

CHAPTER 1

INTRODUCTION

It is incredibly important that the “small things forgotten” be remembered. For in the seemingly little things that accumulate to create a lifetime, the essence of our existence is captured. We must remember these bits and pieces, we must use them in new imaginative ways so that a different appreciation for what life is today, and was in the past, can be achieved. The written document has its proper and important place, but there is also a time when we should set aside our perusal of diaries, court records, inventories and listen to another voice.

Don't read what we have written, look at what we have done.

James Deetz 1977, *In Small Things Forgotten*, p. 161

1.1 INTRODUCTION

Not everything we do is documented in writing, particularly the routine activities of our daily lives, because records in both the written and oral traditions tend to be generated for extraordinary, unusual, and big events. The written record is, nonetheless, the basis upon which the subject of history, of all types, is investigated. Archaeological remains, meanwhile, can be studied and used to access unrecorded and mundane activities that have a significant impact on how people lived and understood their world. The aim of this book is to look beyond and behind texts and to explain how artefacts and structures associated with medical practices in the Greco-Roman world can be examined to determine past perceptions of health care, healers, and objects and spaces associated with treatments that might not be described in textual sources. It will be shown that archaeology is not simply a means of cataloguing artefacts and digging through layers of soil, but an insightful and critical scholarly discipline that can be used to ask vital and interesting questions about past lifestyles and social regulations that guided people's

behaviours and, in this case, medical practices. The examples given in this study are period specific, but the methods and theories introduced through them can be used or adapted to study other eras in history. Scholars and students unfamiliar with archaeological data and their interpretation will gain an ability to make critical analyses of archaeological studies for themselves, draw upon material remains for their own research, and become familiar with the complex interpretations that can be derived from objects. At the same time, this book is a useful supplement to general introductory archaeological textbooks because they rarely contain discussions on medically related remains. Finally, some key recent developments in the field of medical history are presented in the text.

1.2 MEANINGS THAT LIE BENEATH THE MATERIAL REMAINS

Even when an unusual event is recorded, it can have a long-term impact that may eventually permeate people's everyday lives and prompt a form of behaviour that becomes a habitual and mundane activity where the original meaning behind the activity is seemingly forgotten. For example, Joseph Lister's experiments with carbolic acid as a sterilizing agent on wounds and surgical instruments have led to the common use of antiseptic, cleaning products in our own houses, bathrooms, and kitchens. With the exception of textual sources advertising hygienic household supplies, it would be rare to find a written account explaining the products someone uses to clean their home. If not in a third-world context, the lack of detailed texts exists because the activity of cleaning with certain items has become a common practice and something that is believed to be necessary to maintain a healthy – and civilized – lifestyle.

Social rules regarding actions and behaviours are largely realized and understood through habitual performance rather than through explicit statements. For instance, it is common for visitors to a foreign country to make a social faux pas when they are unfamiliar with the conventions of the culture. If a visitor thinks to ask someone native to the region why activities are performed in certain manners that differ from those with which he or she is familiar, specific explanations can rarely be given. In general, responses tend to be vague, such as "it is the polite thing to do" or "it is common sense", but trying to ascertain why an action is polite or a matter of common sense can be difficult. Medically related activities and feelings about the ill are also replete with culturally informed norms that are not verbally acknowledged, such as spacing one's self at specific distances away from the ill, keeping silent in a

doctor's office, constructing hospitals in certain manners, discarding medical waste in specific ways, and fearing certain diseases and illnesses over others. Such reactions to the ill, along with spaces and objects associated with them, will generally vary from one society to another.

Yet, these are instances where "actions speak louder than words", since much of what we do, even in highly literate societies, is not described in writing. The question arises, how can we determine what life was like in the past if no verbal or written records exist that explain fundamental social customs and practices? It is here that the final statement of James Deetz's introduction to American historical archaeology, quoted at the start of this chapter, neatly summarizes the importance of using archaeological remains for the interpretation of past lifestyles.

It can be stressed that material culture, images, structures, bodies, and landscapes not only have a functional purpose, but, far more importantly, they convey rules and behaviours about the people who used and came into contact with them. Artefacts are, as Hodder and Hutson (2003: 33) argued, "meaningfully constituted". Conversely, they also play a role in shaping social conventions. Since anything manufactured, manipulated, or experienced by humans (landscapes, for example) both holds and shapes cultural perceptions and rules, these can be examined to access information about past routines and beliefs that are often not found in textual sources. However, retrieving meanings from remains is no simple task and requires a solid understanding of archaeological methods of interpretation. It is somewhat comparable to translating texts in a foreign language, also a difficult job, especially if the grammatical and contextual skills of translating are not mastered. When deciphering a sentence in a foreign language, one cannot simply rely on a dictionary to find *the* meaning of each term because the words, as any language specialist will know, take on different connotations that are dependent upon the context in which they are used. Grammatical structure, the society, and historical period provide a context by which meanings of words and phrases can be ascertained. For example, the simple statement "it's cool" can be used to indicate the weather or one's state of being. To establish which meaning applies, one bears in mind the grammatical structure, textual context, and the places and periods of time in which the phrase is used. Indeed, such words differ if an older person says them in comparison to a teenager. Artefacts also have similar rules of "translation".

Hodder (2007: 63–4) points out that while a comparison of finding past understandings of objects to a language translation is a seemingly appropriate one to make, he warns us that the idea of "translating" artefacts and structures is theoretically problematic, much in the same ways language translations can

be. Translating artefactual remains, he argues, suggests that the explanations might be made to fit our understandings of the past, rather than the “past as it was”. Our interpretations of artefacts sometimes do not account for the location of the object, the period when it was used, and, most significantly, different cultural perspectives and meanings that might be applied to the object. Thus, the archaeologist might apply his or her cultural views of an artefact in their interpretations. Hodder recommends that rather than seeing archaeologists as translators of artefacts, they should be seen as mediators between the past and present, who are aware of how their modern and cultural biases might influence their interpretations, and who are open to hearing the opinions of others. An example of an interpretation made with a strong cultural and temporal bias is found in some archaeological studies of Roman medical instruments that state that they were sterilized before use (e.g. Crow 1995: 50–1). Yet, this interpretation was based solely on the archaeologists’ conceptions of how instruments were handled in the twentieth century rather than on the likely Roman conception of what constituted a useable medical tool. Roman doctors did not have the same perception of germs as that in the modern West, and there is no recorded evidence of them having purposely sterilized their medical instruments. Medical historians and anthropologists have shown that there are differences in the way that medical objects have been handled in other periods and places that do not conform to modern concepts of hygiene. For example, it may be more important to bless a surgical object rather than clean it in order for it to be considered effective. The Roman writer Lucian also gives us the impression that some doctors did not clean or care for their tools as we might expect, when he says that he would rather have a doctor with a rusty knife than a charlatan with a gold one (*Adversus Indoctum* 29). Thus, archaeologists are warned that they should take care not to apply their own common-sense perceptions onto past activities.

Despite these caveats, objects, like words, must be considered in their archaeological contexts to ascertain how people used and understood them. Hence, the methodology may be seen, in certain respects, like a critical translation. When writing about an artefact, archaeologists should make note of a number of its properties to determine one or more of its functions, to consider how people thought about the object, and to what extent it might tell us about social rules and behaviours for the period in question. For instance, a saw has many uses and could have functioned as a tool for carpentry or for bone surgery, particularly in cases of amputation. The tool’s size, shape, decorative features, and the materials with which it was made should be recorded to help indicate which function it had. The archaeological provenance should also be studied to determine its likely context of use. Once one or more

1.3 RELEVANCE OF ARCHAEOLOGY TO MEDICAL HISTORY

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functions have been established, questions about the place of deposition and associated artefacts found with the saw can be addressed to determine other meanings connected to the object. Thus, a surgical saw found in an area used for the removal of waste could indicate that there were regulations about how medical objects may have been discarded. On the other hand, if it was discovered with votive body parts in a place known for ritual activity, this could indicate that it too might have served a votive role in a specific place and time. Hence, with the proper study of the material evidence, much invaluable information can be gained from them that would not be or cannot be found in textual sources; this enhances our understanding of past medical practices and perceptions.

1.3 RELEVANCE OF ARCHAEOLOGY TO MEDICAL HISTORY

Traditionally, medical history tends to be a text-based subject. Yet, to its advantage, it has much in the way of archaeological artefacts, such as instruments, anatomical drawings, bodies, structures for healing, votive offerings, charms, healing sanctuaries, and salubrious environments/landscapes that can be studied to establish past medical perceptions, healing practices, and conceptions of the ill. With such a range of materials available, it is surprising that there is actually little written on these topics from an archaeological perspective. I have noted elsewhere (Baker 2002a: 19–23) that one of the main explanations for this is the lack of interdisciplinary discussion between archaeologists and medical historians, which has led to misunderstandings about the ways both subjects are studied. On the one hand, archaeologists were not familiar with the medical texts, and, on the other, there is an ongoing perception that runs through literary-based subjects that little can be determined from the material culture. Archaeology is viewed as simply a function of cataloguing and describing remains, and to some extent, the interpretations are seen as conjecture (e.g. Salazar 2000: 230). Moreover, traditional studies involving archaeological remains of medical evidence tend to list the objects and compare them to medical texts (e.g. Bliquez 1981b, 1994; Bliquez and Oleson 1994; Jackson 1993, 1994c, 1995, 2002, 2005; Künzl 1983a: 15–29, 1996), sometimes without considering them in a wider archaeological context. Thus, an impression is given that little more can be done with the objects. On an even broader scale, although archaeology is very popular with the general public, misconceptions about the discipline persist because archaeology can be sensationalized in the popular media which focuses on big issues not everyday aspects of life. Details of the meticulous and complex task of making interpretations are rarely, if ever, presented.

There are numerous introductory tomes dedicated to explaining archaeology – its methods and theories – to students of the discipline. Yet, these are not made relevant to specialists in other subjects. Since the basics are not communicated, this exclusion will mean that the complex and multifaceted archaeological arguments, interpretations, and scholarly debates will often remain unknown beyond the area of study. For archaeology to be germane to and recognized by other fields, such as medical history, then its complex means of interpretation must be communicated with examples made relevant to particular disciplines.

Another factor that contributes to the misunderstanding of archaeological methods and theories, duly noted by historical archaeologists (Deetz 1996 [1977]; Moreland 2007: 9–32), is how greater trust is placed in the written word than in artefact analysis by those who are unfamiliar with archaeological methodologies. This results in giving the written or spoken word superiority over material remains. This is not simply a problem of text-based subjects, but one even in archaeology itself. For the most part, archaeology is studied by people who work in specific periods, as indicated by the division of the subject into such areas as prehistory, classical, medieval, and historical (including industrial) archaeology. Although the term “prehistory” simply indicates a period without evidence for written documents, a hierarchy was created when the subject of archaeology was in its developmental stages in the eighteenth and nineteenth centuries. During this period, societies with writing were deemed to have more scholarly importance and relevance than those without a written language (Schnapp 1996). In certain respects, this division is still maintained, though there is, it is hoped, a growing awareness that societies without writing in both the past and present have rich traditions of oral histories and complex social rules. Groups without a written record should not be thought of as primitive and, therefore, less worthy of investigation (Hodder 2007: 8). However, certain long-established ideas can be slow in dissipating, as this hierarchical disposition can still be found particularly amongst the traditionally trained classical archaeologists, who specialize in Greek and/or Roman archaeology.

It should also be remembered that, as with the interpretations of material culture, the interpretative process particular to textual sources also carries with it specific hindrances that need to be addressed for a critical scholarly argument to be made. In the case of literature, an awareness of the possible biases of the author, a fragmentary survival of the records, mistakes in transcription, the social and temporal context of the author, and incomplete or incorrect details provided in the texts, for example, need to be deliberated by the historian. Hence, historiographical and textual methodologies have been developed to deal with these issues.

1.4 THE REASON FOR THIS BOOK

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Although there are different methodologies and problems dealing with both sets of evidence, archaeological remains and historical documents can be studied in tandem with one another. Sometimes the artefacts corroborate stories found in the written record, and, at other times, they can provide information about the past when no record exists, and they can even point to a different lifestyle or “fact” than that which was written (e.g. Christie 2011: 2–7; Deetz 1996 [1977]; Moreland 2007). Therefore, a well-informed, interdisciplinary approach towards explaining and understanding the past will involve the use of both documents and archaeological remains – to mutual benefit.

1.4 THE REASON FOR THIS BOOK

It could be argued that medical historians interested in archaeology simply should read some basic introductions to the subject. Those who truly wish to know about archaeology will most likely do so. However, many would probably find the introductions – to be quite honest – too dry and even irrelevant to their field of study. This is because there are few, if any, references made to medical history in general archaeological texts outside those that introduce paleopathology, which is the study of ancient diseases found on skeletal remains. During my first year as an undergraduate, I remember feeling disillusioned with introductory archaeology books, even believing that I might have made the wrong decision about what to study. However, once I began applying theoretical interpretations to the periods and subjects of my interest, the discipline came alive for me. Since archaeology is interdisciplinary, it related well to the other subjects I was studying: anthropology, classics, and history. It enabled me to ask insightful questions about life in the past that could not be answered through the texts alone.

My personal experience taught me that perhaps the best way to demonstrate the importance of archaeological remains to those unfamiliar with the subject is to make it directly relevant to specific areas of interest. Since then, my area of research has striven to bridge any divisions and to bring diverse data together. However, there is always much to teach fellow archaeologists: recognizing instruments as “medical” is rarely achieved; understanding the multifunctional uses of tools is poorly explored; discussing how both formal and informal medical practices were then, as now, an everyday feature of life and living; and how landscapes and structures also carry with them concepts related to health. All of these possibilities can be considered in much greater detail. To help address some of these concerns, for example, I have shown that the archaeological context of tools identified as medical objects have

been recovered from areas associated with ritual offerings, indicating that the tools might have had a votive significance contributing to their multifunctional uses (Baker 2004b, 2011). I also found that the materials used in the manufacture of medical objects might have been chosen because the material itself was believed to have played a vital role in the healing process (Baker 2011). These studies demonstrated that medical objects can be thought about as having complex meanings that are not apparent in ancient literature. In a comparative study of the architectural design of medieval Islamic hospitals, I was able to demonstrate the interplay between structural remains and social concepts. Philosophical conceptions of healing might have informed the manner in which the buildings were constructed (Baker 2012), and conversely, the structures themselves might have informed philosophical ideas or understandings of medical treatments.

1.5 DESIGN OF THIS BOOK

Rather than writing chapters on particular methods and theories, similar to the arrangement of most introductory books on archaeology, I have decided to introduce these elements when discussing specific types of archaeological remains that are associated with medical practices. Therefore, this book is divided into chapters according to artefact classification: texts, images, small finds, structures, and archaeological science (e.g. human, animal, and environmental remains). Information will be provided in each chapter explaining the types of questions that can be addressed of the particular materials and where and how materials can be accessed, especially if the remains are unpublished. Along with this, relevant archaeological theories will be presented in a demonstrative manner through case studies, some from my own research. Each chapter will conclude with a list of further reading on the subjects discussed. Discussion questions and activities are also included at the end of each chapter to help the reader think more carefully about the issues presented and to create further discussion and debate about medicine and archaeology in the past.

The second chapter of this book will offer a general background to archaeological theories and field methods. The third chapter focuses on textual sources as archaeological remains. Papyrus fragments, inscriptions (public and burial), lead curse tablets, coins, and other inscribed objects are not simply items to be translated, they are forms of material culture. Some archaeologists (Deetz 1977: 24–5) argue that handwriting styles and language itself are archaeological because they are culturally manipulated and language, like material culture, changes over time. Textual materials, the foundation of

1.5 DESIGN OF THIS BOOK

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historical research, are not only valuable for the information written in or on them. They also provide an archaeological context, or the fabric upon which they are written. The context where they are placed and stored, and even the artistic style of lettering, can tell us something about the way people were thinking at the times in which they were written. These latter concerns are rarely considered, but for medicine, as will be shown, they are vital for understanding why certain types of texts were inscribed on specific materials.

Images are the focus of the fourth chapter. In traditional Greco-Roman period archaeology, statues, relief sculptures, pottery paintings, mosaics, frescos, and images on coins and amulets have received the majority of attention in archaeological studies. The established approach tends to be art historical along with a focus on the narratives of the art object that are compared to textual sources. Yet, images cannot only be studied for their style and content, but inquiries can be made concerning how and where they were intended to be viewed and if they symbolize something beyond their narrative.

In Chapter 5, material culture is related to health care. Consideration is given to how material culture – also referred to as artefacts and small finds in this book – is defined, and how instruments and objects are identified. However, more insightful questions concerning the possibility of multivariant functions, deposition, and symbolism of medical instruments and votive offerings are also brought to the fore. The active manipulation of objects, mentioned above, will be considered in regards to healing practices.

Next, in Chapter 6, we move to structures, spaces, and landscapes that were intended for healing, such as sanctuaries, structures identified as hospitals, baths, and environments. The focus of this chapter is the identification of buildings, multifunctionality of spaces, landscape archaeology, and phenomenology. Included in this section will also be discussions on building amenities such as fountains, aqueducts, and latrines that contributed to people's health in the past.

The final chapter focuses on archaeological science, including osteology and paleobotany. These areas of archaeology require specialist knowledge of anatomy and plant and mineral identification, normally supported by extensive scientific lab work. The skeletal remains can be used to make inferences about diet, as well as determine the diseases, hygienic conditions, and treatments people encountered. This aspect of archaeology also provides an ideal opportunity to discuss the problems of retrospective diagnosis. As regards medicinal remains, the ancient texts are rife with pharmaceutical recipes, but little information about botanical, mineral, and animal residues found in vessels surviving in the archaeological record are studied along with them. There are means of studying plant, animal, and mineral extracts in the archaeological

record, so the latter half of this chapter will be used to explain how these are examined and the possibilities and problems of their interpretation. Since the ingredients used in medicines can also be used in food preparation, the problems of identifying when a food becomes a medicine, much in the way chicken soup today can take on both roles (depending on the context in which it is served), will be addressed.

1.6 LIMITS OF THE TEXT

All books have their limits, and I believe that it is best to state these from the outset so as not to raise the reader's expectations. This is an introductory text, and although I will be discussing a variety of important theoretical issues, these may not be covered with the kind of detail that would be found in more advanced theoretical and methodological books on archaeology. Archaeological interpretations are multivocal, and it is impossible for me to provide numerous interpretations for the information presented. However, I will demonstrate that there is a vast amount of untapped information at our disposal that ought to be used to determine more about medicine in the past than presented in the texts, and that these should be used with a sound understanding of archaeological methods and means of interpretation. In cases where studies have not been undertaken, I will sometimes give an idea of a question that might be asked of the material and offer a brief explanation of how the question can be addressed. Furthermore, as mentioned, there exist many archaeological remains of medical objects. Again, it is impossible to cover all of them in this text, so I have chosen a few key examples to explain archaeological methods and theories in relation to ancient medicine. Last but not least, the suggestions for further reading provide the reader with information about where they can access medically related archaeological materials. Some of these are not in English. Yet, given the book is written for both students and scholars, the resources are useful for higher-level study. Moreover, some of the foreign sources are bibliographic lists that undergraduates without a foreign language would not find difficult to consult.

1.7 CONCLUSION

In the words of Emily Vermeule (1996: 5), a classical archaeologist who was asked to give a talk to the American Philological Association, "[i]t is not easy to become a good archaeologist". This is true, since archaeology is not simply a means of digging up and cataloguing artefacts and finding sites, but is a much more sophisticated field of study that requires a high level of critical