

INVENTION OR EVOLUTION IN THE PROVISION OF HEALTH CARE IN LATE ANTIQUITY IN THE EASTERN ROMAN EMPIRE

The case of the hospital

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Abstract

My aim is to discuss the question of whether - and to what extent - the emergence of the hospital in the Eastern Mediterranean is the outcome of the healing tradition of the ancient Greek world rather than of the new values and structures of the Christian society that becomes established in the fourth century AD in the Eastern Roman Empire.

I will begin by briefly outlining the situation in the area of medical care in this part of the world up until the fourth century AD, which is the date at which most historians of medicine conventionally place the "birth" of the hospital.¹ I will then look at cases of hospitals between the fourth and the middle of the seventh century, in order to determine whether there were new elements that came into play in Late Antiquity in the East with respect to the society's attitude towards the sick, especially the indigent sick, and its manner of dealing with them. This examination will lead me to suggest aspects in which there appears to be a predominance of continuity with the Classical past, and others where change is most noticeable.

Earlier historians such as Theodore Meyer-Steineg and Karl Sudhoff have attempted to furnish evidence of the existence in antiquity of institutions to house the sick, but their arguments, according to most present-day scholars, are based on meagre archaeological information and some misinterpretations.² Although most scholars today concede that the hospital owes its creation both to the ancient Hellenic medical heritage and to the contribution of Christianity, they seem to lean heavily towards the impact of the latter, and firmly place the origins of the hospital in the years immediately following the legalisation of Christianity in the Eastern Roman Empire.

¹ Sigerist, 1932:82; Miller, 1997:4.

² Miller, 1997:31.

I will argue for the fact that the hospital emerges in the Eastern Roman Empire less suddenly than most scholars claim; that its debt is not quite so heavily weighted in favour of the ideological and socio-economic changes brought about by Christianity and its adoption as a state religion by the emperors, and that the long tradition of medical knowledge, practice and care inherited from Classical Greece constitutes a defining contribution. Whether the hospital was an ideological more than an architectural development may be debated, but I believe that, had this long and valued tradition not existed and, of course, had it not been so easily accepted and adopted thereafter by the Church – for reasons which I suggest are again connected with the nature of ancient Greek medico-philosophical values – the institutions founded in this period would have functioned much more generically as places of hospitality for travellers and pilgrims, or as refuges for the sick, maimed or dying, rather than as places where the restoration of health was a prime consideration.

*My intent is not to imply that Byzantine medicine was static or to deny that the hospital was a significant evolution from earlier provisions of health care and owed much to the Christian notion of *agape*. However, I would like to suggest that our own evidence today is still far from conclusive and that there are indications that the hospital was not as revolutionary and novel an institution as might appear to be, but that, while taking shape as a result of the new organisation and values of a Christian society, it had strong roots in resources and customs already in place in the Eastern Mediterranean.*

Introduction

The period we are looking at for the purposes of this study – that is the period between the legalisation of Christianity in the fourth century to about the

middle of the seventh century³ – is part of Late Antiquity. Historians of the period, such as Brown, see Late Antiquity as a period of social and spiritual revolution,⁴ in which the centre of gravity of the Roman Empire shifted to the East, towards the many small but active Greek towns of Asia Minor, and to the new capital of the Empire, Constantinople. Here, Brown writes, there was no “Decline and Fall”, such as in the West; the eastern Mediterranean and the Near East, “the cultural power-house of Late Antiquity,” remained resilient and unscathed.⁵

Here, too, military security was also greater,⁶ so trade did not cease to flourish, and intellectual activity continued undiminished. In the midst of important changes, foremost among which was the legalisation of Christianity and the concomitant effects of the penetration of the new religion into the structure of society, the Empire could retain its cohesion and present at the very least a façade of immutability.⁷ Paganism long survived in the cultural and intellectual spheres, as well as in many aspects of everyday life. As Brown writes, “‘Hellenes’ maintained the university life of Athens, of Alexandria and of innumerable smaller centres right up to the Arab conquest.... Though open to the spiritual turmoil of their age... [they] turned to the ancient methods to find a solution for contemporary anxieties.”⁸ Even with the advent of Christianity, “the Church Fathers Hellenized Christianity by taking over elements of classical culture and incorporating them into a Christian worldview.”⁹

In the field of medicine the heritage of Hippocrates and Galen remained strong and influential: physicians continued to be nourished by the concepts and methods of the Hippocratic and Galenic corpus, via Sicilian and Alexandrian

³ Although often blurred, the chronological boundaries of Late Antiquity are usually set between AD 284 and 602 (Mango 2002:5); Brown (1971:7) dates Late Antiquity between 200 and 700. For the purpose of this study I will place the end date in the mid-seventh century, to correspond with Temkin’s dating (1962:97) of the end of the first phase of Byzantine medicine to 642, the year of the Arab entry into Alexandria.

⁴ Brown, 1971:9.

⁵ Brown, 1971:19.

⁶ Mango, 2002:40.

⁷ Mango, 2002:9.

⁸ Brown, 1971:72.

⁹ Ferngren, 2009:4.

medicine,¹⁰ while the great compilers of medical knowledge such as Oribasius of Pergamon, Aetius of Amida and Paul of Aegina adapted them to the medical practice of their own times.¹¹

a. Definition of the hospital

It is against this background that the case of the hospital will be considered here, with the aim of questioning whether it was indeed as much a novelty as most scholars believe, appearing quite suddenly in the fourth century AD.

Ferngren writes: “None of the provisions for health care in classical times that have been suggested as early exemplars...resembled hospitals as they developed in the late fourth century.”¹² And Horden categorically states: “There were, I contend, no hospitals at all in the Mediterranean world or the Middle East before the reign of Constantius II”.¹³

If this is indeed the case, and the hospital appears so suddenly, the reasons for its appearance at this time and in this place would need to be determined. Scholars have advanced various views on this point, but have perhaps insufficiently credited the hospital’s debt to earlier concepts, methods and traditions regarding medicine and the ill, already in place in the ancient Greek world. In other words, the importance of the pre-existing ‘building blocks’ on which this institution was set in the eastern Empire seems, comparatively, to have been undervalued.

A discussion of what makes the late antique hospital different from previous loci where healing was attempted or took place requires us first to determine what is meant by the word ‘hospital’, and to examine the various terms employed by the Byzantine sources from which it has been translated.

¹⁰ Longrigg, 1998:61.

¹¹ Bennett, 2000:280.

¹² Ferngren, 2009: 124.

¹³ Horden, in Steger and Jangkrift 2004: 92.

In source texts, we find that a variety of terms such as *xenodocheia*, *xenones* or *nosokomeia* are used interchangeably for a wide and fluid spectrum of Late Antique philanthropic institutions, where health care of some sort appears to have been provided. Thus, in this period, *xenon* or *xenodocheion* could be applied equally to an inn, a hospice or a hospital. Although etymologically speaking their meanings are specific and only *nosokomeion* refers to a place for tending the sick, in the formative stages of the development of infirmaries such precision was not generally the case. Furthermore, in many of these establishments the sick might have been only a proportion of those served, while the close link between poverty and illness meant that the lines were often blurred between the provision of welfare and that of healing.

The variety of names for the early hospital thus reflects its many possible functions – it could at once be a shelter for the poor, the old and the traveller, as well as an establishment that provided medical treatment. As Nutton remarks: “The most notable characteristic of the hospital of early Christianity was ... its variety – of form, size, organisation and purpose. But all were united within an overall religious framework of care, compassion and charity.”¹⁴

Miller tells us that Palladius was one of the first Greek authors to have employed the term *nosokomeion* to describe the institutions established by St. John Chrysostom for the sick in Constantinople, but that it had become a common word in the sixth century,¹⁵ as evidenced by the fact that Justinian often used it in his constitutions: “We therefore decree that those who administer the affairs of the...orphanage (*orphanotropheion*) or hostel (*xenodocheion*) or poorhouse (*ptochotropheion*) or hospital (*nosokomeion*)... in the imperial city [Constantinople] are not permitted to sell...immovable property...”¹⁶

Modern scholars, of course, seek to be more precise when describing what constitutes a hospital. Ferngren dismisses the notion that Roman *valetudinaria* and the slave hospitals of previous centuries in the West could

¹⁴ Nutton, 2004:309.

¹⁵ Miller, 1997:25.

¹⁶ Law of Justinian (*Novel* 120.1) in 544, listing the various charitable institutions run by the church in the capital; Lee, 2000:238.

have constituted hospitals in the making, on the grounds that they provided medical aid only to specific sections of the population, and were not charitable foundations.¹⁷ Thus, the provision of medical care to all, free of charge, is for him a necessary prerequisite. However, he does not include the documented attendance of doctors as a requirement for a 'true' hospital.¹⁸

For David Bennett the use of the term 'hospital' presupposes the concentration of both doctors and paramedical staff, the opportunity to teach and learn in the presence of a wider range of disease than the doctor practising alone might encounter, and the sharing of clinical experience.¹⁹ Horden defines it as a "distinct and permanent structure for the overnight accommodation and relief of the poor and/or the sick."²⁰ It is this aspect of 'structure' rather than of 'personnel' that he considers to be of primary importance.

For Crislip, the necessary criteria for an establishment to be considered a hospital are in-patient facilities, professional medical care for the patients, and charitable care.²¹ Miller's definition is a similar one: "institutions which set as their goal healing their patients by rational medical therapy while they fed, sheltered, and nursed them".²² He also expects to find in them a "complex hierarchy of medical professionals,"²³ thus excluding hospices, almshouses or shrines.

Drawing on the above, and trying to avoid what I view as anachronisms, such as the requirements regarding a hierarchy of medical staff included by Bennett and Miller, I will use as my working definition for a hospital²⁴ that of

'a physical space dedicated to the physical or mental rehabilitation free of charge of a number of sick persons, often but not necessarily indigent,

¹⁷ Ferngren, 2009:124.

¹⁸ Horden, 2005:376-7.

¹⁹ Bennett, 2000:287.

²⁰ Horden, 2005:371.

²¹ Crislip, 2005:101-2.

²² Miller, 1984:53.

²³ Miller, 1984:55.

²⁴ When referring to the hospital here I will prefer the more generic 'xenos', not 'nosokomeion', except when an establishment is specifically so defined in the source text.

who are sheltered and fed there for a period of time, and cared for by a variety of means among which secular medicine²⁵ holds a predominant but not necessarily exclusive place; the patients are served by one or more persons trained in medicine or familiar with its principles and methods, who may or may not be assisted by attendants.'

b. Sources

Primary sources drawn on in this discussion are limited – owing to the scarcity of extant documentary material and narrative sources other than ecclesiastical histories, particularly for the fourth and fifth centuries²⁶ – and specific references to hospitals few. Among them will be included the works of the historian Procopius of Caesarea, of bishop Palladius of Galatia who wrote about St. John Chrysostom, the works and letters of the Fathers of the Church Basil of Caesaria, Gregory Nazianzen, John Chrysostom, and Gregory of Nyssa, and the collection of the *Miracles* of St. Artemios.

Secondary sources will be used in the discussion of the arguments and views presented by scholars today on the subject of the Late Antique hospital. These sources will be critically examined in order to arrive at the conclusions presented here.

c. Methodology

In this paper I will begin with a brief overview of aspects of medical care up until the fourth century AD – its components, practitioners and the loci of its delivery, as well as what I call the 'ethics' of care – in order to provide a background for discussion and comparison with the corresponding late-antique situation. I will then look at specific examples of hospitals known to have existed between the fourth and seventh centuries.

Finally, I will compare what we know of the characteristics of these hospitals to the pre-existing situation in the area of health care, a comparison which, I believe, will support my argument in favour of significant continuity, not

²⁵ According to Kee (1986:4) a healing action can be termed medical, as opposed to magical or miraculous, if it involves facilitating the natural function of the body.

²⁶ Mango, 2002:6.

only in medicine but also in the institutions delivering medical care and, albeit to a much lesser degree, even in the ethics of care.

I. Brief overview of the situation up until the 4th c. AD

1. Medicine and methods of treatment

Medicine based on rational systems of explanation for health and disease and on the use of empirical methods of observation and treatment was born in Classical Greece, and Hippocratic and Galenic writings continued to form the basis of medical education until as recently as the nineteenth century.²⁷ Indeed, Hippocratic works even contain some very modern-sounding basic guidelines for the correct standards of medical behaviour and for the appropriate set-up of a surgery, including factors such as lighting, water, chair height and cleanliness.²⁸

By the Hellenistic period, Greek naturalistic medicine had spread out across the Mediterranean from centres of learning such as Alexandria.²⁹ As Ferngren states: “The evidence is overwhelming that a natural causality that was the inheritance of the Greek theoretical explanation of disease enjoyed widespread acceptance throughout the Roman Empire among pagans, Jews, and Christians even in late antiquity.”³⁰ There was no conflict in the ancient Greek world, however, between religious healing and naturalistic healing by physicians.³¹

Medicine was not only reserved for physicians, however. It was part of the ‘cultural baggage’ – the *paideia* – of the educated man of Hellenistic times, whether scientist or poet. Massar cites, for example, the cases of the engineer Philo of Byzantium, who shows considerable knowledge in the area of toxicology

²⁷ King, 2001:53.

²⁸ Hippocrates, *Off.* 3.

²⁹ Ferngren, 2009:6; Massar, 2005:219.

³⁰ Ferngren, 2009:58. Ferngren means by “natural” that which can be frequently observed from ordinary human experience.

³¹ Edelstein and Edelstein, 1998: xvii.

and diet, and of the poet Apollonius of Rhodes, who uses medical terms in his works.³²

2. Components of medical healing

Treatment was very diverse. Besides pharmacology and surgery, it might include diet and rest, hydrotherapy and exercise. At the Hippocratic School of Kos, for example, patients were prescribed massage, sea baths, diet and exercise. At the same time, non-naturalistic components, calling on the resources of folk medicine or even magic, or requiring incubation in religious centres, existed side-by-side with secular healing. There are indications, however, that by the second century AD cures in religious sanctuaries themselves were less often of a miraculous nature and increasingly aligned with the prescriptions of secular medicine of the time.³³

According to Massar, Alexander's conquests and the intense commercial activity going on throughout the eastern Mediterranean, paved the way for the discovery and use by the Greeks of new plants and local ingredients, and thus to a great interest in medical botanology, apparent in the impressive production of pharmacological writings in the Hellenistic period.³⁴

3. Medical personnel and medical manuals

Since there was no distinct medical profession as we know it today (that is, no guild- or state-imposed quality control), the definition of a 'physician' in this period was wide and imprecise.³⁵ In the absence of recognised professional qualifications, physicians were thus simply those who called themselves so.

This is not to say that doctors did not receive training, from fellow-doctors or in medical schools. Those of Kos, Knidos and Alexandria - where dissection was allowed for a period of time, greatly expanding the knowledge of

³² Massar, 2005:190.

³³ Holowchak, 2002:160 and 164 n.18.

³⁴ Massar, 2005:223.

³⁵ Nutton, quoted in Ferngren, 2009:38.

human anatomy - produced knowledge that was transmitted to following generations of practitioners.

Physicians, but also other categories of lay persons, had access to Greco-Roman medical sources, thanks to the fact that besides the Hippocratic and Galenic corpus - Hippocrates “bountifully produced books composed on the art of medicine in his desire that there should be many doctors to save lives”³⁶ - manuals such as that entitled *For the Layman* by Rufus of Ephesus and Celsus’s *De medicina*, made possible the wide dissemination of medical knowledge.

Furthermore, the close connection between medicine and philosophy evident in the works of Hippocrates and Galen³⁷ ensured that notions of logic, scientific research and philanthropy – the latter primarily in the sense of helping or at least doing no harm³⁸ – passed on to future generations of educated practitioners and laymen.

Physicians were in general private practitioners; scholars have debated whether some, particularly in Roman times, might have been closely connected to Asclepieia, a certain number even serving as priests.³⁹ Galen refers to the provision by many towns of surgeries where doctors could offer their services to the sick, although this was by no means a general obligation. Epigraphic evidence seems to support their existence at least until the late second century AD, at which time inscriptions referring to civic *archiatroi* (chief physicians but originally royal doctors) first make their appearance, possibly as the successors of the earlier *demosioi iatroi*.⁴⁰

We know that these *demosioi iatroi*, “public physicians,” were employed

³⁶ *Decree of the Athenians*, in Longrigg, 2001: 42. As examples of ‘training manuals’ we might cite Hippocrates’ *In the surgery* 2-4 and *Diseases* II.47 (ibid: 184); also *Affections*, which “provides essential information on what knowledge and skills the educated layman in Ancient Greece was expected to possess in the management of health” (Cañizares in Horstmanshoff, 2010:88; see also Pormann, ibid:423 and passim).

³⁷ Temkin, 1991:49 refers to Galen’s *De placitis Hippocratis et Platonis* in relation to the moral values of a good physician and to the close relationship between the practice of medicine and philosophy.

³⁸ From the Hippocratic Oath.

³⁹ Edelstein 1998 (II):139-145. But according to Cohn-Haft, 1956:29-30, for the Hellenistic period at least this is definitely not the case.

⁴⁰ Nutton, 1977:199.

by city-states.⁴¹ Massar notes that they are attested from the time of Herodotus, who mentions the case of a certain Demodokedes of Croton (Book III, 129-137); references to them are also to be found in Plato and Xenophon, while a number of Hellenistic decrees and public inscriptions honour public physicians for exceptional services rendered.⁴² However, the extent to which their services were provided free of charge to citizens is still much debated. Cohn-Haft, for instance, vehemently denies that public physicians in ancient Greece provided free medical service or were anything more than doctors whose fixed residence in a particular city was guaranteed for a period of time.⁴³

Temkin quotes Hellenistic inscriptions extolling physicians. He gives examples of a public physician who attended “all alike, whether poor or rich, slaves or free or foreigner” and of a doctor named Xenotimus who, at a time of an epidemic when the great number of ill overstretched and exhausted the public physicians in the city, freely offered his services to all those who required them.⁴⁴

Massar also cites inscriptions lauding physicians for their treatment of the population at their own cost (ἐκ τῶν ἰδίων)⁴⁵ and without distinction of citizen status or financial means (περὶ πάντα[ς τοῦ] πολί[τ]ας⁴⁶ - οὐ μόνον τῶν δαμετᾶν ἀλλὰ καὶ τῶν παροικευν[σ]των⁴⁷). From the study of commemorative decrees, Massar is able to comment on the moral qualities of the physicians that were employed by cities as *demosioi iatroi*: among these were an attitude of benevolence and willingness to care for all, even without remuneration.⁴⁸ Whilst conforming to the rhetoric of formulaic requirements, and serving, as Massar points out,⁴⁹ to promote diplomatic relations between cities or the physician and

⁴¹ Aristophanes *Acharnians* v.1030: οὐ δημισιεύειν τυγχάνω “I don’t happen to be the state physician.”

⁴² Massar, 2005:31-2.

⁴³ Cohn-Haft, 1956:34ff.

⁴⁴ Temkin, 1991:20.

⁴⁵ Massar, 2005:79.

⁴⁶ *Ibid*: 86.

⁴⁷ *ibid*: 87 n. 140. In another inscription (n. 143): πᾶσιν [τ]ῇν αὐτοῦ χρεῖαν μερίζων ἐ[βοή]θησεν.

⁴⁸ *ibid*: 93 citing among others the cases of Diodoros in Samos and Onasandros in Kos.

⁴⁹ *ibid*: 148-150 and *passim*.

his city's renown, the decrees nevertheless reflected at least a partial reality and show the ideals the Greeks set before them and the qualities – besides professional competence – that were valued in a physician.

Individual cases and rhetoric aside, it would seem that public physicians paid by the city could ask for remuneration, although, at their discretion, they may have offered their help in some cases without recompense, or adjusted their fees to the means of their patients, as is recommended in a late Hippocratic work that all physicians do:

“I urge you not to be too unkind, but to consider your patient's wealth and resources. Sometimes you will give your services for nothing, calling to mind a previous benefaction or your present reputation. If there should be the opportunity to serve a foreigner or a poor man, give full assistance to him; for where there is love of man there is also love of the art. For some patients, though conscious that their condition is perilous, recover their health simply through their contentment with the goodness of the physician.”⁵⁰

Nevertheless, reputation, if not always remuneration, seems to have remained an important consideration: “The quickness of the disease... spurs on the good doctor not to seek his profit but rather to lay hold on reputation.”⁵¹

4. Attitudes to healing and the ethics of care

a. Classical/pagan

In Classical times, health and illness were essentially a private affair and the city did not generally consider itself responsible for caring for sick individuals and in general, up until the advent of Christianity, there appears to have been no acknowledgment of the intrinsic value of each individual regardless of his personal virtue or social status.

Although this seems indeed to have generally been the case for this period, Edelstein refers to the work of Bolkenstein, who, he says, “has shown that Christian charity, although unique in its scope and its motif, was preceded

⁵⁰ Hipp. *Precepts* 6.

⁵¹ Hipp. *Precepts* 4,6 quoted in Ferngren, 2009:91.

by a gradual change in the attitude of the pagans.”⁵² In other words, in Hellenistic and Roman times, and owing possibly to the influence of Stoic philosophy, which encouraged charity among the wealthy towards the poor, the Asclepieia already to some extent filled a gap in the provision of medical welfare to the lower classes.⁵³ It can thus be argued that the humanitarian aspect of the cult of Asclepius helped prepare the ground for the Christian hospital.⁵⁴

The later Hippocratic work referred to above also perhaps reflects the fact that humanistic principles had begun to gain ground. As van Minnen maintains, already in the centuries preceding the advent of the Christian empire, “the professional medical ethics advertise the traditional picture of the physician as thoroughly *philanthropos*, charitable towards all.”⁵⁵

Philanthropy has a long history as a word: it is already to be found in Aeschylus’ *Prometheus Bound* (line 11), where it is translated as ‘man-loving’, ‘philanthropic’, ‘humanity-loving’. Asclepius himself “gave help cheaply”, and “took care of the poor”.⁵⁶ The Hippocratic works *Precepts* (6), as we have seen, and *On the Physician* (I) refer to the *philanthropia* of the physician, but this is generally interpreted as meaning a proper attitude of kindness towards all, that often went hand in hand with a desire for honour and public recognition. It was closely akin to *euergesia* – good deeds – the motives for which were generally *philodoxia* and *philotimia*, that is the love of fame and honour.⁵⁷

However, Galen’s understanding of the word *philanthropia*, perhaps also coloured by the influence of Stoicism and humanitarian ideas, seems to go beyond that of the Hippocratic works, introducing the notion of a common humanity and feelings of sympathy and benevolence towards all humankind,

⁵² Edelstein and Edelstein 1998 (vol.II): 176 n.14.

⁵³ Edelstein and Edelstein 1998 (vol.II): 178.

⁵⁴ Feen, 1983:47 quotes an inscription of the 2nd c. AD in the temple of Asclepius in Athens, which requires that the physician be “to all a brother, such help he would give. For we are all brothers.”

⁵⁵ Van Minnen, 1999:166.

⁵⁶ Edelstein and Edelstein, 1998: 175 (T405); but although philanthropy was the ideal set before the physician, there was no obligation to provide services free of cost.

⁵⁷ Ferngren 2009: 89-90.

thus distinguishing a “philanthropos” physician from one motivated by fame or honour.⁵⁸ If, as Galen says, the physician is also a philosopher,⁵⁹ then he will naturally express this in his concern for the good of all, in his compassion for the poor and a desire to disseminate medical knowledge for the benefit of mankind.

Another concept with a long history, *euergesia*, was not directed in Classical times towards charitable institutions for the needy as were later the resources of Christian bishops and their congregations, but, when not bestowed on family or clients, was often an ostentatious display of public beneficence by a private individual intended to promote his own image. As Anneliese Parkin remarks, although beggars, slaves and foreign migrants occasionally became the recipients of *euergesiae*, the marginal and the destitute as a whole were not targets of aid in ancient societies.⁶⁰

b. Jewish

The notion of human beings as created in God’s image⁶¹ is a legacy that was transmitted to Christianity from Judaism, and the Jewish notions of charity, as Nutton writes, strongly influenced early Christianity.⁶² This notion was limited in its scope, in that it was an obligation directed at the members of the community of believers. As for illness and suffering, they were more often considered linked to sin rather than to natural causes.⁶³

God was the provenance of healing (“I am Yahweh your healer”⁶⁴) and of the means to achieve it, and even as Greek rational medicine was adopted in the Hellenistic period by Jewish practitioners,⁶⁵ it was ultimately God who provided

⁵⁸ Galen’s *De placitis*, quoted in Ferngren 2009: 91 n.28.

⁵⁹ Galen, *That the Best Physician is Also a Philosopher*, quoted in Ferngren, 2009 92.

⁶⁰ Parkin, 2006:60.

⁶¹ Genesis 1: 26-27.

⁶² Nutton, 2004:288.

⁶³ The connection between sin and suffering is explored in the Book of Job (4 and passim, 27 and passim) where it is rejected by Job himself, but also elsewhere in the Old Testament, as in the Wisdom of Sirach (7:1 and passim), where it is seen as closely linked.

⁶⁴ Exodus 15:26.

⁶⁵ Ferngren, 2009:23, on the basis of the research of other scholars, states that the early Hebrews seem to have had no medical tradition of their own. Josephus (*The Wars of the*

the medicines used by physicians, but who could also intervene miraculously. However, the physician, as God's agent, was considered worthy of honour.⁶⁶ Temkin speaks of a state of affairs in which secular healing could be accommodated alongside religious healing, or even preferred, but in which some antagonism still remained.⁶⁷

Religious healing sites did exist – Bethesda, the pool of Siloam,⁶⁸ the cave of Matrona at Daphne, a suburb of Antioch, where incubation took place – while the hostel built to serve those worshipping in the synagogue may have provided some basic health care.⁶⁹

With regard to the connection of medical provisions and pilgrimage, an inscription from first-century Jerusalem referring to a “hostel with chambers” for pilgrims, similar to the accommodation for visitors at Epidaurus, has also been quoted as support for the claim of the existence of the first Jewish hospital, although as Horden says, there is no evidence of the attendance of doctors.⁷⁰

Nutton, on the other hand, claims that Jewish hospitals were hostels or hospices for pilgrims, such as those that were attached to pagan shrines, and served by doctors secured by the city during great festivals, to attend to their visitors.⁷¹ Avalos, however, denies that it is possible to see shrines such as the Temple in Jerusalem as therapeutic loci constituting predecessors to hospitals, on the basis of two criteria of an ethical nature: first, that many types of patients were excluded from them by law and second, that remuneration was required.⁷²

Jews 8.136) speaking of the Essenes, says that “they ...take great pains in studying the writings of the ancients, and choose out of them what is most for the advantage of their soul and body”.

⁶⁶ Wisdom of Sirach 18:19; 38:1-2 and 4: “Honour the physician with the honour due him, and also according to your need of him. For the Lord created him. Healing comes from the Most High...; The Lord created medicines from the earth, And a sensible man will not loathe them.”; see also Kee, 1986:20-21, 23.

⁶⁷ Temkin, 1991:93.

⁶⁸ John 5:2-4; 9:7.

⁶⁹ Purported by some to have housed the relics of the mother of the Maccabees (Mayer and Neil, 2006:21); Mayer and Allen, 2000:12.

⁷⁰ Horden, 2005:373 and in Steger and Jangkrikt, 2004:91.

⁷¹ Nutton, 1984:9.

⁷² Avalos, 1999:42-3.

c. Christian

Christianity expanded the Jewish communal obligation of charity by extending it to all those in need, believers or non-believers. As did the Jews, the early Christians believed that healing was ultimately God's affair. It was, then, natural that some tension should exist between the new religion and secular healing: the New Testament references to healing could be interpreted in various ways, ranging from condemnation of secular medicine, through disregard, to grateful acceptance.⁷³

Nutton views Christianity as "a healing religion *par excellence*." For other scholars, however, physical healing was not the central or predominant aspect of the Christian message except in a metaphorical sense.⁷⁴ From its earliest days, Christianity viewed care of the sick as an important part of the charity it was incumbent upon believers to show towards their fellow human beings, as illustrated in the example of Bishop Dionysius' provision of relief to the sick and dying during an epidemic in Alexandria in 262.⁷⁵ However, it is important to note, as Miller points out, that there is nothing in the New Testament or the *Apostolic Constitutions* – the collection of rules guiding Christian practice in the first centuries after Christ – that placed on church elders an obligation to care for the sick specifically through the use of medicine as a means to implement that care.⁷⁶

In essence, as Ferngren states: "...Christians shared the same climate of opinion as their pagan neighbors and employed the same medical categories as they did in diagnosing sickness and its causes."⁷⁷ Even before the Cappadocian Fathers, Eastern theology on the whole rejected manichaeistic-type views regarding healing and considered the use of secular medicine proper for Christians. To ease whatever tensions did exist between belief in supernatural

⁷³ Nutton, 2004:287.

⁷⁴ Ferngren, 2009:64, 85; Amundsen, 1996:13.

⁷⁵ Nutton, 2004:289.

⁷⁶ Miller, 1997:51.

⁷⁷ Ferngren, 2009:62.

healing and lay healing, and to establish its own primacy, Christianity linked the two, taking over a number of the functions and imagery of pagan healing cults, and converting traditional healing shrines into churches dedicated to physician-saints.⁷⁸

5. Health care delivery/locus of care

Although in classical antiquity the *oikos* was the chief locus of health care, the practice of incubation at sacred shrines in search of healing is well attested.

The Edelsteins saw the hostels attached to the Asclepieia as early forms of hospitals,⁷⁹ which did not seek fees from poor patients. Massar calls on the evidence from inscriptions from Delphi and Olympia to attest to the attendance of physicians, paid for either by the city or an agoranome, to look after pilgrims and visitors.⁸⁰ Talbot notes that: "In contrast to the primarily divine and supernatural healing that was a feature of the Asklepan precinct at Epidauros, the complexes at Kos and Pergamon had medical facilities that played a major role in the healing of pilgrims".⁸¹

Mental illness also called for pilgrimages to shrines for healing, thus "the long-term gathering of the possessed round a shrine could make of the setting a quasi-hospital."⁸² The demons themselves, "on the pretext of illness...made themselves to lie down in bed in the hospitals so as to hide."⁸³

Some scholars have commented on the role of pilgrimage in the early provision of health care. Petsalis-Diomidis, in relation to the Asclepieion at Pergamon, speaks of the importance, in the experience of a healing pilgrimage,

⁷⁸ e.g. Asclepius and *Christus medicus*, Cosmas and Damian, the staff of Asclepius and the bishop's crozier.

⁷⁹ "the Asclepieia had building attached to them which were intended to house the patients and to provide the necessary means for their treatment..." Edelstein and Edelstein, *Asclepius* II:191 quoted in Avalos, 1999:100. Edelstein and Edelstein, 1998 (vol.II):173-80. Pausanias, *Description of Greece* 10.32.12: "Seventy stades distant from Tithorea is a temple of Asclepius... Within the precincts are dwellings for both the suppliants of the god and his servants."

⁸⁰ Massar, 2005:88-89.

⁸¹ Talbot, 2002:153.

⁸² Horden, in Rousseau and Papoutsakis, 2009:271.

⁸³ St. Theodore of Sykeon, quoted in Rousseau and Papoutsakis, 2009:271.

of a common space and rituals; the latter, expressed through the prescriptions of the *Lex Sacra*, organised pilgrims into one body, while the incubation chambers, also communal, gathered them together into a community.⁸⁴ It is exciting to project some of these aspects into the later formation of a common space devoted to healing, whether in the context of a monastic community, a room off a church or an urban hospital.

From Aelius Aristides' *Sacred Tales* we know that he stayed within the temple complex of Pergamon for two years, between A.D.145 and 147,⁸⁵ and it is not inconceivable that such in-patient facilities might have been available to other privileged individuals.⁸⁶

As Risse notes: "[Aristides'] example at Pergamon demonstrated that at least during the early Roman Empire, medical and dietetic advice based on contemporary insights into health disease could also be provided within a religious framework. A century later there are hints that some Asclepieia near cities of the Eastern Roman Empire even became shelters for the sick and displaced... In doing so, these temples merely extended their original mission of protection and assistance."⁸⁷ Risse has also suggested that, for visitors to healing sites, food may have been distributed and nursing care provided in nearby hostels.⁸⁸

An inscription of M. Julius Apellas at Epidaurus⁸⁹ informs us that he spent more than nine days there, receiving instruction from Asclepius regarding his treatment. Hamilton claims that as medical science and hygienic treatment began to play an important part in healing alongside religious rituals, a lengthier residence at sanctuaries became necessary. Thus, Asclepieia and Sarapeia had to

⁸⁴ Petsalis-Diomidis, in Elsner and Rutherford 2005:189, 208, 217

⁸⁵ Behr 1986:2; *Sacred Tales* 2.64-70 and 3.44 in which Aristides speaks of his *kathedra* in the Asclepieion; Hamilton, 1906:46.

⁸⁶ Semi-permanent or permanent residents (*enkatokhoi*) were common in Egyptian shrines also (Elsner & Rutherford, 2007:17).

⁸⁷ Risse, 1999:57.

⁸⁸ Risse, 1999:56.

⁸⁹ Hamilton, 1906:40-1.

cater to long-term residents, as did Christian churches in later times,⁹⁰ turning into establishments of a considerable size.

It appears then that the sanctuaries of Asclepius themselves changed through time, with physicians in the Roman period tending to take increasing control over them, and surgery possibly taking place there as well. Thus, it would not be too far-fetched to see in the later Greek centres of healing the foreshadowing of what would later be termed a Christian hospital.⁹¹

However, the view that the origins of the late antique hospital can be found in the Asclepieia and the caravanserais for pilgrims at festival times, has been contested by certain scholars, who claim there is scant evidence for it.⁹² Others, though, are less absolute in their views: "Healing shrines, both pagan and Christian, can be considered a primitive form of hospital, in that they provided a form of medical assistance, particularly for the poor, but long stays there are uncommon, and the amount of medical attention and treatment open to question."⁹³

Finally, besides the *oikos* and the sanctuary, medical attention was also provided in doctors' surgeries, which would have been located in a room in the doctor's house. Certain earlier scholars⁹⁴ considered the *iatreia* of public physicians to be the precursors of hospitals, maintaining that it was not unlikely that some patients would have had to remain there for a period of time for observation and care after a surgical intervention. As Risse comments: "It is conceivable that at times the established healing craftsmen may have followed the practice of normal Greek hospitality, temporarily assigning rooms to their guest-patients while continuing to administer certain treatments or monitoring convalescence."⁹⁵

Sigerist, too, puts forward a similar suggestion: "The question has been raised whether physicians took patients for general treatment or post-operative

⁹⁰ e.g. saints Cosmas and Damian, Saint Thekla, Saint Therapon (the healer) etc.

⁹¹ Angelidi, 2007:14.

⁹² Ferngren 2009:138.

⁹³ Nutton, 1984:9, n.79.

⁹⁴ Miller, 1997 44.

⁹⁵ Risse, 1999:28.

treatment into their houses, so that the *iatreion* would have been not only the doctor's office but some kind of private nursing home and as such the precursor of the ancient western hospital. There is no documentary evidence to support such an assumption, but on the other hand it seems only logical that after a serious operation patients, particularly, out-of-town patients, were kept for a while at the doctor's house where they could be nursed by the physician's assistants or slaves, be under constant observation, and be sure of immediate attention in the case of complications. Every Greek house had guest rooms (*ξενώνας*), and it is quite possible that patients were kept in such rooms for a period of time."⁹⁶

This view is also supported by Meyer-Steineg,⁹⁷ who saw the hospital as a development from the *xenon*, which itself supplanted the *iatreion* in Byzantine times.

Miller contends that there is no evidence in the sources for such a thesis, however logical and plausible it may seem;⁹⁸ he claims that, regardless of the issue of whether the public physicians – and later *archiatroi* – did or did not receive remuneration for their services, to date there is no evidence to prove that, before the time of the Christian physician St. Sampson in the early Byzantine period, physicians also offered their patients shelter and meals during their convalescence. However, given that the possibility of further evidence surfacing has not yet been exhausted, it may not be entirely unjustified to put in a claim for the gradual evolution of the locus of care out *iatreia* and sanctuaries.

This summary of the basic elements of medical care from the Classical period to the fourth century AD has provided us with an outline against which to compare the developments brought about in this area in the Late Antique period. In the next chapter, the first section will touch on some of the major changes that occur on the social, political and religious scene from the fourth to the seventh century, but also on aspects of continuity that can still be observed.

⁹⁶ Sigerist, 1961:307-8.

⁹⁷ Cited in Miller, 1997:42.

⁹⁸ Miller, 1997:42-3.

The second section will be devoted to a description of the provision of health care in particular establishments that meet some, or all of the criteria included in our definition of a hospital.

II. The Eastern Roman empire from the fourth to the seventh century

1. The socio-economic, political and religious background

From the fourth century on, against a backdrop of a series of widespread epidemics that had broken out since the second century, the Eastern Roman Empire witnessed changes on several fronts: population growth,⁹⁹ coupled with a failure in crops, led to dislocation of the dispossessed from the rural areas to the cities,¹⁰⁰ and thus to an increase there in the numbers of indigent, homeless individuals. Towards the end of the period, recurrent outbreaks of the bubonic plague and clashes between the Byzantine Empire and its Persian neighbours resulted in political instability and economic regression,¹⁰¹ but the interdependent Christianised cities, market towns and villages of the East continued to retain the fundamental structures of the Greco-Roman world.¹⁰² Existing evidence, although scant, suggests that even as far as the seventh and eighth centuries there remained a measure of continuity in Byzantine society.¹⁰³

On the religious front, communal monasticism first emerged in the early fourth century in Egypt. At the same time, the legalisation of Christianity by Constantine in 313 by the Edict of Milan resulted in a growth in the strength and

⁹⁹ Miller, 1997:68; Cameron, 1993:114, 179; other scholars, however, questions this – see Horden, 2005:381.

¹⁰⁰ Where, as Cameron notes (1993:126) “Christian charity began to take the place of civic euergetism” and public charity was often distributed in the form of food for example, as in fourth-century Antioch (ibid: 177); see also Crislip, 2005:132 and Allan, 1990:446.

¹⁰¹ Sarris, P. ‘The Eastern Empire from Constantine to Heraclius (306-641)’, in Mango, 2002: 49-51.

¹⁰² Mango, 2002:95; Miller, 1997:69.

¹⁰³ Treadgold, W. ‘The Struggle for Survival (641-780)’ in Mango, 2002:143.

material position of local Christian communities,¹⁰⁴ as well as in an increased political and social role and public prominence for bishops, whose authority, as the heads of cities, gradually replaced that of the provincial governors.¹⁰⁵ This was facilitated, as Brown comments,¹⁰⁶ by Christianity's rapid control of the aristocracy of the empire in the fourth century, due to "the revolution that had placed the imperial court at the centre of a society of 'new' men, who found it comparatively easy to abandon conservative beliefs in favour of the new faith of their masters."¹⁰⁷

Within the Church itself, this was a period of fierce theological and political argument between Arianism and 'catholic' Christianity. One of the ways in which the struggle between them to gain power and public support was expressed, was through the founding of philanthropic institutions and involvement in welfare activities.¹⁰⁸

At the same time, although Christianity marked the fourth-century eastern Empire far more than the western, paganism also continued to permeate its cultural life far longer than in the West. A certain amount of tension existed between Christian and secular learning, but the educated upper classes continued to be nourished on ancient classical education, which survived all the way into the Middle Ages. "Byzantines never thought that the classical past had died."¹⁰⁹ Indeed, Brown sees the transition from paganism to Christianity as having been one of mutual absorption rather than conflict, facilitated by the fact that the leaders of the Church, especially in the Greek world, remained very

¹⁰⁴ Particularly from the fifth century onwards, as wealth is redirected towards the Church, (Brown, 1971:108) - much of it by Constantine himself (Mango, 2002:103), who also passed a law officially enabling the church to inherit property (Cameron, 1993:71).

¹⁰⁵ Nutton, 2004:289.

¹⁰⁶ Brown, 1971:27-8.

¹⁰⁷ See Cameron, 1993:94-95: Gregory Nazianzen's *Or. 4* (First Invective against Julian the Emperor, referring to the emperor's debarring Christians from teaching rhetoric and grammar) in which the saint protests against being separated from a cultural heritage he saw as his own. This was in conformity, as Constantelos writes, with "the prevalent patristic principle of *diakrisis* and *metron* in everything, which ... contributed to the balance between Greek thought and Christian faith" (www.myriobiblos.gr/texts/english/Constantelos_2.html accessed 9.6.11).

¹⁰⁸ Miller, 1997:209

¹⁰⁹ Brown, 1971:177.

close to the thinking of classical Greek culture and education. Platonic ideas, classical culture and rhetorical skills were part of the educational baggage of saints such as Gregory of Nyssa, Gregory Nazianzus and John Chrysostom.¹¹⁰ Philosophers were raised to the same level as Moses and the prophets; and this tendency was later extended to the point of introducing such persons as Socrates, Plato, Aristotle and other sages into the iconographical repertoire of Greek Orthodox Churches.¹¹¹ The bishop of Emesa, Nemesius, brought into his own Christian standpoint the ideas of Plato, Aristotle and Galen.¹¹² Thus, no great distance existed between the Classical man of letters and the Christian bishop and, thanks to the financial resources now put at the disposal of the Church, bishops and saints became the new patrons of the people, the new benefactors – *euergetes* – of their towns.

2. Medicine and the Fathers of the Church

Amundsen claims that in the later part of the fourth century, “the tensions between Christianity and medicine were diminishing in intensity at the very time during which the frequency of miraculous healings were dramatically increasing,”¹¹³ and competitiveness between secular and divine healing should have been at its most fierce. Christians stressed the role of prayer and of the Church, sometimes, as in the *Miracula Sancti Artemii*, even accusing physicians of profit-making¹¹⁴ – but using their services nevertheless – just as Aelius Aristides in earlier times had extolled the healing of Asclepius compared to the craft of physicians, but continued to call on the latter.

Alexandria continued to be an important centre for medical education well into the eighth century.¹¹⁵ There, in the Greek-speaking East, the

¹¹⁰ Cameron, 1993:165; Mango, C. ‘New Religion, Old Culture’ in Mango, 2002:103; Amundsen, 1996:131.

¹¹¹ e.g. the Seven Sages of Antiquity depicted in the Philanthropinon Monastery, Ioannina, Greece, in monasteries in Siatista, Mount Athos etc.

¹¹² Nutton, 2004:303.

¹¹³ Amundsen, 1996:9; as Ferngren writes (1992:10), in the fourth century there is a tripling of reported instances of miraculous healings in a society “increasingly centered on the supernatural.”

¹¹⁴ *Miracula* 25, 36.

Alexandrian Fathers (Clement and, in particular, the early Christian scholar and theologian Origen), were able to fuse the Christian faith and Greek philosophical tradition, "... [thus producing] a highly complex synthesis of Greek and Christian thought".¹¹⁶ The fact that Hippocratic medicine was not dependent on a polytheistic world view made it possible for it to be readily adopted and adapted to a different framework of thought.¹¹⁷

Of crucial importance in the formulation of the official theological position of the Eastern Church towards the standing and use of secular medicine was the close connection of the Church Fathers with this medicine.¹¹⁸

Already in the second/early third century, Origen stated: "Medicine is useful and necessary to the human race and Philosophy, inasmuch as it professes the pursuit of truth and the knowledge of realities, suggests the proper mode of life, and endeavours to teach things profitable to our race."¹¹⁹ Origen, in turn, influenced the Cappadocian Fathers, who held that secular medical knowledge was good and a gift from God – the ultimate source of healing – even though spiritual medicine might be of a higher order. As Gregory of Nyssa wrote:

"Who has creatively invented remedies for healing?... Who has opened springs of warm water from the earth and has made cold and warm water gush out for us to dissipate dryness or burning? At this point we may borrow the timely words of Baruch: "He [God] found the whole way of knowledge and has given it to Jacob his servant and to Israel his beloved (Bar 3.6)."¹²⁰

¹¹⁵ King, 2001:53.

¹¹⁶ Jaeger, 1961:38; Temkin, 1991:130.

¹¹⁷ Temkin, 1991:112.

¹¹⁸ Temkin, 1991:173, see also Ferngren, 2009:4.

¹¹⁹ *Philokalia* chap. XVI.

¹²⁰ Greg. Nys. *De Pauperibus* I

According to St. Diadochus of Photike, writing in 480 AD, there was no reason for a Christian to refrain from using the services of a physician,¹²¹ while Basil the Great writes: ‘...the medical art....has been given us by God.’¹²²

Sickness was not considered a punishment, since its causes were natural: “Should a man be incriminated whose humor is corrupt and rotten because his blood has been mixed with black bile?”¹²³ Indeed, care of the sick was a major component of Christian *agape*.¹²⁴

The Church Fathers not only thought highly of the art – in part because it was seen to be a model for the healing of the soul¹²⁵ - but also, surrounded as they were by esteemed and well-educated physicians and having close ties of blood and friendship with them,¹²⁶ of its practitioners. Chrysostom frequently used medical metaphors in his Homilies,¹²⁷ while Gregory of Nyssa declared:

“All you who study medicine have, one may say, humanity for your profession: and I think that one who preferred your science to all the serious pursuits of life would form the proper judgment, and not miss the right decision, if it be true that life, the most valued of all things, is a thing to be shunned, and full of pain, if it may not be had with health, and health your art supplies.”¹²⁸

But the late antique bishops and priests did not only show themselves to be favourably disposed towards secular medicine in their writings. Besides the evangelist Luke, who was said to be a physician, a great many deacons, priests, monks and bishops actually practised medicine. Basil the Great, according to

¹²¹ Diadochus of Photike, *On Spiritual Knowledge*, chs. 53-55, quoted in Nutton, 1984:5.

¹²² Basil the Great, *Long Rules* 55: “...now the herbs which are the specifics for each malady do not grow out of the earth spontaneously; it is evidently the will of the Creator that they should be brought forth out of the soil to serve our need.”

¹²³ Greg of Nyssa, *De Pauperibus* II.

¹²⁴ Greg of Nyssa in *De Pauperibus* II “we should show sympathy towards misfortunate persons deprived of good health”; “The stranger, those who are naked, without food, infirm and imprisoned are the ones the Gospel intends for you.”; Greg Nys. *De Pauperibus*, Orations I and 2 (see notes in Miller p. 227-8); see also Life of St Macrina; Gregory Naz. *De pauperum amando* .

¹²⁵ Temkin, 1991:172 and n.5.

¹²⁶ Miller, 1997:57.

¹²⁷ Chrysostom, *Homily VIII*: 15 on Colossians; *Hom II*, 52, 54; *III*, 32, *V*. 45, 53 On the Incomprehensible Nature of God.

¹²⁸ Greg Nys. *To Eustathius. De sancta trinitate*.

Gregory Nazianzinus,¹²⁹ had studied medicine in Athens, Gregory himself had done so in Alexandria,¹³⁰ as did Gregory's brother Caesarius, who was proficient "in the wonderful art of medicine."¹³¹ Gregory Nazianzus enjoins Christians to care for the health of their fellow-humans as for their own¹³² and cites Basil of Caesarea's care for the sick "in deed" as an example to be followed.¹³³ He refers particularly to lepers in demanding mercy towards the sick in the name of Christ, expressed in practical ways.¹³⁴

Thus, the position that ultimately predominated in the early Church, in the absence of any theological grounds for opposition to rational medicine, was that healing substances and the physician's art were God's gifts. As Nutton notes: "The medicine of Galen and the medicine of Christianity were, for the most part, regarded as complementary."¹³⁵

This position of the Church allowed a number of Christian doctors – among others the fourth-century bishop of Laodicea, Theodotus, St. Pantaleon, and St. Julian of Emesa, to continue to practise medicine even after being ordained.¹³⁶

At the same time, however, medicine is ultimately subordinate to the will of God. "We should neither repudiate this art altogether nor does it behove us to repose all our confidence in it..." wrote Basil the Great.¹³⁷ The ascetic movement, in fact, questioned its use by Christians. Amundsen notes: "that the same individual could...refuse medical care for himself... but administer medicines to the ill as an expression of Christian charity, is one of many examples of the

¹²⁹ Gregory Nazianzinus *Oratio* 43.23.6, quoted in van Minnen, 1999:158 n.13; Risse, 1999: 83.

¹³⁰ Temkin, 1991:163.

¹³¹ Gregory Naz. *Oration VII*, Panegyric on his brother.

¹³² Greg.Naz. *De pauperum amando* (PG 35, 858-910).

¹³³ Greg.Naz. *In laudem Basilii*.

¹³⁴ Greg Naz *De pauperum amando* "fournissez-lui des médicaments, bandez ses plaies..."

¹³⁵ Nutton, 2004:306.

¹³⁶ Nutton, 2004:303.

¹³⁷ Basil the Great, *The Long Rules* 55.

complex and subtle ambiguities that characterized the relationship of medicine and Christianity at least through the end of the Middle Ages.”¹³⁸

This interplay of continuity and change in the Eastern Roman Empire must be kept in mind as we come to discuss the new establishment that begins to take shape in the fourth century – the hospital.

3. The ‘emergence’ of the ‘hospital’

One of the many difficulties involved in discussing the hospital – the development of which H. Hunger calls “the most glorious chapter of Byzantine medicine”¹³⁹ – and in pinpointing the time of its ‘emergence’ is, as we have seen, besides the paucity of source material, the variety of definitions it has been given and the variety of terms in primary texts given to institutions offering some sort of medical care.

Although Horden claims categorically that: “It is fruitless to search for one specific instance with which the Christian charitable tradition of hospital foundations can be said to begin”,¹⁴⁰ a number of theories regarding the origins of the hospital and the template on which it might have been based have been put forward, and shall now be discussed.

a. Its origins

Although, as we have seen, most scholars place the ‘birth’ of the hospital in the fourth century, this dating is not entirely undisputed. Horden claims that the hospital is “the one development in institutional health care that, for historians today, marks out Late from Classical Antiquity and provides a novelty to counterpoise the seamless continuity of Galenism.” He ascribes its origin to

¹³⁸ Amundsen, 1996:11.

¹³⁹ Quoted by Bennett, 2000:282.

¹⁴⁰ Horden, 2005:365, 371.

the Church's need for 'conspicuous expenditure' and claim it had few direct forerunners.¹⁴¹ Nutton, on the other hand, suggests that hospitals "can...be traced back to an origin in Late Antiquity, *if not earlier*."¹⁴²

¹⁴¹ Horden, in Rousseau & Papoutsakis 2009:266.

¹⁴² Nutton, 2004:311 (my italics).

One of the main factors to which some scholars attribute the creation of specific institutions providing medical care was the system of organised parochial concern for the sick that was provided on a large scale by the Church from the very first centuries of Christianity, as part of its charitable ministry.¹⁴³ This concern, mostly palliative in its nature, was given a particular impetus during the outbreak of plagues,¹⁴⁴ but also evolved as a more effective response than that of classical hospitality to the size and scope of the social problems of the time.¹⁴⁵ Without the Church's effective organization of charity on a congregation-centered pattern from its earliest days, as Ferngren says, "the immediate success of the hospital ... would have been impossible".¹⁴⁶ Risse agrees with the religious nature of Byzantine hospitals, which were firmly rooted within the Christian welfare system, regardless of whether their services were provided by medical caregivers or not.¹⁴⁷

Palliative care, which included bathing, anointing and clothing, was offered to Christians and non-Christians alike on a voluntary basis by non-professional lay persons, who later came to include orders of medical attendants or church helpers such as the *spoudaioi* and the *philoponoi*.¹⁴⁸ After the persecution of Christians ceased, a variety of permanent charitable institutions, both 'secular' and 'religious', began to be established, in which care of the sick was provided. Ferngren believes that on the whole these establishments focused on caring rather than on curing, although, he says, "the boundary was always blurred and there was much overlap."¹⁴⁹

Agreeing with the origin of the hospital in Christian charity,¹⁵⁰ Nutton claims that by providing a variety of charitable services, and healing in particular, Christianity secured for itself a position of primacy between competing

¹⁴³ Ferngren, 2009:86, 113 ff.

¹⁴⁴ Eusebius, *Eccl. Hist.* 7.22.7.

¹⁴⁵ Risse, 1999:80.

¹⁴⁶ Ferngren, 2009:126.

¹⁴⁷ Risse, 1999:122.

¹⁴⁸ Ferngren, 2009:133-6.

¹⁴⁹ Ferngren, 2009:145.

¹⁵⁰ Nutton, 1984:9.

religions.¹⁵¹ Horden, as we have seen, also ascribes a political motivation to the founders of hospitals, which he relates to the power struggle between the rival factions of Arians and 'Catholic' Christians to win over the population to their side. He sees the first Christian hospitals as "something new, decisively different, and sudden,"¹⁵² 'invented' by bishops in the Byzantine Empire to increase the range of their patronage sometime in the mid-fourth century.¹⁵³ As regards the prerequisites for their foundation, Horden includes a stable, usually urban economy, the availability of human and material resources for the buildings and their function and, finally, "faith in the value of the project and its beneficiaries, whether spiritual or material."¹⁵⁴

Other scholars have argued that it is with the legalization of Christianity in AD 303 and its endorsement by the emperors that a considerable amount of state funds could be channelled into more organized and institutionalised forms of care, leading to the creation of hospitals. For Brown, for instance, the role of imperial patronage was the determinative factor in the emergence of the hospital, as well as the role of the bishops – the new aristocracy.¹⁵⁵

Medical care was also incorporated into the vocation of monastics throughout the Eastern Empire. Whenever possible, the monastic infirmaries were staffed by physicians, who were often monks themselves.¹⁵⁶ For Temkin, it is in "monastic zeal" and the organised medical care provided by monastic establishments in the East that the birth of the hospital may be seen.¹⁵⁷ Crislip agrees, stating that: "From my own research it has become clear that the hospital can be understood as the institutional extension of the monastic health care system and related commodities and services."¹⁵⁸ He claims that monastic care spawned two important innovations in health provision: the infirmary – a

¹⁵¹ Quote in Amundsen, 1996:8-9.

¹⁵² Horden, in Steger and Jankrift 2004:80.

¹⁵³ Horden, 2005:366 and 370-1.

¹⁵⁴ Horden, 2005:371.

¹⁵⁵ Quoted in Horden, in Steger and Jankrift 2004:92.

¹⁵⁶ Ferngren, 2009:151-2, 136.

¹⁵⁷ Temkin, 1991:162.

¹⁵⁸ Crislip, 2005:100.

“protohospital” which offered inpatient medical care often of a high calibre, food and shelter, and the services of a skilled nursing staff.¹⁵⁹ The monastery functioned as an extended family unit and provided health care, as did the family of Classical times. Monks or priests could be involved in the healing of bodies as well as souls, and some physicians, such as Cosmas and Damian, even came to be regarded as saints (the Holy Unmercenary Saints). According to Crislip, the hospital emerged when bishops – Basil the Great among them – incorporated the health care system of the monastic units into the traditional charitable works of the Church.¹⁶⁰ Hospital management gradually came into the hands of monks, members of the court and physician-administrators.

However, as Ferngren says, to accept the suggestion that the monastic infirmary was a model “protohospital” for later institutions such as the Basileias, “merely takes the question of origins back one step”.¹⁶¹ Crislip himself acknowledges: “...we search monastic literature in vain for an answer to the question of developmental origins” of the hospital.¹⁶²

Whichever theory we may wish to endorse, the contribution of Christian charity to the existence of a specific locus for medical care, among other types of care, on the urban scene of the Eastern Roman Empire, cannot be dismissed. As Nutton remarks, after Christianity was legalised, “the Christian duty of care for the sick and needy became ever more visible, expressed in bricks and mortar in a new architectural form – the ‘hospital’. Both the date of the first such buildings and the specific circumstances that lay behind their erection remain obscure, but there is no doubt that the origins of the Christian ‘hospital’ are to be sought in the Greek-speaking world of the Eastern Mediterranean...”¹⁶³

The fifth century, he claims, saw a proliferation of such institutions – “from the middle of the fifth century onwards, hospitals, *xenodokeia*, are ubiquitous in the East” and their provision urged in local communities, “even if

¹⁵⁹ Crislip, 2005:38.

¹⁶⁰ Crislip, 2005:140.

¹⁶¹ Ferngren, 2009:1.25.

¹⁶² Crislip, 2005:40.

¹⁶³ Nutton, 2004:306.

no more than a room of a church courtyard.”¹⁶⁴ Certainly by the early fifth century the hospital must have been a widely recognisable institution, since Nilus of Ancyra uses the specific term ‘nosokomeion’ in a metaphor,¹⁶⁵ which also includes a reference to “Christ the physician,” reflecting the assumption that physicians were attached to such establishments.

It is perhaps necessary to avoid the assumption that modern Western cultural values and theoretical constructs constitute the bar against which the institution of the late antique hospital must be measured. Depending on the stringency of the criteria used, the birth of the hospital could possibly be seen in a few rare examples in the late fourth century, or even much later, in the twelfth-century Pantokrator.

b. Its function and organisation

Equally complex is the definition of the function of a hospital, since here too there is much variety: from the simple provision of shelter¹⁶⁶ to the extension of medical care in a form that would not be unrecognisable today.¹⁶⁷

As Ferngren points out, there were a number of institutions in the early fourth century devoted to the care of travellers, orphans, the elderly and the poor, in which, he says, it would be surprising if medical care, albeit not necessarily of a professional nature, were not offered if needed. He makes the important point that: “If we stress the gap that separated the protohospitals that preceded the Basileias from the first “fully developed hospital” we court the danger of imposing essentialist definitions on the development of the institution.”¹⁶⁸ And Nutton concurs: “Charting a passage from religious care to medical cure is to adopt a false perspective, even if care and cure could be

¹⁶⁴ Nutton, in Conrad et al 1995:78; Nutton, 2004:307.

¹⁶⁵ Nilus of Ancyra, *Epistulae* 2.110 quoted in van Minnen, 1999:159; see also below n.236.

¹⁶⁶ Horden (2005:364) sees the hospital as a new space for the poor.

¹⁶⁷ i.e. as Miller says (1984:53), in institutions “which set as their goal healing their patients by rational medical therapy while they fed, sheltered and nursed them.”

¹⁶⁸ Ferngren, 2009:127.

distinguished. The varied terminology...indicates a variety of overlapping, even competing, aims... When we penetrate beyond the name, we find a combination of priorities.”¹⁶⁹

We are left, once again, with a blurred outline of the hospital’s function. What can be seen, however, is an increasing tendency towards specialisation in the provision of charitable care, including medical care. At the very least, a *xenon* would have provided some form of palliative relief to the sick and/or would have focused on rehabilitating health, through a combination of religious and naturalistic means. There is evidence that its patients came from all ranks of society, not just the poor.¹⁷⁰

Its organisation evolved in time, so that initially the above services could have been provided by a single individual – whether layman or monastic – familiar with Hippocratic medicine. As an infirmary in a monastic setting it was subject to the rules governing the monastery, while in an urban setting it came to be placed under the care of *archiatroi* or supervised by *xenodochoi*; while initially entirely under Church administration it gradually came under the umbrella of the Byzantine state.¹⁷¹ Miller notes that a limited number of *archiatroi*, highly-skilled and trained physicians had already been receiving a public salary, as well as special honours and privileges, since the second century AD. These eventually became responsible not only for the Sampson but also for other hospitals in Constantinople; indeed, Miller maintains that *archiatroi* are consistently linked with the city *xenones* by sixth- to tenth-century sources.¹⁷²

With regard to finances, we know that Byzantine *xenones* did not exact a fee for the medical treatment they offered, retaining their character as philanthropic institutions throughout their existence¹⁷³ and meeting their

¹⁶⁹ Nutton, in Conrad et al 1995:79.

¹⁷⁰ *Miracula Artemii*, 21. Miller (1997:92,148) claims that this is due to Justinian’s reform, thanks to which highly skilled *archiatroi* were in attendance in the church hospitals. See also Miller 1984:58.

¹⁷¹ Angelidi, 2007:16.

¹⁷² Miller, 1990:115.

¹⁷³ Constantelos, 1968:85-95; Miller, 1997:147-52.

expenses from imperial and Church funds and donations of wealthy citizens¹⁷⁴ in a new version of the ancient tradition of civic munificence.¹⁷⁵

4. Cases of hospitals

Besides the difficulty posed by the varied terminology, the sources may provide evidence for the existence of an establishment with one or more of the characteristics of a hospital included in my definition, but not necessarily all. The absence of evidence, however, does not necessarily constitute proof of the absence of such characteristics. Generally, it is at present difficult to claim with certainty that a given institution designated by one of the various names above did or did not provide hospital-type medical care, unless the Byzantine source specifically describes the services offered.

Although scholars interpret the available material differently, and there may be disagreement regarding the inclusion of some of the establishments listed below,¹⁷⁶ I believe indications given in the sources regarding their overall purpose, that is their intention to care for and rehabilitate the sick, by providing medical attention as well as food and shelter, are sufficient to warrant their presence here. Our information does not always assure us that this care was delivered by professional medical staff, although Nutton contends that “physicians were in attendance at a variety of hospitals... and there can be no doubt that some of these institutions provided treatment as well as nursing care for the sick.”¹⁷⁷

a. The infirmary of the monastery of Pachomius at Tabennesi in Egypt

¹⁷⁴ Mir. Sanct. Artemii: *Miracle* VII.

¹⁷⁵ Miller, 1997:105ff. The primacy given by Justinian’s legislation to hospitals among charitable institutions in cities of the empire is evident for example in *ICod* I.3.48: “When the poor have been constituted heirs indiscriminately, then the hospital of the testator’s city shall have possession of the inheritance and expend it through its superintendent for the benefit of the sick... For who could be poorer than men who have succumbed to want, and placed in a hospital and, sick in body, are unable to supply themselves with necessary sustenance?”

¹⁷⁶ e.g. Miller, 1997:21.

¹⁷⁷ Nutton, 2004:308.

(AD 325) has been regarded by some scholars as the first hospital, although it was not a public hospital.¹⁷⁸ According to a biography of his life written soon after his death by a fellow monk,¹⁷⁹ as well as to his own *Rules*, Pachomius appointed a special corps of monastics as infirmarians dedicated to the care of the sick.¹⁸⁰ 'If one is sick, the chairman will go to see the servants of the sick and will receive from them whatever is necessary...' he writes, and: 'Whoever is sick will be conducted by the chairman of his house to the infirmary.'¹⁸¹

From the mid-fourth century on it appears that the monastic infirmary was a standard feature of coenobitic monasteries, while for lavra monasteries part of the church or a room off the church would be set aside for the sick.¹⁸²

b. The establishment of the bishop Leontios at Antioch (c. AD 350)¹⁸³ has been considered "one of the very earliest creditable references that we have to Christian hospitals for the local poor or strangers."¹⁸⁴ According to Miller, a deacon and former student of Leontios, the Arian Aetios, who had studied medicine in Alexandria, may have put his training to good use by caring for the sick in the Christian hostels of Antioch in the 340s. Risse claims that it is possible that he later founded a specialized *nosokomeion*, perhaps the one referred to by Chrysostom.¹⁸⁵ The bishop suggests in his letter to Stagirus that he visit a *xenon* in order to cure himself of his despair.¹⁸⁶

As Mayer and Allen write: "By the time that John was ordained priest at Antioch church-administered orphanages, hostels, hospitals and perhaps even old people's homes were becoming a familiar part of the urban landscape."¹⁸⁷

By the seventh century it would appear that some of the big hospitals, not only in the capital but also at Antioch were already divided into male and female wards.¹⁸⁸ These, according to Procopius, were erected for the destitute sick by Justinian.¹⁸⁹ Procopius says of Justinian that: "He made provision likewise for the poor of the place who were suffering from maladies, providing buildings

¹⁷⁸ Horden, 2005:365.

¹⁷⁹ See Schaff, P. *History of the Christian Church*, vol. III.7.11.

¹⁸⁰ Crislip, 2005:11.

¹⁸¹ *Rule of Pachomius* part 1.

¹⁸² Crislip, 2005:14.

for them and all the means for the care and cure of their ailments, for men and women separately, and he made no less provision for strangers who might on occasion be staying in the city [of Antioch].”¹⁹⁰

At **Daphne, a spa outside Antioch** for the rehabilitation of the health of the wealthy, archaeological excavation has unearthed a *xenodocheion*, which Miller suggests may have been founded by Leontios for those among the sick who were poor and could not afford to stay at the fashionable spa itself.¹⁹¹ Constantelos says that Justinian built a hospital in Daphne, called by Evagrius a “resort for the sick.”¹⁹²

c. The poorhouse or *ptochotropheion* of Eustathius of Sebaste in **Pontus**, dating from the late 350s or ‘60s may, as Horden remarks, have simply been a “soup kitchen”¹⁹³ but, as he goes on to say, it was more likely, “given the term’s subsequent usage, to have been a hospice for the poor, a hospital”. Liebeschuetz goes so far as to claim: “That the monks of Constantinople maintained hospitals or other social institutions is an inference from what is known of the monks of Eustathius of Sebaste.”¹⁹⁴

Miller and Crislip point out that, although the fourth-century author Epiphanius describes this as a place that served the sick by providing food and shelter, he makes no mention of any physicians working there.¹⁹⁵

Nevertheless, the early Christian *xenodocheion*, such as that established at Sebaste, has been considered by van Minnen as the most likely

Comment [DK1]: check

¹⁸³ Horden, 2005:366; Miller, 1997:77, 234 n.62.

¹⁸⁴ Horden, in Steger and Jankrift 2004:81.

¹⁸⁵ Risse, 1999:82.

¹⁸⁶ Chrysostom, *To Stagirus* [01779] :“...ἄπιθι πρὸς τὸν ἐπιτραπέντα τὴν τοῦ ξενῶνος ἐπιστάσιαν, καὶ κέλευσον εἰσαγαγεῖν σε πρὸς τοὺς κατακειμένους ἐκεῖ, ἵνα πᾶσαν ῥίζαν ἰδῇς παθῶν, καὶ ξένους νοσημάτων τρόπους...”

¹⁸⁷ Mayer and Allen, 2000:47.

¹⁸⁸ Nutton, in Conrad et al 1995:78.

¹⁸⁹ Procopius, *Buildings* quoted in Constantelos, 1968:164.

¹⁹⁰ Procopius, *Buildings* 2.10.25.

¹⁹¹ Miller, 1984:54.

¹⁹² *Eccl. Hist.* Bk. IV ch.35, p. 185 quoted in Constantelos, 1968:164; also Miller, 1997:94.

¹⁹³ Horden, 2004:83

¹⁹⁴ Liebeschuetz, 1990:213.

¹⁹⁵ Miller, 1984:54; Crislip, 2005:130.

inspiration for Basil's hospital in Caesarea, a theory which he bases on the following text by Epiphanius (*Panarion, Against Aetius* 75.1): "Shortly afterwards [Eustathius] installed [Aetius] as a priest and entrusted the *xenodocheion* to him, which in the Pontus area is called a *ptochotropheion*. The leaders of the churches founded some of these out of hospitality. They made lepers and other sick people move in there and provided what they needed as much as possible."¹⁹⁶

d. The Basileias of St Basil in Caesarea, begun c.369, has been considered as a serious candidate for the position of the first hospital.¹⁹⁷ The emperor Valens contributed to its endowment,¹⁹⁸ and its size and importance were such that Gregory of Nazianzus called it a 'new city' where, he says, "disease is studied..."¹⁹⁹ Gregory stresses the importance in this new city of "the care of the sick and the practice of medicine", which, he says, is "our common intellectual avocation."²⁰⁰ Basil himself was seen there "taking the lead in approaching to tend them" [the lepers].²⁰¹

Reference to the Basileias are made by Basil²⁰² in response to the denunciation against him in 372 to Elias, the governor of Cappadocia: "But to whom do we do any harm by building a place of entertainment for strangers, both for those who are on a journey and for those who require medical treatment on account of sickness, and so establishing a means of giving these men the comfort they want, physicians, doctors, means of conveyance, and escort?"

The documentary sources we have, however, do not refer to it as an innovation. It appears not to have been an exclusively medical establishment but a philanthropic complex to house and care for the poor, the sick – among which

¹⁹⁶ van Minnen, 1999:157; also Miller, 1997:85.

¹⁹⁷ Temkin, 1962:111.

¹⁹⁸ Miller, 1997:104.

¹⁹⁹ Greg. Naz., *Or.* 43.63.

²⁰⁰ Greg. Naz. *Or.* 43.61, PG 36.576B tr. P. 79 – quoted in Rousseau and Papoutsakis, 2009: 142.

²⁰¹ Greg. Naz

²⁰² St. Basil in *Ep.*94 (to Elias, Governor of the Province)

lepers – and the transient.²⁰³ Ferngren, however, claims that in the Basileias what was novel was “the nonprofessional staff of doctors and medical attendants, the offering of inpatient care and the comprehensive nature of the institution.”²⁰⁴ Crislip, on the other hand, claims that the hospital was staffed to a large degree by professional doctors and nurses but that monastics (some of which may have been trained as doctors prior to entering the monastery) assumed hospital service as one of their standard duties.²⁰⁵ These, Basil says, “are taught to serve them [in the hospital] with such a disposition as if they were brothers of the Lord”.²⁰⁶ As Basil uses the term *ὑπηρετοῦντες ἐν τῷ ξενοδοχείῳ*, and not *ἰατροί*, this may indicate that the staff were indeed monks with medical knowledge rather than physicians.

Connecting it to the philanthropic thrust of the Arians, Horden believes that “Basil’s foundation surely bears some relation to the two decades or more of hospital history that preceded it.”²⁰⁷

Crislip claims it was Basil’s hospital that became the template for the foundation of other hospitals across the Mediterranean cities of the East, as well as the locus for medical learning and practice,²⁰⁸ while van Minnen stresses that: “[Basil’s] unique and decisive contribution to the development of the hospital was the markedly *medical intentions* he had for the institution he founded.”²⁰⁹

e. Hospitals in Constantinople

The capital of the Empire, as was to be expected, boasted several hospitals, many of which were built by Justinian.²¹⁰ Miller refers to a handbook

²⁰³ Ferngren, 2009:124, 127.

²⁰⁴ Ibid. p. 127.

²⁰⁵ Crislip, 2005:116.

²⁰⁶ St. Basil *Short Rules* 155: ΕΡΩΤΗΣΙΣ ΠΝΕ'. Ἐπειδὴ διδασκόμεθα οἱ ὑπηρετοῦντες τοῖς ἐν τῷ ξενοδοχείῳ ἀρρώστοις μετὰ τοιαύτης διαθέσεως ὑπηρετεῖν, ὡς ἀδελφοῖς τοῦ Κυρίου ὑπηρετοῦντες,

²⁰⁷ Horden, 2004:86.

²⁰⁸ Crislip, 2005:141-2.

²⁰⁹ van Minnen, 1999:157 (my italics).

²¹⁰ Temkin, 1962:112.

of court ritual, the *De Ceremoniis*, compiled by Constantine VII in the tenth century, for evidence regarding the foundation dates of five *xenones* in Constantinople, four of which – the Narses (founded in the late sixth century by an official of the emperor Maurikios by the name of Narses and dedicated to the physician-saint Panteleemon), the Irene in Perama, the Euboulos and the Sampson – were founded between the fourth and sixth centuries.²¹¹ Although firm confirmation of their operation as hospitals according to the definition we have given above is still lacking, some scholars believe there are strong indications in this respect.²¹²

St. Irene in Perama was a hospital established in the Perama district around 450 by Hosios Markianos, the famous *oikonomos* of Aghia Sophia. Constantelos calls it “the oldest known hospital “ in the City, but says that nothing else is known about it.²¹³

The early-fifth-century historian Sozomen mentions establishments in the mid-fourth century under the care of a deacon by the name of Marathonius, a protégé of the bishop Macedonius, “for the relief of the sick and the destitute.”²¹⁴ These, as Horden remarks,²¹⁵ belonged to an extreme wing of urban ascetics in Constantinople, but it is not clear whether they offered any form of inpatient medical care.

We also have the following testimony regarding the emperor Theodosius’ first wife, Flacilla:²¹⁶ “...she [Flacilla] bestowed every kind of attention on the maimed and the mutilated, declining all aid from her household and her guards, herself visiting the houses where the sufferers lodged, and providing every one with what he required. She also went about the guest chambers of the churches and ministered to the wants of the sick...”²¹⁷ Although

²¹¹ Miller, 1990:108-9.

²¹² Miller, 1997:91.

²¹³ Miller (1997:91-2) however suggests some supporting evidence for the provision there of secular medicine.

²¹⁴ Sozomen, *Eccl Hist*; also quoted in Horden, 2004:81.

²¹⁵ Horden, 2005:366.

²¹⁶ Constantelos, 1968:157.

²¹⁷ Theodoret *Historia Ecclesiastica* 5, chap. XVIII.

there is no specific mention of medical attention, this text suggests that the 'xenones' attached to churches provided care for the sick.

We have more information regarding the **Sampson** hospital in Constantinople, which is considered to have been one of the most ancient, dating from before the mid-fifth century according to Miller,²¹⁸ and rebuilt on a larger scale, after it was razed by fire, by Justinian. In the emperor's Enactment concerning the funeral expenses of deceased persons (*Novel* 59.3) it is specifically mentioned as the 'Hospital of Samson, of holy memory, which has been founded by Us'.²¹⁹ It began as the home of a Christian physician by the name of Sampson,²²⁰ who served and housed the poor and sick and possibly was the first physician to have offered food and lodging to his patients, besides medical care.²²¹ In Procopius' *De Aedificiis* it is precisely sited: "And between these two churches there was a certain hospice, devoted to those who were at once destitute and suffering from serious illness, those who were, namely, suffering in loss of both property and health. This was erected in early times by a certain pious man, Samson by name."²²²

The Sampson grew to become a very prestigious institution in Constantinople, as evidenced by its ranking in Justinian's legislation, where in *Novel* 131.15 it is accorded privileges extended only to Hagia Sophia. Here we have an instance of a private initiative whose survival was largely due to imperial funding. It is said to have served the people of the city up until the sack of the City by the Latins in 1204, who themselves most probably continued for a time to use it as a hospital, as Stathakopoulos claims.²²³

²¹⁸ Miller, 1997:81; this date is contested by Crislip (2005:131) who places its foundation in the sixth century.

²¹⁹ Justinian *Nov.* 131.15 and *Nov.* 59.3.

²²⁰ According to some sources Sampson lived before 400, and was later canonised. See also Horden, 2004:84.

²²¹ For a discussion on the dating of Samson's life see Miller, 1997:80-81.

²²² Procopius *De Aedificiis* I.2.14-15. The remains of the hospital, situated between the churches of Hagia Eirene and Hagia Sophia, were excavated after World War II.

²²³ Stathakopoulos, 2006:257. It also appears to have produced a daughter institution at Corinth in the 13th c., which, on the basis of archaeological evidence, most likely provided medical attention (*ibid.* pp. 263ff).

The seventh-century *Miracles of St. Artemios* (*Mir.* 21 and 22) recounting the story of a deacon of Hagia Sophia by the name of Stephen who underwent an operation, provide evidence that specialized surgery was practised in the Sampson. Moreover, there appears to have been a separate section for ophthalmological patients. A period of recuperation was included in the care, while it seems that the hospital did not only serve the poor but also patients of the middle class. Evidence also indicates that the Sampson developed into an institution organized on the basis of a hierarchy of staff, ranging from lower-ranking individuals or *teleutai*, perhaps medical apprentices, to regular physicians, *mesoi* or *iatroi*, with those among them on duty making rounds every morning to visit patients, and practitioners with special surgical skills.²²⁴ Finally, female servants attended the sick round the clock.²²⁵

In addition, as Miller writes, the Sampson “helped to maintain the Greek medical tradition by providing an institutional structure which ensured regular employment for some doctors, and it probably played a part in preserving Greek manuscripts.”²²⁶

Procopius writes that, besides the Sampson, Justinian established two more institutions for the sick known as the House of Arcadius and the House of Isidore, opposite the Sampson.²²⁷

The seventh-century **Christodotes** was headed by a *xenodochos*, an administrator, whose remit included the supervision of the *archiatroi*, who themselves supervised the *hypourgoi* and *hyperetai*, the ordinary doctors and medical attendants.²²⁸ “The *archiatroi* apparently worked in monthly shifts at the Christodotes Xenon, a system of rotation that was still in use at the Pantocrator 600 years later.”²²⁹

In addition to these, Miller also cites several other hospitals in sixth-century Constantinople, such as that supported by the Kosmidion monastery

²²⁴ Stathakopoulos, 2006:256; Risse, 1999:124.

²²⁵ Miller, 1990:127 ref. to the tenth-century *Miracle Tales* of Saint Sampson; Horden, 2004: 85.

²²⁶ Miller, 1990:120.

²²⁷ Constantelos, 1968:162; Procopius *De Aedificiis* Bk.I ii.17.

²²⁸ Risse, 1999:122-3.

²²⁹ Risse, 1999:124.

(dedicated to the Unmercenary Physician-Saints Cosmas and Damian), as well as others founded by Chrysostom.²³⁰

With regard to the latter, we have documentary evidence in the *Dialogue* of Palladius, in which he says of the saint: “In the manner of other late antique bishops he reorganised and promoted the hospitals and hospices of the city.”²³¹ To these he appears to have given utmost priority, and was ruthless in cutting what he considered unnecessary spending in order to support their operation. “This brought him to another financial question---the bishop's expenditure. Here he found extraordinary extravagance, and ordered the large sums so spent to be transferred to the hospital...”²³² As the need of treatment was very great, he erected other hospitals, over which he appointed two devout priests, as well as doctors and cooks, and kindly workers from among his celibates to assist them; so that strangers coming to the city, and there falling ill, could obtain medical care, as a thing which was not only good in itself, but also for the glory of the Saviour.”²³³ Chrysostom's establishments thus appear to have been designed specifically to offer medical care, and to have been based on an organisational pattern that suggests a hierarchy of medical personnel.

With respect to institutions such as Chrysostom's and Basil's, we also have the testimony of the ascetical writer Nilus of Ancyra that provides a good indication of the existence of hospitals in early fifth-century cities of the East.²³⁴ In his letter to a friend, he draws a comparison between the spiritual remedies that Christ offers and the treatment that individual patients in a hospital receive, according to their particular needs, from the physicians examining them on their daily rounds.

²³⁰ Miller, 1997:92; Liebeschuetz, 1990:170, 209; Kelly, 1995:120.

²³¹ Palladius *Dial.* 5; Mayer 2001:62; Nutton, 2004:307.

²³² As Kelly (1995:119) remarks, the expression ‘the hospital’ suggests the prior existence of one attached to the see.

²³³ Palladius *Dial.* 5. In all of these instances Palladius specifically uses the term *nosokomeion*.

²³⁴ Nilus, *Ep.* 110 quoted in Miller, 1997:231 n. 2: Πολλοὶ ἐν τῷ νοσοκομείῳ τοῦ παρόντος αἰῶνος υπάρχουσιν ἄρρωστοι καὶ παραλυτικοί, οὐ πᾶσι δὲ ἡ αὐτὴ ἀρμόζει φαρμακία, οὐ δὲ πᾶσιν ἡ αὐτὴ συμβάλλεται τράπεζα. Ἄλλω γὰρ ἄλλως τὴν περιωδίαν καὶ τὴν διαίτην προσφέρει ὁ ἰατρός.

f. Three hospitals in Edessa by AD 500

To serve those afflicted by the plague, St. Ephraim the Syrian (306-73) established hospitals in **Edessa**. Around 420 another bishop, Rabbula, founded an institution specifically for the sick and dying poor; this *nosokomeion* apparently had separate facilities for men and women, and a staff of medical attendants and even physicians to care for the patients.²³⁵

In the early sixth century, according to Joshua the Stylite: “The stewards of the (Great) Church, the priest Mar Tewath-il and Mar Stratonicus (who some time afterwards was deemed worthy of the office of bishop in the city of Harran), established an infirmary among the buildings attached to the (Great) Church of Edessa. Those who were very ill used to go in and lie down there...” ... “When the grandees of the city saw this, they too established infirmaries, and many went in and found shelter in them. The Greek soldiers too set up places in which the sick slept, and charged themselves with their expenses.”²³⁶

g. A hospital at Ephesus (AD 420)

This was established by the bishop of Ephesus Bassianos or Brassianos in the fifth century,²³⁷ and had over 70 beds in the poorhouse alone.²³⁸

h. Establishments in Jerusalem (AD 550)

According to Cameron: “...in the 470s, *coenobia* were becoming established features of the desert fringe: extensive walled communities with refectories and dormitories for more than a hundred monks, together with accommodation for visitors and for the sick....”²³⁹ The monk Theodosios the Coenobiarches (AD 432-529) established an institution near **Jerusalem** that included an infirmary for sick monastics, another for the poor and needy among

²³⁵ Risse, 1999:72; Nutton, 2004:307.

²³⁶ Joshua the Stylite, *Chronicle*; Constantelos, 1968:158.

²³⁷ Constantelos, 1968:157.

²³⁸ Nutton, 1984:9, also in Conrad et al 1995: 78; Nutton, 2004:307.

²³⁹ Cameron et al., 2000:752.

the laity, and a separate building for wealthier individuals requiring medical attention.²⁴⁰ Apparently he also founded a hospital in Jericho.²⁴¹

Miller also refers to an inscription from fifth-century Palestine commemorating a certain Philetos, “deacon of the new xenon and of the nosokomeion in it.”²⁴² He also cites the case of a large hospital established by St. Sabas near his monastery not far from Jerusalem, for pilgrims and the people of the surrounding countryside, which was endowed by the emperor.²⁴³

Procopius writes that Justinian had two *xenones* erected in **Jerusalem** next to the Church of the Theotokos, one of them to serve as a hospital for the poor.²⁴⁴ Excavations have uncovered the foundations of a building that has been identified with this hospital, which apparently had two hundred beds.²⁴⁵

i. Hospitals in **Egypt**.

To alleviate the condition of the destitute in Alexandria, Haas writes: “both the Roman government and the church organized charitable enterprises such as the distribution of alms and grain, and also set up poorhouses and hospitals throughout the city. It is quite possible that steps were taken in this direction long before the formal establishment of charitable institutions in the fourth century.”²⁴⁶ By the middle of the fourth century, he claims: “the indigent sick and crippled were cared for in hospitals under the direction of a hegemon appointed by the patriarch.”²⁴⁷

²⁴⁰ Risse, 1999:82; van Minnen, 1999:160; Miller, 1997:93,147 (*Vita Theodosii*); Constantelos, 1968:157.

²⁴¹ Constantelos, 1968:158.

²⁴² Miller, 1997:28.

²⁴³ Miller, 1997:93; Constantelos, 1968:157.

²⁴⁴ Procopius, *De Aedificiis* V.6: “...two hospices, built by the Emperor Justinian. One of these is destined for the shelter of visiting strangers, while the other is an infirmary for poor persons suffering from diseases.”; Constantelos 1968:159, quoting Cyril of Scythopolis; Nutton, 2004:307.

²⁴⁵ Constantelos 1968:160.

²⁴⁶ Haas, 1997: location 687.

²⁴⁷ *ibid.* 2,906.

Palladius mentions his encounter in Alexandria with "... the most holy Macarius, the priest and superintendent of the hospital for cripples"²⁴⁸ and says that the hospital "... had women on the first floor and men on the ground floor."²⁴⁹

Greek and Coptic papyri have yielded seventy-five references to hospitals and other similar institutions dating from the mid-sixth to the late seventh century in late antique Middle Egypt and Alexandria. One of these, in Arsinoë, was called 'the great nosokomeion'.²⁵⁰ The lack of archaeological and other evidence so far means that our information regarding these institutions is as yet incomplete, but they do appear to have had a great number of beds and to have functioned independently from the Church and monasteries. Some may have been family-owned and funded, as shown by an insufficiently-studied will left by a public physician from sixth-century Antinoopolis by the name of Flavius Phoebammon, who entrusted his heirs with the hospital that he had inherited from his *archiatros* father and that he had continued to be in charge of during his own life. He urged them to ensure that the patients were tended "with all diligence and gentleness."²⁵¹

During the patriarchate in Alexandria of John the Almsgiver, from 610 to 617, the patriarch's considerable income was channelled into maternity hospitals, medical facilities and food rationing, making the city a welfare state in miniature.²⁵² John made sure that he visited the city's hospitals several times a week.²⁵³ Miller also cites the organisation of the guild of hospital *hypourgoi* by the seventh century as evidence that a *xenon* system was well established by that date.²⁵⁴

In addition to the hospitals, monasteries were also sought out for assistance by sick people, both in the town and in the countryside.

²⁴⁸ Haas also mentions this hospital (loc.2,723) in relation to the denunciation of the deacon Ischyrion at the Council of Chalcedon in 451.

²⁴⁹ Palladius *Laus.Hist.*VI:5-8.

²⁵⁰ van Minnen, 1999:161.

²⁵¹ van Minnen, 1999:165.

²⁵² Brown, 1971:185 citing Eusebius, *Hist.Eccl.* 7.22, Palladius, *Hist. Laus.*6.5-9.

²⁵³ Haas, 1997: note 18 to chap. 8, loc. 5,467.

²⁵⁴ Miller, 1984:56 n.23.

j. Other hospitals

Constantelos cites Procopius's references to hospitals erected by Justinian in Antioch and Bithynia,²⁵⁵ as well as other examples of establishments founded or restored either by emperors, such as Tiberius II Constantine in the sixth century, or by wealthy lay persons (such as Andronic and Athanasia in Justinian's time or a certain Philentolos, in Cyprus, in the first half of seventh century).²⁵⁶

Hospitals in the city of Amida in the sixth century are mentioned by John of Ephesus in the *Lives of Mary and Euphemia*: "In this way she [Euphemia] found many people and brought relief to them, taking some to her house and carrying some to the hospitals where she would give instruction concerning them."²⁵⁷

According to Bakirtzis, it appears that in the late sixth century Thessaloniki offered its citizens free hospital care in the church of St Demetrius, in a similar way to the Sampson in Constantinople.²⁵⁸

²⁵⁵ Constantelos, 1968:164.

²⁵⁶ Constantelos, 1968:167-8, 212.

²⁵⁷ John of Ephesus, *Lives*, 12: *Mary and Euphemia*, in Brock and Harvey 1998:130.

²⁵⁸ Bakirtzis, 2010:401.

This list is not necessarily exhaustive nor is the existence of hospitals limited to the larger cities; for instance, we have a sixth-century inscription from Sardis, recording the banishment of an individual – a pagan – to a “hospice for the sick” (*ton ton aroston xenona*) in which he was required to serve for ten years.²⁵⁹ Miller cites a fifth- or sixth-century inscription from a smaller town in Asia Minor marking the grave of a hospital doctor and considers it evidence of the importance of hospitals as representative features of late antique *poleis*. He also refers to the construction by the emperor Maurikios of a *xenon* in his native town of Arabissi in Cappadocia.²⁶⁰

III. Invention or evolution?

For most scholars, these hospitals were revolutionary institutions, primarily related to the establishment of a society based on Christian values, rather than a natural development from a prehistory of medical care.

One of the arguments in favour of their sudden appearance used by Horden, for example, is that, in pre-Constantinian times, on the basis of a list drawn up by the third-century bishop of Rome, Cornelius, of all those maintained by the church, ‘there was no mention of hospital administrators, attendants, or inmates’, in short “of anything resembling a hospital in function or terminology”.²⁶¹

To determine whether this view is also valid for the Eastern Roman Empire, I will now look back at the elements touched on in the brief overview of the situation before the fourth century, comparing them to the information we have on hospitals and healing from the fourth to the seventh century AD.

²⁵⁹ *I. Sardis* 19 in Lee, 2000:136-7.

²⁶⁰ Miller, 1984:56-7; Miller, 1997:94.

²⁶¹ Horden, 2004:88.

1. Medicine and methods of treatment

There is no indication that the medicine and methods of treatment practised in the hospitals above were in any significant way different from Hippocratic and Galenic principles and medicine. We have seen that the Christian community had assimilated secular medical science, incorporating it into its own theology,²⁶² and that, while the fourth century brought an increase in supernaturalism and the popularity of asceticism, rational approaches to healing were not shunned.²⁶³ Oswei Temkin wrote that medicine in Byzantine times “represents the formation as well as the continuation of a tradition, broken and unbroken” as well as “the cultivation of practices of which some have a clear origin.”²⁶⁴ For both medical philosophy and Christian theology, the human being was seen as a psychosomatic entity, the well-being of which was the objective of both.

As we have seen, the writings of the patristic period show no condemnation on theological grounds of the use by Christians of medicine and its practitioners.²⁶⁵ In fact, with regard to surgery in the monastic context, Crislip, quoting the case of a certain Abba Aaron, states: “The medicine available to monastics was indeed sometimes on the cutting edge of late antique technology.”²⁶⁶ There is every reason to believe, therefore, that Cappadocian monasteries as well as urban *xenones* practised – to a greater or lesser degree according to their abilities – mainstream Greek medicine in the tradition of Hippocrates and Galen.

Thanks to the epitomes compiled by medical writers from our period, which were founded on the medical theories of the ancient world, a twelfth-century patient could expect, as Miller says, to be treated on the basis of the Hippocratic and Galenic medical system, even though many of the specific

²⁶² Bishop Nemesius of Emesa’s work as an example, see Temkin 1991:134. See also the Apostolic Constitutions, quoted in Temkin 1991:138-9.

²⁶³ Ferngren, 2009:83.

²⁶⁴ Temkin, 1962:97.

²⁶⁵ Amundsen, 1996:7.

²⁶⁶ Crislip, 2005:37.

therapies would naturally have been modified by the findings of experience and the discovery of new drugs.²⁶⁷

In the *xenon* in the basilica of Saint Demetrios in Thessaloniki, argues Bakirtzis, it appears from reports of healings in the seventh-century *Miracles of St Demetrios*, that scientific techniques of Hippocratic medicine provided the base of treatment, practised at the same time and place as the miraculous cures by incubation of the Saint. Bakirtzis believes that the *xenon*'s operation, both as a place of pilgrimage but also as a hospital dealing with people of all social classes, is reflected in the iconography of the mosaics in the basilica (where St Demetrios is represented with children, indicating perhaps that the hospital cared for paediatric cases).²⁶⁸ . According to Bakirtzis, the basilica replaced the Asclepieion and Sarapeion in Thessaloniki as a healing centre, and accommodated scientifically trained physicians alongside the saint's miraculous cures.

The dominant note, then, appears overall to be one of continuity, although more information on treatments prescribed in *xenones* would be necessary to determine the nature of any changes and new treatments, which would naturally have appeared as a result of accrued experience.

2. Components of medical healing

It is interesting to note the range of components of healing in Late Antiquity. Influenced by Hippocratic and Galenic medicine, but also by the treatises of later writers such as Oreibasius, Paul of Aegina and Aetius of Amida, the components of treatment offered by Byzantine hospital physicians shows much continuity: for instance, the sixth-century compiler of Hippocratic and Galenic works, Alexander of Tralles, stressed the importance of baths, as did Hippocrates.²⁶⁹ It is not unlikely that this induced hospital founders to provide bathing facilities for their patients.²⁷⁰ Alexander also built on the tradition of

²⁶⁷ Miller, 1997:35; see also Temkin, 1962:202-22.

²⁶⁸ Bakirtzis, 2010:401, 405.

ancient Greek ophthalmology, and may have inspired the founders of the Sampson *xenon* to include special facilities for eye patients.²⁷¹

Just as in the Classical past healing sanctuaries were built in places where the air and water were good, and were often equipped with amenities such as theatres to provide the best conditions for the restoration of mind, soul and body, so in the fourth century AD a holistic view of healing was evident. Basil the Great, for instance, recommended the use of psalmody as an important component of therapy.²⁷² It is only in the recent past that the idea of music as having a beneficial effect on health was revived, although the idea itself dates at least as far back to the writings of Aristotle and Plato.²⁷³

We must not, however, as Scarborough points out, attempt to impose on Byzantine medicine what he calls a “modern view,” which would exclude any non-rational element from medical practice.²⁷⁴ Indeed, we should remember that even today, when Western scientific medicine fails us or dissatisfies us, we often turn to so-called alternative or unorthodox remedies.²⁷⁵ Just as incubation in Asclepieian temples was a recourse for the sick in Classical antiquity, so were prayer, the sacraments, the presence of icons, the confession of sins, invocation of saints and visitations by holy personages – elements similar to meditation, reiki or other types of treatment used in psychotherapy or ‘holistic medicine’ today, – also considered a part of the healing process. Pachomius, for example, is said to have used a combination of spiritual

²⁶⁹ Nutton (2004:300) remarks that Alexander, although constrained by Christian ethics as to the remedies he could use, could still consider himself part of a traditional intellectual community within the eastern Empire.

²⁷⁰ Miller, 1997:145. “From the sixth century at least, bathing facilities normally adjoined Byzantine nosokomeia.” In fact, hospital baths were even apparently open to non-patients (*Mir.Art.* 11).

²⁷¹ Miller, 1997:169-73. He maintains that the codex *Laurentianus* 74.7 produced by copyist Niketas in the tenth century contains excerpts of medical writers dating since Hippocrates and was kept in *xenon* libraries to guide surgical practice several centuries later (*ibid.*:181).

²⁷² See Ferngren, 2009:130.

²⁷³ In 550 B.C. Pythagoras developed a concept for the use of music in medicine, believing it to be of greater value than many other medical treatments.

²⁷⁴ Scarborough, 1984: x.

²⁷⁵ Bennet, 2000:291.

discernment and medical diagnosis in order to decide whether the appropriate treatment for a particular patient should be naturalistic or non-medical.²⁷⁶

With regard to pharmacology, physicians would have gradually accrued a good deal of knowledge on the efficacy of a remedy but, as Bennet notes, “it would be unwise to assume that any remedies recorded in [remedy lists] were newly minted by hospital doctors. The bounds of the Greek pharmacopoeia were extensive and, though the search for sources can sometimes prove a sterile undertaking, many remedies can be traced to earlier writers. In this respect the hospital remedy texts superficially appear very little different from the numerous and anonymous remedy texts of no provenance or of spurious attribution.”²⁷⁷ Oribasius’s *Synopsis* for Eunapios, for instance, is revelatory of the range of drugs and basic remedies available to non-professional healers in the fourth century.

Of course, since many of those seeking shelter in *xenones* would have also been sick and hungry, the contribution of a regimen of decent food, rest, warmth and good nursing care, besides medical attention proper, cannot be dismissed. Although I have included the provision of specifically medical care in the requirements of my definition of the hospital, the value in the rehabilitation of health of, for instance, clean bedding and proper meals, was not negligible, and the concern of Bishop Rabbula of Edessa for such provision is noteworthy in this respect.²⁷⁸ As Risse comments: “...the boundaries between caring and curing remained blurred, but the salutary effects of rest, diet, and nursing must have been significant.”²⁷⁹ Finally, amongst the duties of care and comfort provided by monastic health care practitioners would have been the provision to the sick of a prescribed diet – a central component of ancient medicine.²⁸⁰

²⁷⁶ Crislip, 2005:20-1; cf. also Scarborough, 1984: xvi re. “amuletic drugs” pointing at a folk medicine “Christian in its forms but displaying a venerated heritage from a pagan past.”

²⁷⁷ Bennett, 2000:289.

²⁷⁸ *Panegyrica Rabbulae* quoted in Miller, 1997:147.

²⁷⁹ Risse, 1999:85. In fact, he quotes (note 78, p.113) the estimate of Rodney Stark (1997: 88-91, *The Rise of Christianity*) that even “conscientious nursing care without medications” could significantly reduce mortality rates.

²⁸⁰ Crislip, 2005:16.

Thus, using surgery, pharmaceutical herbs, drugs, and poultices, diet and baths, exercises, hygiene and general care, Byzantine physicians, whether laymen or clergymen, emphasized rational treatment alongside the need for religious faith and hope, and in this respect, too, the medical heritage of antiquity is manifestly present.

3. Medical personnel

Even though, with the advent of Christianity, the holy man and his miraculous therapeutic powers were highly respected, logic continued to be valued throughout the Byzantine period, and the secular physician's profession was generally highly esteemed and appreciated, as is proven by the many analogies made by the Fathers of the Church to Christ as physician.

Horden repeatedly stresses the fact that the Church was far from averse to accepting the services of doctors and did not reject secular, as distinct from spiritual, medicine. The number of physicians identified as Christians after the legalisation of Christianity grew rapidly in comparison to other professions, as claimed by Christian Schulze,²⁸¹ a fact that leads him to the assertion that the profession was particularly attractive to Christians. As Horden points out: "Holy men like Theodore [of Sykeon] happily passed on some of their clients to local doctors. Other saints, such as Sampson, had trained as physicians themselves and put their training to good use in the numerous ecclesiastically-controlled hospitals."²⁸²

a. Types of health care providers

A whole range of doctors practised medicine in one form or another in Byzantine times as in the Classical period – court physicians, city *archiatroi*, itinerant free-lancers, folk healers, holy men and quacks. Furthermore, the presence not only of male but also of women doctors is another example of the

²⁸¹ In *Medizin und Christentum* (2005), quoted in Ferngren, 2009:106.

²⁸² Horden, 2008:48.

continuity of the tradition of allowing women to practise medicine formed in Greco-Roman antiquity.²⁸³

With regard specifically to *archiatroi*, both Miller and Risse see them as “successors to the traditional city-appointed healers of ancient Greece.”²⁸⁴ However, while conceding that there was a considerable degree of continuity between the Hellenistic ‘public doctors’ and the civic *archiatroi* of the Eastern Roman Empire, Nutton cautions against assuming a greater degree of continuity than the evidence allows, stressing that “it is essential to realise that developments within society may well prevent a precise identification of the two in every respect.”²⁸⁵

But physicians were not the only individuals involved in the provision of health care. Lay *philoponoi*, *spoudaioi* or *parabalanoi*²⁸⁶ cared for the sick, nursing and bathing and anointing them, in large cities such as Alexandria.²⁸⁷ The order of the *spoudaioi* is first mentioned by the patriarch of Alexandria in the early fourth century. Among other duties, their ministry involved caring for the sick particularly among the indigent of the urban centres of the Empire.²⁸⁸ The *spoudaioi* were not medically trained but were, according to Ferngren, “heirs of a long tradition of medical care within a parochial pattern that had its origin in the diaconal care of the sick.”²⁸⁹ Other similar institutions were the *diakonai*, regarding which John of Ephesus writes:

“Among the various charitable institutions at Constantinople which had sprung from Christianity, no mean place was held by the diaconates, which were institutions for the care of the sick and persons in distress. The utility of them was the greater, because, while the hospitals were attended only by clergy, monks and nuns, the diaconates gave an opportunity to pious laymen also to devote themselves to works of active benevolence:

²⁸³ Constantelos, 1968:174.

²⁸⁴ Risse, 1999:124; Miller, 1990:114-5.

²⁸⁵ Nutton, 1997:199, 215.

²⁸⁶ Ferngren, 2009:120 and 134; the *parabalani* operated chiefly in Alexandria as guilds or groups of lay persons attached to churches and carrying out various charitable services which might include care of the sick as hospital attendants. Haas (1997) calls them ‘ecclesiastical hospital orderlies’ (location 2,615).

²⁸⁷ Ferngren, quoted in Risse, 1996:81 (note 59).

²⁸⁸ Ferngren, 2009:131.

²⁸⁹ Ferngren, 2009:133 (note 146) and ff.

while in those specially set apart for women, numerous ladies, who might otherwise have found no fitting field for their energies, piously tended the suffering members of Christ's flock... The blessed Thallus [the head of a famous diaconate in the City] was compelled to send away the clergy and monks...but he resolutely continued his care of the sick with the aid of laymen only."²⁹⁰

After the sixth century, the primarily volunteer caregivers were gradually replaced by professional staff, comprising physicians as well as a lay support staff of nurses. As Risse says, by the middle of the seventh century this shift was represented by the presence of *hypourgoi*, that is male assistants, who administered medication and supervised patients in the absence of physicians, together with male servants (*hyperetai*), who performed various services for the sick.²⁹¹ Throughout the Byzantine period *diakonisses* – female nursing staff with partial medical knowledge – also offered their care to patients, their role becoming even more important in the hospital context.²⁹² Furthermore, monks, a particular category of non-professionals, trained in or knowledgeable of the principles of medicine, staffed many of the establishments offering medical care, also being replaced gradually in hospitals – around the mid-fifth century – by professional physicians.²⁹³

The criterion, therefore, of the presence of professional medical staff in order that an establishment be defined a hospital opens up the question as to whether an establishment not staffed by such staff – in whichever way “professional” is understood – does or does not under any circumstance qualify as a hospital. Horden, I think, answers this question when he urges us to “rid our typologies of anachronistic notions of the difference between ‘caring’ and ‘curing’ – as if only a well-defined medical profession (such as did not exist in Byzantium) were capable of the latter.” And Ferngren concurs, saying: “...one might be hard pressed in certain instances to distinguish the treatment provided by an experienced caregiver from that prescribed by a physician.”²⁹⁴

²⁹⁰ John of Ephesus, *Eccl.Hist.* Book II.15.

²⁹¹ Risse, 1999:124.

²⁹² Constantelos, 1968:84.

²⁹³ Temkin, 1991:164.

²⁹⁴ Ferngren, 2009:127.

Variety in the type of providers of health care and their training was thus also a feature of Late Antiquity just as it was in earlier times. And if, as Crislip does, we deem medical specialisation of the staff to be a necessary criterion in the definition of a hospital, we are imposing our own anachronistic models on late antique society.

b. Training and education

As we have seen, although there was not yet a clearly defined medical profession, “medicine came to be a standard ingredient in Byzantine higher education.”²⁹⁵ The existence of a sophisticated medical knowledge, diffused widely among the upper classes of the Eastern Roman Empire, is revealed in literary sources. Scarborough quotes a plethora of instances of “a perpetual activity” evident in Byzantine medical sources.²⁹⁶ This knowledge and theory was translated into practice by lay persons, monastics and church leaders, as well as by skilled professionals.

Some would have had access to training in a manner not very different from what we would expect of a hospital-trained doctor today. Others, probably most, would have culled their knowledge in much more informal ways, through some sort of oral tradition or *iatrosophia*, while some would also have had access to medical compilations,²⁹⁷ such as those by Stephanus the Philosopher and Alexander of Tralles,²⁹⁸ who in the first half of the sixth century wrote a therapeutic handbook for working physicians, following traditional Hippocratic and Galenic medical theories. Paul of Aegina, in the seventh century, produced a kind of medical *vade mecum* for doctors practicing outside cities.²⁹⁹ Though hospitals are not specifically mentioned, the sophistication of treatments, both surgical and pharmacological, suggests that the handbook could also have been used in a hospital context. In addition, at least in Constantinople, Alexandria and other major urban centres, monastic libraries and schools of learning would have functioned as teaching centres of theoretical medicine.

With regard to the training of physicians, a passage in Chrysostom shows that what would have characterized a doctor, besides possession of his ‘art’, of medicines and of instruments, would have been his ‘iatreion’ and his students;³⁰⁰ an example of such a practice is the attendance at Alexandrian *iatreia* of the

²⁹⁵ Baldwin, in Scarborough 1984:16.

²⁹⁶ Scarborough, 1984: xi.

²⁹⁷ Horden, 2008:11, ‘The Case of Theodore of Sykeon’.

²⁹⁸ Temkin, 1991:228; Duffy, in Scarborough??? 25.

²⁹⁹ Temkin, 1991:230-1.

³⁰⁰ Chrysostom *Homily LII* on Acts XXV.23

physician Aetius of Amida, together with other students of medicine.³⁰¹ The practice is also legally endorsed: In a law issued by Constantine in 333, recorded in Theodosian Code of 438 (bk 13, title 3 sec. 3) and reissued in the Justinian Code of 534 (bk.10, title 53 sec.6), all physicians were duty bound to train new entrants to the profession.³⁰² This duty was also customary in ancient Greek medical practice: the *archiatroi*, in exchange for fiscal privileges, were required not only to provide medical care to the citizens of the municipality in which they were employed, but also to train apprentice physicians, who learnt their skills at their side in their *iatreia*.³⁰³

This tradition appears to have continued in the following centuries, transposed to the context of the hospital, where by the sixth century, according to the Miracles of St Artemios, (*Mir.* 22) physicians were conducting daily rounds. Although Nutton cautions that: “evidence for a recognizable teaching function in the hospital...is hard to find before eleventh-century Constantinople,”³⁰⁴ it seems more likely than not that the custom survived, regardless of the context in which it was practised. As Risse states: “Greek physicians had always taught their trade as part of their activities, and the evolving *xenon* may have become another site for the informal teaching of practical medicine.”³⁰⁵

With regard to the transposition of this activity into the new setting, Miller makes the interesting point that “...the *xenones* also blurred the other major criticism of physicians – their pagan roots. Once the hospitals had

³⁰¹ Miller, 1997:157.

³⁰² “Emperor Constantine to the people: We direct that physicians and especially chief physicians and ex-chief physicians...shall be exempt from every office and from every function and from every municipal or public liturgy...We also order that their compensation and salaries shall be paid them so that they may the more easily instruct many in the liberal arts and in the above mentioned sciences”; Allan 1990:456.

³⁰³ Miller, 1999:229-330. He refers to the emperor Julian’s description of an Alexandrian *archiatros* as a *didaskalos*.

³⁰⁴ Nutton, 1984:10.

³⁰⁵ Risse, 1999:121.

replaced the private *iatreia* of the public physicians in training doctors, the ancient pagan connections of medicine were severed...”³⁰⁶

i. Physicians in the hospital setting

Horden estimates that prior to 1204 period the number of hospitals in which the presence of doctors is attested is at most 23-25, although he cautions that the absence of evidence for their presence is not necessarily proof of their absence, nor, indeed, is the term *iatros* itself entirely unambiguous.³⁰⁷ As we have seen, Horden does not consider the documented attendance of doctors to constitute a prerequisite for an institution to be considered a hospital,³⁰⁸ considering it “less a matter of personnel than of structure.” He, too, stresses: “...let us dispense with the dubious antithesis of care and cure, which should not automatically be equated with the presence or absence of hospital doctors.”³⁰⁹

Within the period under examination itself, there were, of course, changes. Before the sixth century, for instance, according to Miller, although some *xenones* could provide medication and the services of physicians for the indigent sick, they had not yet become the important centres of the medical profession that they were to become after Justinian’s organisational reforms, which involved transferring the *archiatroi* from their positions as local *polis*-appointed medical and incorporating them into the hospital system, where they cared for all classes of patients.³¹⁰ Physicians working in *xenones*, he says, received government stipends and enjoyed much prestige, which earned them the custom of wealthy individuals able to pay them substantial fees.³¹¹

³⁰⁶ Miller, 1997:209.

³⁰⁷ Horden, 2008:49 ‘How medicalised were Byzantine hospitals’.

³⁰⁸ Horden, 2005:377.

³⁰⁹ Horden, 1985:7 and 1988:366.

³¹⁰ Miller, 1999:328; Miller, 1997: xxii and passim. Other historians such as Horden for example (2008:64-5) have rejected Miller’s argument, which is based partly on a reference in Procopius’ *Anekdotai* 26.5. On the subject of *archiatroi* and Justinian’s reforms see Miller, 1997:47-49.

³¹¹ Miller, 1997:208.

Evidence from the seventh century provides descriptions of the hierarchical organisation of medical personnel, their daily shifts, the rotations of the *archiatroi* and the role of the *xenodochos*-supervisor.³¹² While drawing attention to the lack of evidence regarding the link of doctors' *iatreia* to the hospital, Miller stresses the aspect of overall continuity in medical care from the classical to the Byzantine world. New therapies were added, but the Hippocratic and Galenic theories and procedures were still studied and employed, the *iatreia* and the public physicians, "did help to shape the development of Byzantine *nosokomeia* after the Christianization of the Empire,"³¹³ while there was a continual expansion in the role of physicians in the *xenones* of the Eastern Empire until the twelfth century, "when they seem to have controlled almost all aspects of these institutions."³¹⁴

ii. Physicians in the monastic setting

In monasteries, medical care was practiced by members of the clergy and by monks with medical knowledge, as an extension of their spiritual role. Provision was made, in the *Rules* of Pachomius, for the treatment and care of the sick among the monastic community,³¹⁵ and during the early days of the development of the hospital, monks came to be involved, as Ferngren says, with nearly every hospital in the Eastern Roman Empire.³¹⁶

Initially, as Krueger maintains, the monks involved in medical practice would have been physicians who left their towns and cities to join *lavra* or coenobitic monasteries and continued to practice their profession, while outside doctors could also be called in.³¹⁷ Lay caregivers were also relied on to provide, in a spirit of compassion, the type of care that in earlier times would have been provided by the family. Alongside these, a distinct monastic corps of trained health care providers with nursing responsibilities was also established. In time,

³¹² *Miracula Artemii* 21 and 22.

³¹³ Miller, 1997:49.

³¹⁴ Miller, 1984:58.

monasteries themselves became one of the places in which medical training could be sought.³¹⁸

As in the Asclepieia of later times, we find that naturalistic medical procedures, a heritage of classical Hippocratic medicine, were predominant also in the Christian religious setting. As Horden writes of Byzantine monks: “Their resort to secular as distinct from spiritual medicine, whether in their monastery’s own infirmary or privately with healers roundabout, was not thought incompatible with the minimal asceticism that monastic seclusion implies.”³¹⁹

h. Attitudes to healing/the ethics of care

a. Euergesia

The leading scholar of religion David Bentley Hart emphatically declares: “Where I feel no need to concede any ground whatsoever is before the suggestion that there was any substantial similarity or continuity between pagan provisions for those in need and Christian charity.”³²⁰ Any display of munificence, or any form of welfare, was made on the basis of the principle of reciprocity and in order to gain honour and renown.³²¹ As Hart goes on to say: “The old gods did not – and by their nature could not – inspire the building of hospitals and almshouses...”³²²

Christian charity was certainly different from traditional munificence, which had no religious or ethical motivation. Piety and duty to one’s fellow man were not connected. There was no sense in the pagan world that human love

³¹⁵ Rule of Pachomius part 1; Temkin, 1991:161.

³¹⁶ Ferngren, 2009:133 n.153.

³¹⁷ Krueger, 2010:125; Crislip, 2005:14.

³¹⁸ Krueger, 2010:125.

³¹⁹ Horden, 2008:48-9, ‘The death of ascetics’.

³²⁰ Hart, 2009:163.

³²¹ Risse, 1999:44.

³²² Hart, 2009:122, 124.

was a reflection of divine love, and that it was incumbent upon a devout individual to express it towards all human beings, particularly the disadvantaged.

I believe that this area of the ethics of care is indeed the one in which the contribution of Christianity is the most marked and revolutionary. However, even here I am reluctant to concede that we cannot find, albeit in embryonic and incomplete form, traces of earlier customs and concepts that can be considered to have facilitated the inroad and acceptance of the values of the Christian faith. As we have seen, Galen, for instance, already distinguished between a practitioner's motives of fame and honour in contrast to *philanthropia*.³²³

So it is not inconceivable, that the notion of *euergetism*, although now shifted in emphasis and scope, in a sense paved the way for the exhibition of Christian charity.

Several scholars have put forward views that I think lend weight to with this argument. Cameron, for example, suggests that there were benefits for the donor of Christian charity not too dissimilar from those derived from civic *euergetism*.³²⁴ Of course, Christian charity, when not given directly to the beneficiary, was channelled through the Church or a religious institution like a hospital or monastery.³²⁵ Peter Brown comments that the traditional *euergetes* could easily adopt the notion of the founding of a hospital, since this was "both a work of public, civic munificence and an act of public charity," which also carried financial advantages – tax exemptions – and social advantages – enhancing the role of the founder, bishop or lay person.³²⁶ Natali, examining the exhortations of John Chrysostom to his Antiochian flock (*Hom. in Matt.* 66.3) sees in the Christian vocabulary, the call for individual munificence and the efforts towards

³²³ Ferngren, 2009:91,93-4, 97 ff. See Galen's treatise *That the Best Physician Is Also a Philosopher*, also Ferngren, 2009:97 ff.

³²⁴ Cameron, 1993:127.

³²⁵ Liebeschuetz, 1990:187.

³²⁶ Brown, *Poverty and Leadership* 2002:35 quoted in Ferngren, 2009:128.

charitable organisation, the heritage of the ancient, pagan institution of *euergesia*.³²⁷

Haas, too, speaks of the patron-client relationship that was forged since the early fourth century between the bishop and his people, a relationship reminiscent of patron-client relationships of classical times.³²⁸ For example, when emperors or laymen funded and established hospitals, Haas suggests the possibility that a mixture of traditional euergetism and ostentatious piety could have been what motivated them. The same could apply to bishops. "Given Alexandria's fame as a center for medical studies throughout antiquity, it is not surprising that donations to hospital work served as a traditional focus of patriarchal evergetism."³²⁹ It is within this context that Haas sees the work of John the Almsgiver: "'...in his desire to surpass the charitable work of his predecessors, [he] was forced to come up with some creative new services (at least, new to Alexandria) such as hospitals and hostels for refugees and maternity wards for poor women."³³⁰ And Haas notes: "After the Constantinian revolution, profession of Christianity among the Alexandrian elite becomes fairly commonplace. In the new religious climate it was now possible for these high-ranking Christians to exercise, in a Christian context, the duties traditionally incumbent upon their order – patronage and evergetism."³³¹ He mentions the example of a certain Paesius, the wealthy heir to a merchant's fortune, who distributed his share of this fortune among the monasteries, churches and hospitals of his city.³³²

Time-honoured and familiar customs and traditions were thus easily broadened in scope and directed by the Church into new channels. Fergren comments on the use, by the Cappadocian Fathers, of "already-existing concepts such as patronage, kinship and the exchange of gifts" to encourage their parishes

³²⁷ Natali, 1982:1181 n.7: With regard to the term *euergetes*, among others: "Il paraît ainsi qu'il s'agit bien d'une réalité non chrétienne que le prêtre d'Antioche s'efforce d'acclimater dans des catégories chrétiennes..."

³²⁸ Haas, 1997: loc. 2,902.

³²⁹ *ibid.*: loc.2,906.

³³⁰ *ibid.*: loc. 2,910.

³³¹ *ibid.*: loc. 2,660.

³³² *ibid.*: loc. 2, 664.

in the direction of poor relief.³³³ Considering this to be a revolutionary feature in Western history, he claims: “The lower classes of the city, given a specific identity and defined for the first time as collectively deserving the assistance that had previously belonged to all citizens, the *demos*, came over time to replace the *demos*.” By the sixth century, one of the features of a well-established *polis*, which emperors and wealthy private individuals, motivated by a mixture of pride for their city and a desire to be publicly esteemed for their munificence, chose to endow it with, was the hospital, just as baths or theatres had been provided for their poleis by their ancestors ever since Classical times.

b. Agape

Deeper and more extensive in scope than ancient Greek *philanthropia* and Jewish communal care, Christian *philanthropia* involved the expression of love and compassion, not only for members of a religious community, or for fellow-Greeks, citizens, allies, relatives and friends, but for human beings in general, as the images of God. As Constantelos says: “Under the impact of Christianity, Greek philanthropia blossomed into a passion of agape.”³³⁴

As Liebeschuetz remarks: “The idea that the poor and the sick and the old ought to be helped because they were there, and were God’s creatures, is not classical.”³³⁵ In ancient Greco-Roman society it was the individual who possessed *arête* who was valued, while the chronically sick and disabled were by definition lacking in full worth as individuals and citizens.³³⁶ In fact, Sigerist claims that it is precisely the preferential social position given to the sick person that was the novel element introduced by Christianity into health care.³³⁷

Compassion, as the cornerstone of Christian ethics, is portrayed in the parable of the Good Samaritan (Matthew 25:31-46), and as Chrysostom

³³³ Ferngren, 2009: 201 n. 27.

³³⁴ Constantelos, 1968:281.

³³⁵ Liebeschuetz, 1990:187.

³³⁶ Ferngren, 2009:95.

³³⁷ Sigerist, quoted in Ferngren, 2009:145-6 and 1992:13.

repeatedly insisted, the primary virtue for a Christian is to “Go and do likewise” and care for those in need.³³⁸ Doctors, in particular, should offer their professional services free of charge.³³⁹

Christianity thus institutionalised philanthropy by creating establishments for marginalised groups, and urban bishops as well as monastics in the Eastern Empire constituted a powerful force in promoting caring establishments and services for the sick.

Although Christian *agape* goes further than the expression of good will of man to man or from the divine to the human – such as Asclepius was said to have shown to mortals – echoes of the old Greek concepts formulated in the treatises of Plato and Aristotle part of the baggage of educated church leaders, were there, and were not entirely incompatible with the new Christian ethos.

Perhaps the true revolution in the late antique Eastern Roman Empire is not the form of medical care itself but, as Amundsen says, “the obligation to care,”³⁴⁰ the notion that God’s gift of physical life is so precious that care of the sick becomes a “categorical imperative.”

Although it may seem that the focus of the Church is less the body than on the soul, less on the sick who may be cured and returned to society and more on those in need of charity, such as the blind, lepers, or the maimed, or those in need of spiritual salvation, Christian compassion embraces care for soul and body together. A more careful reading of its tenets will reveal that the fact that Christ was incarnated and that the body was to be reunited with the soul at the Resurrection, made the human body no less precious and worthy of care. The ideal Christian physician now “combines the medical art with spiritual commitment.”³⁴¹

As Temkin, too, points out, the gap between classical *philanthropia* and Christian *agape* was less wide in the case of medical practice. No fundamental change occurred in the Christian physician’s professional ethics that distinguished him from his pagan predecessors. And Ferngren remarks:

³³⁸ Liebeschuetz, 1990:175.

³³⁹ Chrysostom *Homily* xxx.4 in Act. Apost.

³⁴⁰ Amundsen, 1996:13.

³⁴¹ Ferngren, 2009:108.

“With the exception of issues like abortion.... The medical ethics of Christian physicians are not likely to have been defined very differently than were those of their pagan colleagues, except perhaps for a greater willingness to help the poor.”³⁴² The Christian doctor might show charity to the poor as an obligation ensuing from his faith, rather than as an expectation – evident from Hellenistic inscriptions, the *Precepts*, and the works of late antique philosophers and physicians – that he would be caring and compassionate, but “by and large his science remained the same, and his practice did not have to undergo a revolution. What shook the world did not shake everything in it in equal measure.”³⁴³

i. Health care delivery/locus of care

The final criterion in our list refers to the provision of in-patient care at a specific locus dedicated to this purpose.

Miller argues, on the basis of a certain number of ancient sources that show that the ancient physicians treated patients with serious problems in their own homes, that prolonged medical care for the sick did not exist in the ancient world.³⁴⁴ However, it is likely that home care would have been the norm for a great proportion of the population regardless of the existence of hospitals, even in later centuries when their existence is firmly attested.

Miller himself seems to contradict his own arguments when he says that: “...the records of Greek and Roman civilisation do mention institutions which provided some sort of treatment for the sick in a central location and thus approximate Byzantine xenones.”³⁴⁵ However, he goes on to deny that Asclepieia could have inspired the organisation of an institution such as the Pantokrator Xenon. This seems to disregard the fact that hospitals themselves developed through time, so that it is one thing to maintain that the early

³⁴² Ferngren, 2009:107.

³⁴³ Temkin, 1991:35, 252-4.

³⁴⁴ Miller, 1997:37-8.

³⁴⁵ Miller, 1997:38. He refers to Asclepieia and *iatreia* and to the *demosieuoentes iatroi* among others.

Christian hospital evolved to a significant degree from the medical provisions of antiquity, one step at a time, and quite another to suggest that the template for a highly sophisticated twelfth-century establishment goes as far back as the Asclepieion.

As we have seen, the small surgery attached to the home of a doctor, or the home of a bishop or monk could have constituted the kernel of a later medical establishment. Thus, although Miller suggests that the first steps from hostel to hospital can be retraced to Antioch, under Bishop Leontios, and Aetios' treatment of the sick among hospice guests,³⁴⁶ our sources inform us that the Sampson had very humble beginnings, those of a simple *iatreion*, which came to include the provision of bed and board for the sick. Miller himself says: "the *Vita Sampsonis* also shows that the *iatreion* could easily be changed into a hospital under the proper stimulus."³⁴⁷

As was the case in antiquity, the provision of medical treatment was often closely attached to places of worship, and Christianity took over many pagan healing sites, rededicating them to Christian saints.³⁴⁸ Pilgrimage continued to be undertaken to these places, such as the hospice by the Basilica of St Mary in Jerusalem,³⁴⁹ the church of St. Demetrios in Thessalonike and the Kosmidion in Constantinople.³⁵⁰ With regard to the close connection of places of worship and hospitals, David Knipp says:

³⁴⁶ Miller, 1997:147.

³⁴⁷ Miller, 1997:43.

³⁴⁸ Aristophanes' *Wasps*, v.123: Bdelycleon takes his father to the Asclepieion in Aegina: "διέπλευσεν εἰς Αἶγιναν, εἶτα ξυλλαβὼν νύκτωρ κατέκλινεν αὐτὸν εἰς Ἀσκληπιοῦ." This has not been firmly located but local tradition has it that it stood in a still famously healthy spot by a spring, where there is now a chapel dedicated to the healing saint Panteleemon.

³⁴⁸ See also Miller, 1984:54 "...philanthropic institutions of the Latin West developed far more slowly than did those of the Byzantine East and did not begin to offer anything resembling hospital care until the thirteenth century."

³⁴⁹ Vikan, 1984:66.

³⁵⁰ Talbot, 2002:154; also Hamilton, 1906:126, 135, 150, 181: she mentions the church of St. Damian and St. Cosmas in Constantinople, that of St. Therapon (in the district of Blachernae?) where incubation was practised and where patients remained often for a lengthy stay; St. Thekla in Seleucia, a "medical centre". Although these were sites of miracle cures, attendants, probably members of the priesthood, would have cared for the sick.

“Referring to Mango’s inclusion of a xenon in his reconstruction of the martyrion of St. Artemios at Constantinople, John Nesbitt recently questioned the probability of a hospital in the proximity of a church where incubation was performed, as the incubants would normally have been people who had already received treatment by doctors. I would rather follow Mango here, since there is no need to see a pronounced opposition of healing cult and hospital. St. Artemios’s miracle stories express, it is true, some hostility toward doctors, but more often than not the dream oracles describe settings and actions clearly derived from the medical sphere.”³⁵¹

³⁵¹ Knipp, 2002:13.

As we have seen, another type of religious site, the monastery, also offered inpatient care under the supervision of trained health care providers, including a nursing staff and doctors.³⁵² Unfortunately, archaeology has so far yielded very little evidence, so that scholars investigating monastic care must turn to monastic rules, lives of saints, homilies and travel literature in an effort to glean further information.

Horden makes a very interesting and I believe valid point when he discusses the presence of the important forms of charity that were expressed “in the less formal, or less permanent, establishments that comprise the hinterland of hospitals and help to explain their appearance.”³⁵³ He views the hospital as “a solidification – architectural or ideological – of part of the spectrum of sub-hospitals”, not always independent structures but fulfilling many, or all, of the functions of premodern hospitals”. These could be porticos of churches, the area around healing shrines, a small doctor’s surgery in which patients lodged. Thus: “The bishop’s house is likely to have been the matrix of mid-fourth-century hospitals in Byzantium.” “The change of style in poor relief from rooms in the bishop’s house... to conceptually or architecturally free-standing hospitals might have been slight indeed.” It is not unlikely that their gradually greater visibility would then have attracted greater charity, and that in turn might well have led to an increase in their size.

As in Asclepieia, so in the early hospitals, faith and emotion, as well as bathing, feeding and medicinal preparations, would have played a role in facilitating recovery. The distinct physical environment of these therapeutic shelters – whether pagan shrines, monastic infirmaries or “proper hospitals”, and whether staffed by Asclepieian priests, Christian monks or lay physicians – guaranteed that those entering them would be offered protection and care, and not infrequently, healing.

Thus, if we accept that medical care was not always necessarily provided in a hospital setting but could also be provided in churches,

³⁵² Crislip, 2005:10.

³⁵³ Horden, 2005:376-8.

monasteries and the homes of bishops or physicians, we can more readily accept, too, that the hospital did not represent a strikingly different approach to medical care, but was only one point on a spectrum or a continuum of establishments devoted to the rehabilitation of health.

Summary and conclusion

Throughout history, the forces of change are in constant tension with the forces of continuity, and this is certainly evident in the period we are discussing. Late Antiquity was not a static time, not simply the continuation of the Classical period, but had its own dynamics and physiognomy. Medicine did not stagnate either, but responded to the changes in society, while doctors affirmed the continuities within their own ancient medical heritage but also constantly developed their knowledge and skills. The hospital itself was a 'living organism' within society, subject to many influences – newly-born or long-inherited – at each point in time. Nevertheless, and the undoubtedly novel and crucial contribution of Christian compassion notwithstanding, the debt of the hospital as a place of healing and not as a philanthropical refuge seems to me to lean more heavily to the Classical past than is perhaps acknowledged.

Whereas Miller argues that the hospitals of the Byzantine period developed out of charitable institutions for the poor and the homeless, which were expressions of the Christian value of philanthropia,³⁵⁴ I believe that it was rather the value attached to medicine, and the various earlier forms of medical care that eventually led to the appearance of the institution of the hospital. The very important contribution of Christianity was to inspire compassion for the sick as worthy and valuable members of Christ's body, and to undergird the hospital's operation with this cardinal virtue, which in the new social, political and ecclesiastical context resulting from the establishment of Christianity helped staff the hospital and sustain it financially.

³⁵⁴ Miller, 1997:207 "Philanthropia provided the initial impulse to create hospices... and to expand these institutions into specialized medical centres..."

I have rested my proposition on the arguments gleaned from the discussions of the five elements in the definition of the hospital, above. But first, a general remark: the hospital cannot be a creation *ex nihilo*. Given the tendency of ancient customs and traditions to die hard, and to carry through in a reformulated aspect – healing shrines turned into churches, doctor-saints taking the place of healing deities, Christian holy men replacing Classical *iatromanteis*, the waters of miraculous springs used alongside modern drugs, and incubation taking place in churches instead of temples – we should expect the hospital to have emerged out of well-established concepts and traditions, including some pre-existing form of health care setting. Its appearance presupposes a long history of attribution of disease to natural aetiology, a lengthy accumulation of medical knowledge and experience, practices and skills, a long tradition of healing offered not only in private homes by itinerant physicians, but in specific loci of care. Allan states this quite clearly when he says: “the whole concept of medical care was inherited from the pre-Christian age of classical Greece.”³⁵⁵ Otherwise Christian compassion might well have been expressed in the foundation of general welfare establishments for the palliative care, shelter and sustenance of the poor, the sick and the needy, but might not – or at least not so soon – have exhibited the features that made *xenones* the chief institutions for the provision of medical care and rehabilitation offered by professional physicians, and serving not just the destitute but even those who could afford to pay.

We have seen how strong the aspect of continuity is in the concept of medicine and the components of medical care, which did not change substantially from ancient times to well after the period under discussion. In terms of the kind of care provided, we must be wary of our own twenty-first-century notions of what constitutes health care. If disease is often psychosomatic and cure can also be effected by an improvement in environmental conditions, the provision of comforting care and positive psychological factors, then healing shrines could well constitute natural

³⁵⁵ Allan, 1990:447

ancestors of the hospital. We know that Asclepieia adopted a holistic approach to treatment, recognizing the importance of psychological and emotional factors in the process of healing as well as the activation of healing mechanisms innate in human organisms. Thus medical intervention was combined with efforts to improve the psychological condition of sick people by providing a pleasant and healthy environment for their recovery. What has recently emerged as a major issue in hospital design and services appears to have been a well-established practice in ancient Greek healing centres.

With regard to medical personnel, Byzantine *archiatroi* were in many respects the descendants of the classical *demosioi iatroi*, in terms beyond those usually laid down by scholarly debates. In other words, the doctors of the fourth- to the seventh-century Byzantine Empire, often literally the inheritors of their fathers' profession,³⁵⁶ drew heavily on the medical theories, practices and traditions of ancient Greece and were unaware of any break in continuity from the Classical to the Christian age.

As regards the locus of care, we have seen that there is continuity in the sites dedicated to healing, although these became more specialised and acquired a specific architectural visibility, in particular within the urban setting. Finally, preceding centuries were heavy with philosophical notions and social values that facilitated the implantation and gestation of Christianity, paving the way, at the same time, for one of the expressions of Christian *agape* in the form of care for the sick. "Christian xenones...struck such deep roots in the polis of the late ancient world that they were able to draw sustenance from secular institutions as well [as the Church]. Ancient notions of civic pride as well as concepts of imperial philanthropia motivated both private persons of wealth and the emperors themselves to foster hospital care for the cities of the empire."³⁵⁷

As Mavrommatis writes: "doctors, their 'clients', and the places where diagnosis and treatment could be carried out (whether at the doctor's house, the agora, or, of course, places of worship dedicated to Asclepius) had been a

³⁵⁶ Miller, 1997:32 cites the fifth-century physician Iakobos and Alexander of Tralleis in the sixth century as examples.

³⁵⁷ Miller, 1997:90.

common feature of life in the urban centres of the Roman and Hellenistic east. There was also – and this was of prime importance – the tradition of the medical profession and the passing on of medical knowledge, even if confined to family circles or small associations.... The East had the theoretical and material infrastructure ready and waiting, and the whole mentality would allow the continuation of the tradition.”³⁵⁸

The only element missing in the formula was the ideological basis to undergird the provision of health care in Christian times. It was not so much the locus of care or the providers of care that made the difference, nor the methods used, all of which in their pre-Christian forms already had paved the way for the birth of the late antique hospital, but the new attitude of concern towards and care of the sick, born of the concept of *agape*, together with the ability of the early Church Fathers “to reconcile Asclepius and Christ within the triumphant ideology of the church.”³⁵⁹

As Amundsen says (1996:13) the revolutionary element introduced by Christianity was not the obligation to cure, but the obligation to care. The community-wide organisation of its philanthropic outreach, one of the elements of which was care of the sick, was the contribution of Christianity. This obligation to care might not necessarily have taken the form of a hospital, however. This only happened thanks to the medical legacy of antiquity combined with the fact that in the East *agape* was so often expressed through the medium of medicine.

An interesting avenue for further research, which might validate this theory, might be afforded by a comparison between welfare institutions of a similar nature in the western and eastern empire; this might explain why, as Scarborough notes, hospitals in the Byzantine east “were taken for granted long before the medieval West adopted and adapted similar institutions.”³⁶⁰ The existence of the long-standing rational medical tradition in the East, as well as the strong interest in and acceptability of the practice of this medicine on the part of the early Christian Fathers of the Eastern Church, might well be the

³⁵⁸ Mavrommatis L, in Teich et al 1997: 39-40.

³⁵⁹ Ibid.

³⁶⁰ Scarborough, 1984: x.

reason for this. If, that is, as Miller claims, “western philanthropic agencies failed to develop the same specialized medical services as the Byzantine xenones did,” remaining no more than refuges,³⁶¹ then a strong case seems to be made for the development of hospitals out of the tradition of medical care of Classical times.

New information and research will shed more light on the history of early hospitals. Miller suggests that hospitals outside Constantinople, and not only in Greece and Asia Minor, but also in southern Italy, could constitute an interesting avenue for research, as would the further study of Byzantine medical and other manuscripts and hagiographical texts.³⁶² In addition to these, as Horden points out, attention should be paid “to the incidental references in narrative sources where it is, say, taken for granted that a sick man finds a bed... in a hospital as a matter of course.”³⁶³

Documentary material dealing with Byzantine society and economy, such as inscriptions and various narrative sources besides ecclesiastical histories, may shed unexpected light on early hospitals, but an even more promising avenue might be that of archaeology. As Dvorjetski states: “...although it is possible at many... sites to make a good argument for the identification of a hospital, there is virtually no unequivocal evidence in any of them to prove the case. However, the presence of surgical instruments as evidence for the recognition of hospital buildings carries some weight. Unfortunately, we ought to wait for the forthcoming excavations at the curative sites in the eastern Mediterranean for verifying our assumption and point of view.”³⁶⁴ Horden notes, moreover, that the papyri found in rubbish tips of late antique Egypt – Middle Egypt in particular – are yielding traces of an increasing number of local hospitals.³⁶⁵

In all the institutions we have looked at, there has been the presence of two or more of the elements we considered necessary for an establishment to be termed a hospital. The process leading to the inclusion of all those required

³⁶¹ Miller, 1997:151.

³⁶² Miller, 1999:331-2.

³⁶³ Horden, 1985:9.

³⁶⁴ Dvorjetski, 2007:116.

³⁶⁵ Horden, 2005:384.

in a modern definition would not necessarily be linear in its progression through time; some establishments eventually presented them all, some not, even many centuries later. But all the elements were gathering, from the earliest times when the ancient Greeks showed curiosity in the working of all things, and subjected them to their philosophical debates, practical observations and experimentations;³⁶⁶ the process then gained great momentum with Christianity, through the practical expression of compassion of the early Christians, and eventually gave rise to hospitals that would be recognisable today. As van Minnen notes in his concluding remarks on medical care in late antiquity: “The hospital provided the necessary union of rational medicine with the distinctly Christian value of charity.”³⁶⁷ Its ethical undergirding came largely from Christianity, but all the building blocks were already there. The hospital was thus less a revolution than an evolution, or at the very least, as Horden says: “at once an invention and an evolution.”³⁶⁸

³⁶⁶ Cf. Aristotle’s belief that “medicine and philosophy are sisters” (Aristotle (48), *Parva Naturalia* 1; 436a19-436b1 quoted in Temkin, 1991:8), a view that was definitely subscribed to, according to Temkin, in Late Antiquity.

³⁶⁷ Van Minnen, 1999:67.

³⁶⁸ Horden, 2005: 389.

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