women, slave or free.”


^^67 Refer to pages 11-12 for further discussion on the importance of reputation in medical interactions.
procedure (pulse measurement) without his patient’s permission, and providing the emperor’s conspirators with information about his declining state of health so that they may plan for his death and the transfer of power. Charicles thereby subverts the expectations that his reputation as a *medicus arte insignis* creates. Furthermore, Tacitus also informs us that Charicles is *non quidem regere valetudines principis solitus, consilii tamen copiam praebere* (6.50).\(^68\) He has medical expertise, but evidently serves primarily as a political advisor for the emperor. Tacitus thereby questions the value of Charicles’ medical reputation and standing in his profession, since, outside this one particular moment, his role as a medical professional is largely irrelevant. Tacitus subverts the expectations that a *medicus arte insignis* create, as we anticipate one form of expertise (medicine) but get another (politics).

This is not the only instance where Tacitus leverages a doctor’s professional reputation to subversive effect. He uses the word *artis* when recounting the doctor Eudemus’ involvement in Livilla and Sejanus’ affair: *sumitur in conscientiam Eudemus, amicus ac medicus Liviae, specie artis frequens secretis* (4.3).\(^69\) Eudemus’ status as a physician was apparently respectable enough that the mere *specie artis* was enough, at least in Sejanus’ judgment, to dispel suspicion surrounding his true activity. Eudemus’ role as the personal doctor of Livia, the wife of Augustus and mother of Tiberius, also confirms he held a good enough reputation to warrant such an appointment. Like Charicles, Eudemus’ actions conflict with the guarantee of safety and proper conduct that his professional reputation promises. He helps Sejanus and Livilla cover up their affair and in doing so, was at least partially involved in Sejanus’ plot to eventually murder Livilla’s husband Drusus. Like Charicles, Eudemus exploits the authority that his role as an imperial physician afforded him. Finally, while there is no explicit mention of Xenophon’s

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\(^68\) “Not accustomed to oversee the emperor’s health, but nevertheless to offer an abundance of advice.”

\(^69\) “Eudemus, the friend and doctor of Livia, was taken into her complicity, frequenting her in secret under the pretext of his profession.”
reputation in Book 12, his position as Claudius’ physician indicates he held a reputation comparable to the other Greek physicians in the imperial household, and, like Charicles, his actions—involvement in a conspiracy to murder his own patient—contradict the assumption of trustworthy authority that his good reputation suggests.

These moments invite the question: what are we to make of the way Tacitus foregrounds a physician’s reputation under circumstances that are completely contrary to what such reputations suggest? Part of it may be an attempt to liven up the narrative with black humor: we can absolutely detect some bitter Tacitean irony in a doctor using his authority to cover up an affair, conspire with an emperor’s assassins, or commit the murder itself, exactly the kinds of unethical behaviors against which a physician’s ostensibly good reputation was supposed to protect a patient. This is the reading María Ángeles Alonso adopts when she writes “it is well known that Tacitus is somewhat an unreliable source because of the rumors he accustomed to invent to make his narrations more attractive,” and as such “we must read” accounts like the murder of Xenophon or Tiberius “with caution.” It is true that we must approach Tacitus with a healthy amount of skepticism, because as I stated in the previous chapter, these accounts are largely unconfirmed by other sources, and are likely embellished, if they even happened at all. Tacitus, for all his value as a historian, is not to be taken as gospel.

There is, however, something more complicated at play here. Although these episodes exhibit a blatant exploitation of medical authority, there is also a sense where they affirm the very authority they simultaneously weaponize. Charicles, for all his professional misconduct, was technically accurate in his prognosis that Tiberius *nec ultra biduum duraturum,* as the emperor’s health did in fact deteriorate soon thereafter, even if he did not die outright (6.50).

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70 Ángeles Alonso 2018, 129.
71 “He would not last more than two days.”
Furthermore, that the praetorian prefect Macro enlisted Charicles’ aid to begin with, and relied on his professional opinion enough to immediately issue orders for relevant parties to prepare for Tiberius’ death, also affirms Charicles’ reputation of expertise as a doctor (6.50). He was not a *medicus arte insignis* for nothing. Likewise, Sejanus trusted Eudemus’ professional authority—his *artis*—enough to use him as a cover for his affair with Livilla (4.3). Agrippina trusted Xenophon’s skills as a doctor enough to entrust him with the task of poisoning her husband, a task that potentially could have gone awry quite easily if the poison had been improperly administered, as it was the first time (12.67). Killing someone with a poisoned feather while also convincingly pretending to help them vomit may not be as easy to do as it sounds, otherwise Agrippina might have simply done it herself. Certainly, people like Sejanus or Agrippina in positions of power likely pressured the doctors to comply under the explicit or implicit threat of death, but they still relied on their knowledge to carry out acts critical to their plans. These doctors may be dangerous, but they are not stupid, and there is a sense where their authority may be trusted under certain circumstances, such as a physician-assisted assassination or killing one’s spouse.

Moreover, Tacitus does not represent all patient-doctor interactions in an ambivalent or sarcastic way. When describing the suicide of Seneca, Tacitus describes the doctor, Statius Annaeus, as *arte medicinae probatum* (15.64). Notably, as I note in the previous chapter, Statius Annaeus is the only doctor in the *Annals* whom Tacitus depicts in a relatively more positive manner compared to the other doctors. Tacitus praises Statius Annaeus for his loyalty and friendship, and while he helps kill his patient, it is not as part of some larger plot unknown to the patient, but functionally a physician-assisted suicide at his patient’s request. I argue in the previous chapter that there is an ethnic component to this disparity, and indeed there is. A

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72 “Esteemed in his medical profession.”
secondary consequence of this moment, however, is it obfuscates just how far we are to interpret Tacitus’ treatment of medical reputation and medical authority as categorically negative or harmful concepts. This, coupled with the previous discussion of reputation as something simultaneously trustworthy and susceptible to abuse, leaves us with an unstable conception of medical authority in *Annals* that can change with the circumstances and individuals involved.

Reputation is not the only element of patient-doctor interactions whereby Tacitus complicates the power dynamics of the relationship. Another arena for this obscurity of power is medical gestures and procedures. When Charicles surreptitiously examines Tiberius, he holds the emperor’s hand, ostensibly as a show of respect, but really to palpate his wrist and measure his pulse: *per speciem officii manum complexus pulsum venarum attigit* (6.50). In her essay “The Practical Application of Ancient Pulse-Lore and its Influence on the Patient-Doctor Interaction,” Orly Lewis argues that, especially in an ancient context, the act of measuring a patient’s pulse was a powerful and visible means by which the doctor claimed professional authority. Part of the reason for this, according to Lewis, is that pulse-measurement, which required the physician to apply pressure to the patient’s wrist for a prolonged period of time in order to get an accurate reading, must “have been perceived by the ancient patients as noticeably different from” other medical examinations, and as such, the procedure “became a common symbol for the patient-physician encounter.” A comparable modern equivalent might be the visibility of stethoscopes around doctors’ necks in medical dramas and the popular imagination, even in circumstances where the instrument is useless or unnecessary. Lewis expands on the importance of pulse measurement by referencing Galen, who “made great use of the pulse and the skill which its measurement required in his attempts to establish his authority and superiority over

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73 “Under the charade of respect, he took [Tiberius’] hand and felt his pulse.”
74 Lewis 2016, 354.
other physicians in the eyes of patients.”\textsuperscript{75} In addition, because most laypeople would not have known how to read their own pulses or develop an accurate prognosis from their heartbeat, the act of pulse measurement allowed a doctor possessing such a skill to develop authority over the patients due to the unique, specialized knowledge.\textsuperscript{76} By bringing in the detail of Charicles measuring Tiberius’ pulse, Tacitus adds another dimension to the authority that Charicles wields in his encounter with Tiberius.

This authority indicated by Charicles’ use of a medical procedure, however, much like the authority indicated by his reputation, is subverted in Tacitus’ summary of the encounter. According to Lewis, a central element of pulse measurement’s power as a psychosocial tool was its visibility.\textsuperscript{77} In service to this, a particularly effective way by which a physician established authority not just with an individual patient, but the community at large, was through public medical examinations. Lewis writes that physicians would often frequent public areas like \textit{gymnasia} and perform medical evaluations on athletes “in order to note the effects of training on their pulse,” and concludes that “it is difficult to imagine that this habit…would have remained unnoticed by those being examined and by” onlookers.\textsuperscript{78} Susan Mattern agrees that public demonstrations of medical skill were paramount for a physician’s credibility, and the crux of her argument rests on “the public and performative aspect of medicine” which was “very prominent in Roman antiquity,” and “the public and competitive aspect of prognosis and therapy.”\textsuperscript{79} In Mattern’s analysis, a track record of accurate and public prognoses was an essential component of medical authority.\textsuperscript{80}

\textsuperscript{75} Ibid., 357.
\textsuperscript{76} Ibid., 358.
\textsuperscript{77} Ibid., 354.
\textsuperscript{78} Ibid., 356
\textsuperscript{79} Mattern 1999, 12.
\textsuperscript{80} Ibid., 9.
In light of these dimensions of ancient medical practice, Charicles’ actions become even more provocative. He attempts to hide the fact that he is measuring Tiberius’ pulse, which would normally be an action to which a physician would draw his patient’s attention, and also keeps his prognosis of Tiberius’ health a secret from his ostensible patient, only informing Macro. To be sure, Tiberius does recognize Charicles’ trickery—nec fefellit\footnote{“[Charicles] did not deceive him.”}—but not his full intentions of conspiring to kill him, otherwise Tiberius would likely have taken precautions to prevent his eventual smothering. The reasons for Charicles’ secrecy, of course, are obvious: Charicles does not want his involvement in the plot to take down Tiberius to be discovered. It also, however, confounds the exact contours of medical authority in this patient-doctor relationship. This is corroborated by Charicles’ attempt to hide his pulse measurement with a facade of respect—speciem officii—by clasping Tiberius’ hand (6.50). Gestures involving hands were socially loaded in an ancient Roman context. Anthony Corbeill, in the chapter “Participatory Gestures in Roman Religious Ritual and Medicine,” notes the ubiquity of signals and language surrounding hands in Roman law and social customs. In some circumstances, physically joining hands was necessary for a contract or transaction, such as marriage, the exchange of property, or adoption, to be considered legally operative.\footnote{Corbeill 2004, 21.} Corbeill writes “it is no exaggeration to say that the hand visually enacts, and ultimately symbolizes, the legal relations that govern commerce, property, and the Roman family,” and, as such, gestures involving the joining of hands carried much more weight for Romans than handshakes as mere greetings do in a contemporary context.\footnote{Ibid.} By pretending to grasp Tiberius’ hand, perhaps Charicles intends to suggest he belongs to Tiberius. Although his status is unknown, as a Greek imperial doctor, he likely was a slave or a freedman, so a relationship based on possession is not implausible. When Charicles grasps
Tiberius’ hand to disguise reading his pulse, he exchanges one socially pregnant gesture for another, and thereby transfers the authority that the procedure of pulse measurement would normally grant him to Tiberius. In doing so, Charicles’ actions complicate even further an already complicated interaction. His unethical behavior undermines the prestige that his good reputation commands, but his good reputation also fostered the trust of Tiberius’ assassin Macro. Charicles performs a socially recognizable medical procedure, but attempts to hide it with a gesture that minimizes his own status and magnifies that of the emperor. The power dynamics of this interaction are multilayered and difficult to unpack.

This obscurity results in a depiction of patient-doctor interactions in *Annals* that is both subversive and predictable. Doctors kill, but they also elicit trust. They both subvert and fulfill the expectations that their medical expertise grants them. They subvert them for the patient—most patients would expect their doctor not to kill them—but fulfill them for others who are still relying on the services of the doctor to successfully murder their loved ones. They possess skills curative enough to earn them a respectable reputation, but weaponize these skills to harmful effect. They bring considerable authority to their interactions, but hide or minimize that authority. In some cases, like Charicles, they do not even exclusively act as doctors, but also as political advisors. Combining these dimensions with the perception of Greeks as treacherous and sycophantic figures discussed in the previous chapter, we see that Tacitus paints medical interactions in *Annals* in a contradictory and ambivalent light.

As I state in the introduction to this chapter, and also in the first chapter of this thesis, there is precedent for the ambivalent attitude towards medical authority that Tacitus exhibits. The perception of doctors as both potentially knowledgeable healers and potentially knowledgeable killers motivated much of the Roman aristocracy’s antipathy towards the profession. As Darrel

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84 Refer to page 10.
Amundsen observes, “it was commonly recognized that the competent physician had a tremendous potential for good and evil by virtue of his medical knowledge.” Tacitus was a member of the aristocratic class, and shared many of its beliefs. I argue in the previous chapter, however, that Tacitus’ xenophobia, although in accordance with the superiority many Romans felt towards the foreigners they conquered, serves specific functions in his text: namely, to highlight the susceptibility of the principate to foreign interference, of which Greek medicine was but one manifestation. Tacitus’ attitudes are more than just an extension of the prevailing attitudes of his day. His ethnic prejudice, distasteful though it is, plays an important role in his interpretation of Roman history, and modern observers would be remiss to dismiss his bigotry as merely a product of his time and social station without analyzing its causes and effects. Likewise, Tacitus’ representation of medical authority, while to a large extent reflective of widespread perceptions of doctors among the elite, operates in ways that are in fact exclusive to his text, because, as I argue in the final part of this chapter, it serves as a commentary on the unstable nature of power in the *Annals*.

The paradoxical nature of the patient-doctor relationship and the instability inherent to it is congruent with the rest of the thematic apparatus of the *Annals*, because Tacitus’ intellectual relationship to the system of government under which he lived, and perhaps to history in general, rested on paradox and instability. To demonstrate this, we might begin by thinking first about Tacitus biographically, and then about the *Annals* metatextually. Tacitus was likely exposed to the world of imperial politics at a young age: he was thirteen during the civil war of AD 69 that followed Nero’s suicide, and if he was as perceptive an adolescent as he was an older man, he would have noticed the destruction and chaos that power politics could unleash. Twelve years later, he was elected *quaestor* at Rome and entered the Senate, a prestigious body even if its

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85 Amundsen 1977, 643.
power was largely ceremonial under the principate, and during his tenure as a senator, he survived the reign of “the unstable Domitian” under whose violent and paranoid administration Tacitus lost “friends and senatorial colleagues.” According to Mellor, Tacitus was profoundly disturbed by this experience, and by his perception of his own complicity in it, and this “guilt and political frustration drove him to the study of history.” In his later career, however, he served under Nerva and Trajan, the first two of the so-called “Five Good Emperors” of the Nerva-Antonine dynasty, a period of peace, stability, and competent leadership across the empire that Tacitus deems beatissimi saeculi (Ag. 3). Towards the end of his life, in AD 112, he served as the governor of Asia, an especially powerful office in the empire. Furthermore, his father-in-law was Gnaeus Julius Agricola, the governor of Britain in AD 77, whom Tacitus praises lavishly in his biography—and also his first published work—Agricola. In that same text, however, Tacitus indirectly criticizes the very imperialism in which his father-in-law participated. He recounts the speech of of the Caledonian chieftain Calgacus, where Calgacus famously judges of the Roman military that auferre trucidare rapere falsis nominibus imperium, atque ubi solitudinem faciunt, pacem appellant (30). These are not Tacitus’ own words, to be sure, but he did not have to include Calgacus’ speech at all, especially since Tacitus was not present for it and needed to recreate it himself. That he includes it at all, even if in the mouth of another character in order to create distance between himself and the content of the speech, is revealing, and while Tacitus never addresses or resolves this tension between personal loyalties and historical judgment, he is very possibly cognizant of it. Tacitus’ life, consequently, was marked by an ambivalent and contradictory relationship to the Roman government. In his

86 Mellor 2010, 11.
87 Ibid., 11-12.
88 “The most blessed of times.”
89 Mellor 2010, 20.
90 “They destroy, slaughter, and plunder under the false name of empire, and when they have made a devastation, they call it peace.”
lifetime, he saw the stability and prosperity the principate could create, but also the depths to which it could sink.

If Tacitus’ life embodies a complex and multifaceted relationship to power, so does his writing style. Tacitus’ Latin is infamous for its difficulty. His prose is marked by brevity, omission of conjunctions, multiple clauses governed by the same verb, and a liberal use of ablative absolutes and indirect discourse. Such writing “invites selection and appropriation,” as Daniel Kapust notes in his chapter “Tacitus and Political Thought.”

Tacitus’ literary legacy, including but not limited to the Annals, is a testament to this great potential for “appropriation,” as his writings have influenced figures as disparate as Niccolò Machiavelli, the Founding Fathers of the United States, and the Nazis. There is, therefore, an inherent ambiguity to the type of power that Tacitus’ work confronts. Holly Haynes, in her chapter “Tacitus’ History and Mine,” takes this a step further and offers the provocative claim that Tacitus deliberately renders his writing obscure in order to elicit misinterpretation: he is “a historian who tries to miscommunicate” (emphasis in original.) Part of the reason for this, Haynes argues, is that Tacitus himself occupied an uneasy liminal space within the power apparatus of the Roman state, and writes in intentionally ambiguous language in order to create “the possibility of meaning misrecognized,” whereby the responsibility falls on the reader to assign as much or as little blame to Tacitus and his complicity in “the painful truth of his own situation” as they want, or as much as it occurs to them to assign. Certainly, Haynes continues, Tacitus was acutely sensitive of the role he and other senators played in maintaining the institution of the principate, and especially the language they used to describe such a political system, where “consuls were still

91 Kapust 2012, 504.
92 Mellor 2010, 199.
93 Ibid., 221.
94 Ibid., 224.
95 Haynes 2012, 287.
96 Ibid., 293.
called consuls, but their position in the symbolic hierarchy of politics and power had entirely changed." We could productively take Tacitus’ anxiety over his own unwilling participation in the imperial misuse of power to his distaste for bureaucratic enablers and freedmen.

I include this discussion in order to emphasize that Tacitus is not just writing a history of the early decades of the empire. He also offers a depiction of the principate that invites, and perhaps even requires, the reader to confront a system of governance that is simultaneously stable and unstable, that is unambiguously autocratic but couches itself in democratic language. When read in this wider thematic context, the medical interactions in *Annals* become more than just medical interactions, but are extensions of and inform the arguments of which they are part. When Eudemus, Charicles, and Xenophon weaponize for criminal acts their good reputations, and the authority their reputations generate, they participate in the same type of abusive power, although at a smaller scale, of which Tacitus was all too familiar. When Charicles tries to hide his nefarious deeds behind respectful gestures, he acts in a way functionally similar to the principate—and the senators serving it—hiding behind a facade of republicanism that superficially transfers authority from one site to another. At the same time, when these doctors perform medical evaluations and issue prognoses, they behave in ways consistent with how “good” doctors should behave, rendering the nature of their authority difficult to discern in a text whose exact relationship to imperial authority is equally difficult to discern. Likewise, when doctors like Statius Annaeus serve their patients’ needs honestly and without artifice—even when those needs involve death—they present medical authority as something that can, in fact, be trusted under extreme circumstances. This leaves us with a medical profession that walks a fine line between engendering trust and distrust, and that paradoxically reinforces the authority it also subverts. When we take this in concert with Tacitus’ own position as someone who both

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97 Ibid., 289.
benefited from and suffered under the imperial government, who saw it at its best and its worst, and whose text, to follow Haynes’ argument, reifies these ambiguities in its prose, the patterns of authority present in the medical interactions begin to exhibit thematic continuity with the rest of the text in a way that they might not have under a more cursory reading.
Conclusion

In his *Annals*, Tacitus offers four distinct examples of the interaction between doctors and patients. The question I ask in this thesis is, given the multiple sociocultural and political implications inherent to medical interactions in antiquity, what arguments in the *Annals* as a whole do these interactions advance? In my analysis, I claim that these moments serve as condensed critiques of negative elements of the principate, such as its reliance on duplicitous foreigners, and the amorphous nature of power that it creates. In these moments, Tacitus foregrounds the ethnicities of the professionals, drawing attention to their Greek origins and to the related stereotypes of deception and sycophancy that characterize his depictions of Greeks elsewhere in the text. When Tacitus does this, he manifests xenophobic attitudes prevalent among his contemporaries, and perhaps also the internalized hesitation many elite Romans felt towards a foreign medical system that relied on different assumptions about the body and models of healing than traditional Roman medicine. On the other hand, Tacitus’ prejudice against Greek imperial freedmen and workers, of which physicians are one example, operates within the text in a distinctly Tacitean way, as they represent—from Tacitus’ perspective—the willful enablement of autocracy. This aspect of his portrayal of imperial doctors originates from this perception of Greek complicity in autocracy. In particular, the Greek doctors perpetuate the principate when they help effect regime change and serve powerful members of the imperial class like Sejanus, Macro, and Agrippina.

In addition to the ethnic components of medical interactions, Tacitus also interrogates the physician’s proximity to imperial authority by accentuating the muddled power dynamics of the relationship. He effects this by first emphasizing the reputations of the physicians in each of the
interactions, details that, on their own, might prompt one to draw favorable expectations and conclusions about the professional capabilities and moral characters of these figures. Tacitus then complicates these assumptions by highlighting doctors’ involvement in criminal or unethical acts. He foregrounds their considerable skills and medical knowledge, but also their attempts to hide such skills and knowledge and minimize their authority. In the case of Charicles, the doctor attempts to replace his minimized authority with the magnified authority of the emperor. These elements together create an unstable and multidimensional depiction of medical authority and its relationship to imperial authority. While such a depiction has analogues in other classical texts besides Tacitus, it is especially pertinent in the Annals given Tacitus’ own biographically inconsistent relationship to the Roman state, and the ways he codifies these inconsistencies in his prose style. Taking this in conjunction with his representations of doctors as ethnically-labeled professionals, we could pithily summarize patient-doctor interactions in the Annals by declaring such interactions as not just medical encounters, but distinctly Tacitean medical encounters, with all the historiographical and ideological possibilities that the adjective Tacitean bears.

Tacitus’ use of medical interactions as revelatory examples of his arguments raises a number of avenues for further exploration. Using a similar framing and argument that this thesis adopts, one might examine how Tacitus depicts physicians in his other texts, like the Histories, and determine if there is a comparable use of physicians as examples of wider textual arguments. If not, it would be worth investigating what prompts the difference in framing in the Annals. Future studies might also productively explore instances of patient-doctor interactions in other imperial texts, and the ways that such authors’ own relationships to the principate and imperial Roman governance inform their depictions of medical interactions. I briefly touch on Pliny the Younger and Suetonius earlier in this thesis, but both warrant fuller investigations in their own
right surrounding the ways they marshal patient-doctor interactions and the sociopolitical
dimensions of such interactions to argumentative effect. If we can describe medical interactions
in the *Annals* as distinctly Tacitean, what do Plinian and Suetonian interactions look like, and
what do they reveal about the biases and assumptions of their works?

When we conduct such an exercise, and determine not only the sociocultural components
to ancient medical interactions but also the influence they hold for the texts that contain them, we
gain two perspectives that are of value for a historical analysis. First, we leverage Classics’
exceptionally interdisciplinary nature and bring patient-doctor interactions out of the world of the
history of medicine and into the worlds of whatever the text happens to involve. When we
investigate patient-doctor interactions in the *Annals*, for example, we confront the intersection of
ancient medicine with first-century imperial Roman political history, and one man’s
noncommittal interpretation of that history. It is one thing to note reputation was integral for the
practice of ancient Roman medicine, but it is another to scrutinize how medical reputation
interacts with an author’s argument about government, and how that author manipulates medical
reputation to level critiques about imperial power. We thereby evaluate not just what arguments a
text makes, but how it makes them.

Second, we force ourselves to ask what sociocultural background an author and readers
bring to a text, because medical interactions, and healthcare in general, are a particularly incisive
lens for approaching the societies that produce them. Healthcare systems reify patterns that exist
elsewhere in the societies of which they are part: 21st century German, American, and Japanese
healthcare systems, for example, are completely different from each other, face different
challenges, and are products of different historical, political, social, and cultural forces. All are
completely different from that of first century Rome. As such, medical interactions are one
especially capacious entry point into an ancient text, because they inevitably bring with them large quantities of cultural intertextualities that can be used to elucidate the text. Just as any decent analysis of healthcare and medicine in a contemporary setting will incorporate the adjacent fields of economics, politics, ethics, statistics, and behavioral science, an analysis of ancient Greco-Roman medicine will involve adjacent fields to whatever extent that they are applicable to ancient Rome. Focusing on medical interactions in the *Annals*, for example, invites discussion about the Greek influence on Roman medicine, which in turn provokes conversation about the depiction of Greeks in Tacitus and his perception of their influence over the Roman government. These same medical interactions also invite considerations of the power dynamics at play in ancient patient-doctor interactions, which opens up larger considerations of authority at play in the text as a whole. In a work like the *Annals*, these are not insignificant considerations: the operations of power and government are the entire point of the work. That four rather brief interactions in a sixteen book narrative could hold such great argumentative potential is a testament to the skill of a writer who carefully selects and curates even the briefest moments and imbues them with all his humanizing personal anxieties, objectionable ethnic prejudices, and brilliant political insights, but in a way that is neither overt nor overpowering. Tacitus may be one of the most studied authors from classical antiquity, but even after two thousand years he continues to surprise us.
Bibliography


