

TREATMENT OF DECUBITI IN ANCIENT ROME: 27 BCE-476 CE

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DOI: <https://doi.org/10.5281/zenodo.23275910>**How to cite this Article:** Valentine J. Belfiglio* (2026). Treatment Of Decubiti In Ancient Rome: 27 Bce-476 Ce. European Journal of Pharmaceutical and Medical Research, 13(10), 522–524.

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Article Received on 16/09/2026

Article Revised on 06/10/2026

Article Published on 10/10/2026

ABSTRACT

Roman physicians and surgeons developed diagnostic and treatment protocols for decubital that were remarkably advanced for ancient times. **Methodology:** This study uses historiography and conceptual analysis to compare ancient and modern medical writings. **Results:** The diagnostic protocol involved gathering patients' subjective reports, recording physicians' objective findings, assessing those findings in relation to comparable cases, and creating and revising treatment plans based on outcomes. Treatment protocols included debridement, topical remedies pain medication, daily dressings, and recovery through convalescence and physical therapy. **Conclusion:** Roman physicians and surgeons developed diagnostic and treatment protocols for decubiti that were remarkably advanced for ancient times.

INTRODUCTION

Roman battles were close, brutal, and merciless. Deaths and life-threatening wounds were common. Capsarii (medical corpsmen) rendered first aid to the wounded legionnaires on the battlefield. The Capsarii applied direct pressure to the wound, and vinegar (acetum) to the affected area, and compressed blood vessels by hemostatic tourniquets. They applied a linen bandage to the wound, and evacuated soldiers by stretchers or wagons pulled by horses to the valetudinarium (field hospital).^[1] The average field hospital occupied an area of 6,000 square feet and could accommodate 250-500 patients. The number of medical staff varied. Commonly, the hospital employed circa 50-100 physicians, 150-300 nurses, and 150-300 support and ancillary staff, including Capsarii. In the event of mass casualties, ward tents could be set up near the hospitals. (Vegetius, 3.2). 9scarborough 222-232).

Roman legionnaires sometimes experienced bedsores (decubiti). Bedsores are injuries to the skin and underlying tissue caused by constant pressure that cuts off blood flow to vulnerable areas of the body. They are also known as **pressure ulcers**, **pressure sores**, or **decubitus ulcers**. Roman physicians knew how to prevent and cure decubiti. Nevertheless, they sometimes occurred after large scale battles, involving massive casualties requiring intensive care. In this case, hospital

personnel focused on soldiers with life-saving techniques first, and soldiers requiring long-term infirmaries later. The Roman Medical Corps practiced Triage at the entrance of the hospital (vestibulum). The first to be treated were soldiers requiring immediacy to save lives, limbs, and eyesight. The second group were delayed, in that their condition was not expected to significantly deteriorate over several hours Minimally wounded soldiers could be treated by a nurse (nutrix) at the site. The last group were expected to die unless they received extraordinary maximal resources and time. They received comfort care and were the last to receive serious medical treatment. (Celsus 5.26.1).

Many of the wounded required bed rest and thereby became potential victims of decubiti. The combination of pressure, shearing forces, friction, and moisture lead to the death of tissue due to the lack of blood supply. If not treated early, the ulcer progressed from a simple erosion to complete involvement of the deep layers of the skin and extended to the underlying muscle and bone tissue. (Taber 496).

SCOPE AND METHOD

Decubiti have been a medical problem from antiquity to the present. Between 27 BCE and 476 CE, Roman physicians developed early methods for diagnosing and treating them.

This study uses conceptual analysis to compare writings by ancient and modern physicians and historians. Like modern practitioners, the Medici used nonsurgical treatments and removed necrotic tissue through debridement when ulcers required it.

Although contemporary techniques and technology have advanced significantly since Roman times, modern diagnosis and treatment still rest on foundations established in antiquity.

Primary Sources

Aulus Cornelius Celsus (first century CE) and Claudius Galen (129-216 CE) wrote extensively about various kinds of wounds and the methods of healing them.

Pedanius Dioscorides (40–80 CE) prepared an extensive catalog of drugs and other medicinal materials. Some of these materials were useful in the treatment of decubiti. Paulus Aegineta (625-690 CE) compiled a seven-book medical encyclopedia. In it he discusses the specific cause and treatment of decubiti. Flavius Renatus Vegetius (fourth century CE) included a chapter on the excellent physical fitness and good mental acuity required for service in the Roman legions. Quintus Martialis (third century CE) specialized in dietetics and emphasized the role of nutrition in treating disease. Marcus Terentius Varro (116-27 BCE) perceived through deductive reasoning that pathogenic microorganisms existed that could cause diseases in human beings.

Galen's Classification of Decubiti

Galen described decubiti as a progressive condition that could worsen if not treated promptly. His classification moved from ordinary ulcers to spreading ulcers and, in the most severe cases involving gangrene. To counter the progression Galen emphasized the principle of immediacy: early treatment necessary to prevent deeper tissue damage and more serious complications.

Three Classes of Decubiti

- **Ulcers (ulcers):** The first class included ordinary ulcers, which could appear as open sores or blisters. A soldier might experience pain, and the skin surrounding the ulcer could lose color. Medici sutured clean cuts using linen, wool, silk, or, preferably, animal-based catgut. Linen or wool bandages protected the site, holding medicinal salves in place while carefully managing tension to avoid cutting off circulation. They also used specialized pins (fibulae) for this purpose.
- **Phagedaena (spreading ulcers):** The second class referred to ulcers that had spread beneath the surface of the skin, turning a visible wound into a deeper internal problem.
- **Gangraena (gangrene):** The third class described advanced wounds involving extensive tissue damage. These wounds could affect bones, muscles, ligaments, joints, and tendons, and were marked by

necrosis caused by deficient or absent blood supply to the wound. (Galen 1.277-286, 1.83, 3.219-221). The Medici debrided necrotic tissue with scalpels, forceps, and other surgical instruments.

Roman physicians knew that patients with limited mobility, confined to bed for long periods of time, were at risk for decubiti. Aegineta wrote that ulceration of the sacrum “occurs most frequently in protracted fevers, owing to the patients having been long confined to bed. These sores spread deep and have hard thick edges.” (Aegineta 2.61). Celsus pointed out: “There is pain and inflammation; sometimes fever and hemorrhaging from the wound; and this disease has a tendency to spread.” (Celsus 5.28.3.). Untreated decubiti can lead to bone and joint infections, cellulitis, squamous cell cancer, sepsis and death. (David 11).

METHODS OF TREATMENT

Medical personnel boiled in water all surgical instruments, lint, fibulae, and bandages, prior to use for every medical procedure. Roman Medici knew nothing about microbiology. However, they knew through deductive reasoning that pathological microorganisms existed. Roman scholar, Marcus Terentius Varro (116-27 BCE) wrote: “the pathogen is alive, too small to be seen, it enters the body through the mouth and nose, propagates, and produces many diseases resistant to treatment.” (Varro 1.12). Treatment of decubiti depends on the degree of damage to the skin and underlying tissues. In its earliest stage, the Medici would clean the area with brine 1% salt in water and then cleanse it with acetum. They would then apply Aloe Vera and turmeric (*Curcuma Domestica*) in an ointment, using wool fat.^[2] (Dioscorides 3.22, 1.5, 5.3.)

Treatment of advanced decubiti was a more difficult and delicate procedure. If the skin was seriously damaged with the presence of a large wound, it could also involve bones, muscles, ligaments, joints and tendons. If it advanced this far, the Romans would not be able to cure it. These soldiers were retired and sent home or to one of the many Roman colonies established for veterans. (Sweetman, 1-7). If the wound did not break through the skin barrier and invade the bloodstream or deep tissues, the Medici would employ cleansing and antiseptics, honey on gauze pads, surgical debridement, and linen bandages to cure the decubiti. If the wound bled, Roman physicians employed direct pressure, or ligatures to manually tie off bleeding vessels. Cauterization was not usually an option in this kind of wound. (Celsus 4.13,3-5.26). (Galen 204-11, 234-242).

Techniques varied, but most Medici washed the wound with saltwater, (1% saline) and a sea sponge. (Dioscorides 5.111), 5.120). They scraped or cut away necrotic tissue to allow healthy tissue to regenerate. Roman physicians packed wound cavities with gauze pads, or lint, soaked in honey. 3^[3] (Dioscorides 2.82). They then used linen or woolen bandages containing

healing salves, such as comfrey and frankincense in olive oil to protect the wound from infection.^[4] This procedure was repeated daily, and, sometimes, more often. (Dioscorides 4.10, 1.68). Fever and pain often accompany decubiti wounds. Medical staff attempted to control fever in several ways. For example, sponging the patient with cold water or cool baths, and giving him a draught containing a powder made from the bark of the Willow tree. (Salix).^[5] (Dioscorides 1.104). When the fever was quite high, they kept the head if the patient cool with ice or cold compresses and kept his body warm with blankets. The core of the treatment for internal infections was a mixture of thyme and oregano in a draught of wine and vinegar. Vinegar acted as an effective antiseptic. Wine dissolved active herbs and sanitized mixtures. Thyme and oregano contain carvacrol that acts as an antibacterial and anti-infective.^[6] The Medici dealt with pain by giving the patient a draught containing opium (*Papaver somniferum*) or mandrake (*Mandragora officinarum*). Soldiers could also receive a local anesthetic in the form of henbane seeds (*Hyosyamus niger*).^[7] (Dioscorides 4.64, 4.75, 4.68 1.30).

CONVALESCENCE

Complete healing of decubiti could require weeks or months. In the field hospital, sick soldiers were housed separately from wounded soldiers. The *Medicus Primus*, or chief medical officer, assigned each physician as a case manager for several patients. During the recovery period, medical staff monitored the progress of patient outcomes. Nurses changed decubiti bandages daily, while a *Medicus* examined the wounds regularly. *Miles Medici*, or orderlies, repositioned soldiers with decubiti every one to two hours. Case managers prescribed range-of-motion exercises and encouraged early walking. Patients received protein-rich meals, (Martialis, 9-10, 221-222). and when additional symptoms appeared, the *Medicus* usually treated them with phytotherapy. Vegetius points out that only, the young strongest, healthiest, and vigorous young men were selected to become legionnaires. (Vegetius ch. 1-7). These men would have a better chance of enduring the hardships of disease and wounds than old, frail or sickly citizens.

CONCLUSION

Roman physicians developed unusually advanced diagnostic and treatment protocols for decubiti. Although they had no antibiotics, the Medici used honey effectively and applied principles still central to wound care today: debridement, cleansing, bandaging, and protection. Physical therapy, high-protein meals, and early ambulation also supported recovery, just as they do in modern care.

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