BOOK REVIEWS

Ido Israelowich. *Patients and Healers in the High Roman Empire.* Baltimore, Maryland, Johns Hopkins University Press, 2015. xii, 191 pp., illus. \$59.95.

KEYWORDS: medical marketplace, medical consumers, Hippocratic medicine, healing cults, midwives, pharmacology

In his most recent study of Roman medicine, Ido Israelowich seeks to remedy what he sees as the “doctor-based approach” to ancient healing practices by setting aside medical theories and physiological models in order to focus on the actual experience of receiving healthcare in antiquity. Using Roy Porter’s method of conducting “medical history from below” (“The Patient’s View,” *Theory and Society* 14 [1985]: 175–98), Israelowich asks how patients in antiquity would have differentiated between the various actors within the so-called medical market place and endeavored to select a healer from among physicians, priests, pharmacologists, root-cutters, midwives, and trainers. He emphasizes that in a world without a licensing body, anyone could claim to be a physician, and doctors therefore needed to construct their own “authority” to attract clients, while “power” ultimately rested with the patient, who exercised it by paying someone to treat them. In doing so, Israelowich implicitly posits a consumer model of medicine, where healthcare is not a body of doctrine, but a saleable product purchased by a population motivated by a nexus of economic, religious, and political concerns. With this in mind, the book then illustrates how Rome transformed from an agricultural society in which the *paterfamilias* provided care to the members of his own household to an expansive empire that fully integrated the Greek “professional physician” into its civic structure. The considerable strengths of Israelowich’s work rest in the ample archaeological, papyrological, and epigraphical evidence used to illuminate the legislative and administrative systems surrounding healthcare in antiquity.

Chapter 1 investigates the identity of ancient physicians and explores the Greek practice of appointing a “chief doctor,” or *archiatros*, who would receive public funding and take up residency in a city in exchange for tax-exemptions and fewer civic duties. This institution emerged in the sixth century, but became more popular in

the Hellenistic era, and when Romans adopted Greek medicine as a cultural system, they incorporated this governing practice. In other words, Rome did not merely embrace Greek medicine as a scientific methodology, but as an administrative reality. Governmental authorities did not officially recognize physicians to regulate the quality of medical care or standardize a doctrinal system, but to ensure that the civic advantages attached to the position were not abused.

In Chapters 2 and 5, Israelowich moves beyond physicians competing with each other to examine the relationship between so-called Hippocratic-style medicine and the Greek healing cults that emerged in the fifth century BCE and continued in popularity through the second and third centuries CE. Rather than oppose priests and physicians, Israelowich argues that both groups adopted similar vocabularies, provided similar treatments and constructed a similar syntax of illness. In fact, doctors even accepted priesthoods in later periods. As a result, he argues that patients would not have seen healing cults and physicians as selling incompatible worldviews, but offering two overlapping therapeutic practices. These three chapters form the work's most valuable contributions to the study of medicine in the Roman Empire, illustrating the obvious limits of establishing barriers between "rational" and "religious" medicine, while highlighting the bureaucracy of health.

Israelowich's marketplace model shows its limitations in chapter 3, however, when he adapts it to the realm of female care and reproduction, since the paying customer in this instance—as he recognizes—is often not the patient herself, but a father or husband employing physicians in order to ensure proper paternity of a child. In other words, the selection of a physician rather than a midwife was not about an individual voting with her checkbook, so to speak, but a man making medical decisions based on property concerns. What "power" rests with the female patient in such circumstances remains undetermined. In short, the marketplace model takes for granted a "rational actor" perspective, and this is a great pressure point to begin thinking about the way medicine moves along (often invisible) socially embedded relationships.

Chapter 4, which concerns healthcare in the Roman army, also presents some problematic claims. Israelowich argues that the expansion of the Empire and construction of *valetudenaria* in Roman military camps allowed for incredible cultural exchange, bringing Hippocratic-style medicine to the provinces, while making local remedies available across the Mediterranean. This presents slightly too uniform a picture, especially when the author suggests that because Roman pharmacologists included exotic remedies in their treatises, these foreign substances must have been broadly available. This argument seems somewhat out of step with John Scarborough's research on pharmacology, which illustrates the disparities in availability and potency of ingredients across the Empire (for example, see *Pharmacy and Drug Lore in Antiquity*, Burlington: Ashgate, 2010). In attempting to establish a single medical marketplace, Israelowich is too quick to erase differences between local economies and does not fully explore the cultural dynamics of an occupying force offering bodily care.

In sum, Israelowich's book deftly acknowledges the types of competition between different healthcare practices in antiquity, but ends up promoting a relatively homogeneous view of what both the marketplace and consumer looked like in the High Roman Empire. Moreover, his deliberate disregard of physiological theories (less than two paragraphs are dedicated to explicating ancient sects) has the strength of directing attention to administrative factors, but it obscures how disparate medical ideas can affect patient experiences. Even this year, new studies address the patient in antiquity, including Brigitte Maire's edited volume, *"Greek" and "Roman" in Latin Medical Texts* (Leiden: Brill, 2015), and a forthcoming volume edited by Georgia Petridou and Chiara Thumiger, in which the reviewer has a contribution (*Homo Patiens: Approaches to the Patient in the Ancient World*, Leiden: Brill, 2015). These works will help expand and refine Israelowich's constructive claims and help articulate what it would have been like to fall sick in antiquity and seek care from a complex and competing network of healers.

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Michael Stolberg. *Uroscopy in Early Modern Europe*. Farnham and Burlington, Ashgate, 2015. x, 196 pp., illus., £70.00 (cloth).

KEYWORDS: gender, empiricism, medical anonymity

On the first page of this fascinating book, Michael Stolberg cites Macbeth's request to the doctor of physic to "cast / The water of my land, find her disease / And purge it to a sound and pristine health" (5.3.52–54). Less momentarily, we remember Falstaff's first line in 2 *Henry IV*, "what says the doctor to my water?" (1.2.1). In moments of the greatest enormity and of the most domestic intimacy, Shakespeare cites uroscopy as a device for the determination of pathology whether that be on the scale of an entire country or the self-inflicted waning of the fat knight. The ubiquity and longevity of this diagnostic method is quite remarkable. It is, Stolberg states, "one of the most important practices in the history of Western medicine: the visual examination of the patient's urine with the naked eye" (1).

Urine and feces are the products of the body's expulsion of morbid matter and so it readily follows that this excrementitious material ought to contain the pathogens the body is eager to expel and that examination of it should reveal such pathogens. In this way, uroscopy is justified empirically and sustained by an irrefutable logic. The same might be said of coproscopy (the examination of feces) or hematoscopy (blood), but the "unpleasant and offensive" (64) nature of the former and the invasiveness of the latter made them less popular methods of diagnosis. As late as 1937, a