Pediatric RESEARCH

INSIGHTS

Ancient Romans and Down Syndrome

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Thermae Diocletianae—baths of Diocletian—erected between 298 and 306 CE, are the most imposing thermal complex ever built in ancient Rome. In 1561, Pope Pius IV granted the remains to the Carthusian monks' order. The genius of Michelangelo Buonarroti (1475–1564) presumably outlined the structure of the monastic ensemble on the baths' ruins according to the canonical Carthusian scheme: a large cloister, a small cloister, and the small dwellings for the monks.[1] The large cloister, conceived initially as covered walkways, is part of the venue of the National Roman Museum since its institution in 1889. A permanent Roman imperial age collection of statues, reliefs, sarcophagi, and altars is on display along with its four wings, each of 100 m and each rhythmically punctuated by 100 columns. Anyone accessing this area is overwhelmed by a timeless beauty, which steadily spreads out from both the building imposingness and the unique handicrafts housed such as the one of a little statue depicting a sleeping child (Fig. 1). This white marble, dated no later than second century CE, is thought to deify a *genius cucullatus*—a hooded spirit deemed able to protect children from diseases.[2] In shapes of dwarf or child, with the head always covered with cowl hood or cap, his cult may have originated in Anatolia becoming associated with one of the Asclepius' sons, the Greek god of medicine.[3] Worshiped by the epithet of *Τελεσφόρος*, two ancient Greek words: *τελος* (end/purpose) and *φερω* (to bring), compose his name, which intrinsically suggests his thaumaturgic action: Telesphoros is the god of convalescence, the one who completes his father's work through salubrious rest. Thus he was adopted by Romans from the Greek *pantheon* and venerated with Asclepius and Hygieia among the healing divinities of the medical triad.[4] So much history in such a little statue would be enough to inspire anyone; however, looking at his face several features may be recognized as follows: brachycephaly, round face, full cheeks, flat profile, upslanting palpebral fissures, and thick and short neck (Fig. 2a). Small nose, depressed nasal bridge, narrow mouth, and full lips may be the originally completed artwork, while a mesomelic disproportion of the limbs, their thickset appearance (Fig. 2b), and a wide gap between the first and second toes with clinodactyly of the fifth (Fig. 2c) are still distinguishable in undamaged portions. All these features, taken together, may reflect the sculptor's aim to portray a beautiful child with Down's Syndrome (DS) in the guise of Telesphoros. Various forms from the past centuries' artifacts have been proposed to depict DS both in figurative and visual arts predating its initial account in 1866[5, 6] and artists often portrayed other genetic conditions or congenital malformations in their work; sometimes due to mystical significance, other for sole interest.[7] In this view, since at that time average life expectancy stood between 20 and 30 years,[8] DS could have been considered an uncommon condition as its frequency in same age women is nowadays, respectively, estimated up to 1:1500–1:1000 live births.[9] To the best of our knowledge, no other DS's figurative examples have been so far attributed to the Hellenistic or to the ancient Roman eras.[10–12] Art has long been a witness to disease, and the Roman statue of Telesphoros, through his millenary sleep, seems to suggest to the viewers our ancestors' wisdom on what we are and we learned over the time alike from medicine and life.

Fig. 1 Photographic reproduction of "Statuetta di fanciullo addormentato con lanterna" [Statue of sleeping child with lantern], National Roman Museum inventory number: 125587. Courtesy of "Su concessione del Ministero per i Beni e le Attività Culturali e per il Turismo – Museo Nazionale Romano."

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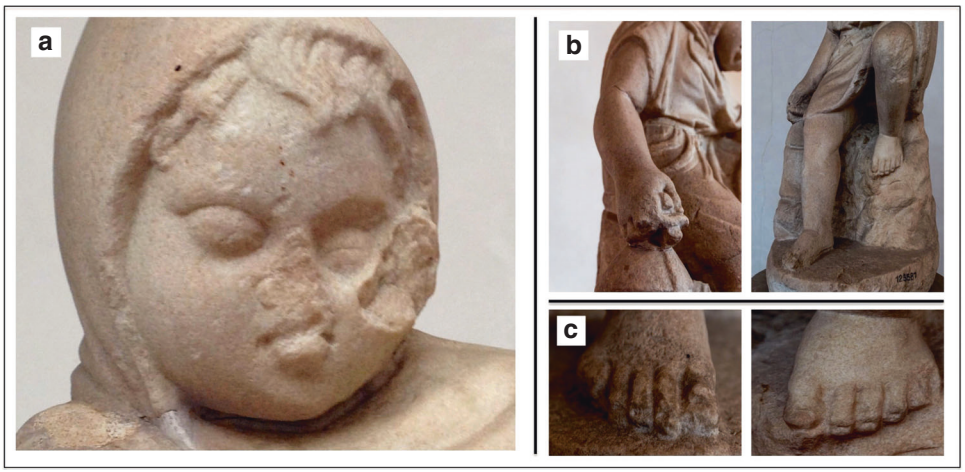

Fig. 2 Telesphoros' statue features. Magnification panels of the artifact's face (**a**), right arm and legs (**b**), and feet (**c**).

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AUTHOR CONTRIBUTIONS

D.V. and A.B. wrote the manuscript with input from all authors. D.V. and M.M. performed the phenotype evaluation critically reviewing the manuscript. M.V.G. helped with inventory research and historical assessment. All authors have read and approved the final version of the manuscript.

ADDITIONAL INFORMATION

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