

‘Germs for Rome’

Visitors to imperial Rome commonly claimed to have been awed by its size and grandeur. From the perspective of the medical profession, the capital was impressive for a very different reason. As the court physician Galen drily pointed out, local doctors had no need to consult the Hippocratic writings for descriptions of intermittent fevers since every conceivable variety could be observed in the city on any given day. This comment highlights an important yet often neglected facet of Rome’s cosmopolitan nature and of ancient urbanism in general. The multiform influx of peasants and slaves, grain and wine, religion and languages was accompanied – invisible to the naked eye but no less momentous – by the immigration of innumerable micro-organisms in search for hosts. As the largest concentration of human beings in the Mediterranean and perhaps in the whole world, the city of Rome offered uniquely favourable conditions for the conservation and proliferation of infective disease agents. This was true in particular for density-dependent diseases requiring high threshold levels of population size to become endemic. Moreover, the political and economic integration of the Mediterranean facilitated the spread of disease. The centripetal forces of trade and migration ensured that any newcomers to the microbial scene would eventually enter the capital. While endemic infections gradually tightened their grip on the metropolitan population, repeated waves of epidemic disease added to the general malaise. Examples include the reportedly unique incidence and variety of malaria in Rome, the spread of leprosy from Egypt to Italy, and the eventual arrival of smallpox and bubonic plague. Pertinent ancient evidence ranges from literary aperçus and epigraphic records of seasonal mortality patterns to osteological and microbiological data from skeletal populations in the vicinity of the city. Epidemiological models and comparative evidence from other pre-modern mega-cities provide a much-needed interpretative framework for these disparate sources. Moreover, hitherto ignored census data indicative of extraordinary attrition levels in the largest district capitals of Roman Egypt help broaden the scope of this examination of urban excess mortality in the ancient Mediterranean. In the first attempt of this kind, this paper aims to construct a comprehensive model of the disease environment of imperial Rome. By illustrating the biological dimension of Rome’s cosmopolitan character and of the capital’s relations with its empire, this contribution throws new light on the rhythm and quality of life in the city and suggests pathways for future research on ancient urbanism and the impact of urbanisation on human development and wellbeing.