

# **Doctors in Late Antiquity: Changes in Status of Medical Practitioners and the Effect of the Rise of Christianity**

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# Abstract

The field of medicine in Late Antiquity occupied a complex position between older Graeco-Roman traditions, and the expanding influence of Christianity. At this time, physicians continued to use the medical works of both Hippocrates and Galen, while also trying to adapt their practices to incorporate themselves in the newly Christian-predominant Western Roman Empire, the Roman East, and the later Successor Kingdoms.

This thesis investigates how doctors were represented, what roles they played, how their status changed, how they adapted to survive during this time, and how Christianity played a major role in the reshaping of the medical world. While the legacy of classical medicine is well known and extensively studied, less attention has been given to the doctors themselves as professionals and people of influence at this time, which this thesis will aim to rectify.

The main focus on the thesis is to provide an introduction to the topic of doctors in Late Antiquity through three chapters. The first contains a discussion of the types of sources which have been used and a brief history of doctors in Rome prior to Late Antiquity. The second elaborates on the new role doctors played at this time, being sent on diplomatic missions East to the Sassanians and why they were chosen, a brief section on education followed by some of the doctors about whom we know that have been compiled in the volumes of the *PLRE* and the trends that can be seen in each volume. The focus of the third chapter is on the influence of Christianity in Late Antique medicine, the foundation of the first hospitals, the rise of miracle culture, and how doctors fit into this restructured world of healing.

# Acknowledgements

This thesis is the culmination of two years of work, and five years of study in the field of Classical Studies. So far, they have been the best of my life. This is not to say that writing this thesis was easy, or that I could have done it alone. Though I may have managed it on my own, I am glad that I never have to know.

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## Abbreviations

<i>LRE</i>	<i>The Later Roman Empire, 284–602: A Social, Economic &amp; Administrative Survey.</i> By A. H. M. Jones. 2 vols. Oxford: Basil Blackwell, 1964.
<i>OCD</i>	<i>The Oxford Classical Dictionary.</i> 4th ed. Edited by Simon Hornblower, Antony Spawforth, and Esther Eidinow. Oxford: Oxford University Press, 2012.
<i>ODLA</i>	<i>Oxford Dictionary of Late Antiquity.</i> Edited by Oliver Nicholson. Oxford: Oxford University Press, 2018.
<i>PLRE</i>	Martindale, J. R., A. H. M. Jones, and J. Morris, eds. <i>The Prosopography of the Later Roman Empire.</i> 3 vols. Cambridge: Cambridge University Press, 1971–1992.
<i>SC</i>	<i>Sources Chrétiennes</i>

## *General Introduction*

The period of Late Antiquity was one of transformation across the Mediterranean world. During this time, the Western Roman Empire collapsed, giving way to the Gothic successor kingdoms, while the Roman East continued to survive and thrive for a time. Throughout this period, a significant religious shift occurred among the Romans, Persians, and Germanic peoples, with the adoption of Christianity as the predominant religion. For the Romans, this meant a shift from a polytheistic system to a monotheistic one, which spread especially rapidly during the fourth century, resulting in significant changes in culture and lifestyle for most in the empire. These upheavals reshaped social norms, imperial policy, and patterns of everyday life. This is evident in the realm of medicine, where practitioners of healing are involved.

This thesis examines how the social, religious, and institutional landscape of medicine evolved for physicians during and throughout Late Antiquity. It explores the shifting status of these physicians, the new opportunities and challenges that they faced, as well as the growing role of religious and charitable institutions in what was becoming a world of more organized healthcare. Finally, it will seek to answer how the rise of Christianity in Late Antiquity affected the position of medical practitioners across the Roman World, and how the medical profession adapted to these changes. Central to this transformation was the rise of Christianity. This is the case not only as a system but also as a rapidly growing institutional force that reshaped Roman perception of the ideas about suffering, compassion, and the moral duty to care for the sick. The conversion of the Mediterranean world to Christianity introduced new perspectives on illness, which were now linked to theological narratives of sin, healing, and salvation. Occasionally,

what may have been considered a standard practice of healing evolved into a symbol of piety, which then gradually or rapidly became a healing miracle. At the same time, Church leaders, bishops, and monastic communities began to establish hospitals, hospices, and other facilities that systematized care for the poor, ill, and infirm. These new institutions often relied on physicians practicing what may have been considered "pagan" medicine despite their newly converted Christian outlook. Despite the pious nature of these hospitals, the physicians they employed were previously independent professionals who had now been incorporated into the ecclesiastical and philanthropic structures of the Church.

The status of these doctors began to improve during this period, with several attaining a significant enough stature to serve as diplomatic envoys for the Romans to the Persian Empire and subsequently pursuing administrative and/or religious careers across the Roman Empire, as well as in the successor kingdoms in the West. Their lives are often well-documented, so references to them remain in literature. Papyri have been discovered that attest to their presence, or funeral *stelai* mark their accomplishments. Those who are mentioned by name have been compiled in the *PLRE*, with many entries containing sufficient information to be listed in the second chapter, and all of them being listed in the Appendix. These will be discussed to emphasize the variety of lives that doctors led, as well as the range of ranks they held in both secular and religious institutions throughout the Roman world.

This thesis is structured as follows. Chapter 1 provides an overview of both the professional and social standing of doctors in the Roman world, leading into Late Antiquity, beginning with Archagathus in 219 BCE. This is followed by a description of literary, legal, papyrological, and epigraphic evidence as examples of sources that mention Late Antique physicians. Chapter 2 presents a selected prosopographical analysis of several named doctors of

Late Antiquity, as listed in the *PLRE*. This will briefly examine the variety of lifestyles afforded to physicians due to the status changes their profession underwent during this period, primarily as a result of the Later Roman Empire's conversion to Christianity. Chapter 3 explores the transformative role that Christianity, along with the newly influential ecclesiastical institutions, had on medical practitioners, medicine in general, and public perception of healing. This includes discussion regarding Christian hospitals, the idea of charitable care, and the profession's integration into Christian ideology. Finally, the conclusion reflects on the evolution of medical roles and how it, along with the integration of Christianity into the empire, represents the broader changes to Late Antique society.

Before beginning the first chapter, there are two definitions which need to be clarified: what time period constitutes Late Antiquity, and what terms were considered for medical practitioners during research. In this thesis, the period of Late Antiquity is considered to be between the years of 284 and 641 CE. The start of the reign of Diocletian and the move away from the military emperors of the third century make 284 CE a clear starting point. The other terminus date to this period is the death of the emperor Heraclius, near the beginning of the early Islamic conquests. While there is some inclusion of information from either before or after these defining dates, they are outliers.

The terms which were considered while researching medical practitioners in this thesis were as follows; *medicus*, *vulnerarius*, *iatros*, *archiatros*, and *iatrosophist*. These cover a wide range of people from both Latin and Greek. Definitions for these were taken from Liddell-Scott-Jones for Greek, and the Lewis & Short Latin Dictionary. The first three of these most commonly mean “doctor, physician,” or “surgeon,” but also mean “a medical man” in the case of *medicus*, and “one who heals” for *iatros*. *Archiatros* is used to describe chief physicians in

particular cities or doctors with importance in the Imperial court. The last term, iatrosophist, is not as common, and is most often used to describe medical writers. The flexibility of these words is reflected in the secondary sources, as the English terms “doctor,” “physician,” and “medical practitioner” are often used interchangeably. This is also done in this thesis, unless a particular reason is given for the use of a specific term.

# *Chapter 1: Setting the Stage: Roman Physicians before Late Antiquity and Available Late Antique Sources*

## *Introduction*

There are two aspects to this chapter, which are both necessary to understand the position of doctors in Late Antiquity. The first of these is the primary sources. Some of these were sources written by the doctors themselves. Others were written by other authors concerning doctors, notably in various letters. More evidence can be found in legal codes, such as the Theodosian Code and the Code of Justinian. The final sources of evidence which will be examined are papyrological and epigraphic. Each of these sources are used to provide insight into the careers, social standing, and later institutional associations of medical practitioners before and throughout Late Antiquity. The second aspect of this chapter presents a brief history of doctors in Rome prior to Late Antiquity, to better understand the professional and social status of physicians during the Late Roman Republic and the earlier Roman Empire. This will show how the profession changed from one consisting solely of Greek doctors being brought to the city as slave, to the point where Roman citizen doctors started to become legally privileged members of Roman society. By tracing the initial status of physicians, this chapter provides essential information to this thesis regarding the origin of much of the information, as well as a historical context for the following chapters.

## *Literary Works by Doctors*

In this section, we discuss the types of sources in which physicians are recorded. This includes literary works written by them, literary works referencing them directly, papyri, and inscriptions. This will also include a brief discussion of the laws in which their profession is mentioned. The literary works by doctors would reveal who they were and that they held some importance.

Throughout classical antiquity and into the early Imperial period, two significant figures in medicine stood out: Hippocrates and Galen. We are aware of their existence through the presence of their medical writings. This means that they were considered of sufficient importance to be passed down through time and preserved, unlike many other possibly similar texts that are now lost to us. The same can be said for many of the doctors of Late Antiquity. During Late Antiquity, newer medical writings tended to be compilations of existing material rather than original works, often incorporating translations and synopses of previous material, as well as condensing helpful information into new, more easily accessible compendiums.<sup>1</sup> This process was standard in Late Antiquity, meaning that not only were the works of previous doctors preserved, but later doctors were also able to amend and add relevant information to them. This reliance on older material is indicative of stagnation and a dearth of new information and can be attributed to the extensive work done previously by both Hippocrates and Galen. Their understanding of medicine was based on the Doctrine of Four Humours, consisting of the idea that the body contains four fluids (phlegm, blood, yellow bile, and black bile).<sup>2</sup>

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<sup>1</sup> Nutton, Vivian., "From Galen to Alexander: Aspects of Medicine and Medical Practice in Late Antiquity," *Dumbarton Oaks Papers* 38 (1984): 1-14, at 2-3.

<sup>2</sup> Valiance, J. T. 'Humours.' In *OCD*: Oxford University Press, 2005.

Additionally, there was no commitment to actual research among physicians at this time, as is common in modern science; their writings would instead have been based on individual observations.<sup>3</sup> This style of “research” led to the observations of Hippocrates, who, as a philosopher, was more involved in medical research than the career physicians of the Roman Empire, serving as the main guide for wealthier physicians of Late Antiquity. Still, portions of what is attributed to him are later writings ascribed to him, which shows that his work inspired subsequent future medical practitioners.<sup>4</sup> This is not to say that there is no new medical work in Late Antiquity, but rather that much of it remains tied to the theme of Galenism.

Some of the more famous works from Late Antiquity include those written by Oribasius, Aetius of Amida, Alexander of Tralles, Paul of Aegina, and Caelius Aurelianus. The main work of Oribasius (fourth century CE) is his *Medical Compilations* (*Collectiones Medicae*). It is an encyclopedia of medicine that primarily consists of condensed writings from previous medical materials, especially the works of Galen, supplemented with commentary and personal findings based on the applications of this earlier material. It is a book that became an essential source of medical knowledge in the later Byzantine and Islamic worlds.<sup>5</sup> Caelius Aurelianus, from the fourth to fifth century CE, wrote in Latin, mainly concerning the works of the Greek physician Soranus of Ephesus from the late first to the second century CE, who was contemporary to (and mentioned by) Galen himself.<sup>6</sup> Caelus’ work was titled *On Acute and Chronic Diseases*. The most well-known work of Aetius of Amida (sixth century CE) is the Four Books (*Tetrabiblos*),

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<sup>3</sup> Nutton, “From Galen to Alexander,” 2.

<sup>4</sup> Daniela Manetti, “Late Antiquity” in *The Cambridge Companion to Hippocrates*, ed. Peter E. Pormann (Cambridge University Press, 2018), 315-349.

<sup>5</sup> Eijk, Ph. J. van der, *Medicine and Philosophy in classical antiquity: doctors and philosophers on nature, soul, health and disease*, 277.

<sup>6</sup> Galen, *De Compositione Medicamentorum secundum Locos* 1.2 (vol. 12, p. 19); 6.7–8 (vol. 12, pp. 377–81); 7.2 (vol. 12, p. 419); and 13.42, in *Claudii Galeni Opera Omnia*, ed. C. G. Kühn, vols. 12–13 (Leipzig: Cnobloch, 1826–1827).

which covers several different fields of medicine, including gynecology, surgery, and dietetics, while also referencing Galen and Hippocrates.<sup>7</sup> Alexander of Tralles's main work dates back to the sixth century CE and is titled *Therapeutics (Therapeutica)*, which combines Galenic and Hippocratic medicine with his own clinical experiences. Lastly, Paul of Aegina, from the seventh century CE, also wrote about Soranus of Ephesus in his compilation work, commonly referred to as the *Medical Compendium in Seven Books*, with its Greek title proclaiming it to be the "epitome" of medicine.

Translations were also made of these earlier works from and into Latin and Greek, as well as to Syriac, to maximize the potential audience. Generally, the most influential medical material was initially written in Greek, as there was a classical tradition and positive reputation associated with Greek medicine in both Rome and Persia, which is evident in the hiring and purchasing of Greek doctors by various Persian Shahs and Roman aristocrats. The translation of these medical materials into Syriac began as early as the life of Sergius of Reshaina in the early to mid-sixth century. His translations of the works of Galen and Hippocrates into Syriac, along with those of other contemporary medical writers whose works were present in Alexandria and involved the doctrine of the four humours, were considered the foundations of Syriac medicine and fundamental to the new medical school in Nisibis.<sup>8</sup>

One notable work is from an author who is not from the Late Antique period. Pedanius Dioscurides was a physician and pharmacologist of the first century CE, whose main work was *On Medical Material (De Materia Medica)*, which served as the primary source for botanical

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<sup>7</sup> Svetla Slaveva-Griffin, S. "Byzantine Medical Encyclopedias and Education" in *The Oxford Handbook of Science and Medicine in the Classical World*, ed. Paul T. Keyser and John Scarborough (Oxford: Oxford University Press 2018), 965-986.

<sup>8</sup> Grigory Kessel, "Syriac Medicine," in *The Syriac World*, ed. Daniel King (London and New York: Routledge, 2019), 439-448.

terminology in antiquity. An indication of its importance in Late Antiquity can be seen through two known copies of his works from this period: the Vienna Dioscurides and the Naples Dioscurides, dating from the sixth and seventh centuries, respectively. Both of them are said to derive from the same ancestor text. The Vienna Dioscurides' importance is evident in the effort and wealth required to complete the commission for Anicia Juliana around 512 CE. The book itself was initially 546 pages in length and was written on (sometimes unborn) calf and goat skin, with elaborately illustrated images of plants, accompanied by a dozen or so lines describing the plant, its medicinal properties, and the method of administering it.<sup>9</sup> The Naples Dioscurides was produced in Constantinople in the early sixth century. Although it is less lavish than the Vienna Dioscurides, it preserves the same source text, listing plants alphabetically, and provides further evidence that elite patrons continued to invest in pharmaceutical literature in the Eastern Roman Empire at a time when new Christian medical institutions of care were emerging.

### *Literary Mentions of Physicians*

While many doctors are known because of the literary works that they themselves have published, most notably Oribasius, Aetius of Amida, and the earlier Galen, many doctors are only known now through being mentioned in the works of other authors or sources, either in passing or in more depth. The sources for each doctor can be found in the three volumes of the *PLRE*. Some of the briefer mentions include inscriptions listed in different compendia, such as the *Inscriptiones Latinae Christianae Veteres* (ILCV). Another major source for seldom-

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<sup>9</sup> Williams, Herbert, L. C., 'Vienna Dioscurides.' in *ODLA*; Riddle, John, M. 'Dioscurides.' In *OCD*; Paolo G. Squatriti, "Medical Books and Their Readers in Late Antiquity," in *The Cambridge History of Medicine in the Classical World*, ed. Andrew T. Crislip and Karl K. Teegård (Cambridge: Cambridge University Press, 2022), 65–82.

mentioned doctors are papyri. Where most doctors are mentioned, however, is in the works of other authors of their time, even if they are only mentioned in passing. One such author is Libanius, a man with a propensity for being ill, who is the source for many doctors throughout the *PLRE*, notably in his *Epistulae*. Some other authors who mention doctors within their non-medical writings include Photius, Eunapius, Malchus of Philadelphia, Augustine, Sozomen, Zacharias, Agathias, Isidore of Pelusium, John Chrysostom, Severus of Antioch, Gregory of Tours, Alexander of Tralles, Procopius, Ammianus Marcellinus, and others. This list illustrates itself the wide range of writers who mention doctors in some capacity.

One of the writers who mentions doctors explicitly by name in Late Antiquity is Eunapius in his *Lives of the Sophists*. He was alive from the mid-fourth century until around the year 420 CE, and this work discusses the doctors who were contemporary to him or from the preceding generation. The prominent examples of this are Zeno of Cyprus, a physician and teacher of medicine who trained many successors whom Eunapius also writes about, Oribasius of Pergamum, a man named Magnus from Antioch (who was allegedly a better rhetor than he was a doctor); and Ionicus of Sardis.<sup>10</sup> Of the sources that mention doctors by name, Libanius (c. 314-393 CE) appears to be the most significant source of this period. The works of his that are known include an extensive collection of orations (around 64), declamations, progymnasmata, and a collection of around 1544 letters.<sup>11</sup> Many of these letters are in direct correspondence with doctors, as indicated by the doctors mentioned in the *PLRE* who are named in more than one letter, such as Heraclides, Hygi(ei)nus 4, and Marcellus 2. Libanius is the source for around one-third of the doctors mentioned in the first volume of the *PLRE*, possibly due to the higher

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<sup>10</sup> Eunape, *Vies de philosophes et de sophistes*, ed. and trans. Richard Goulet, Collection des Universités de France, Série grecque, 457 (Paris: Les Belles Lettres, 2014), XXI-XXII.

<sup>11</sup> Bradbury, Scott, 'Libanius.' In *ODLA*; Bernadette Cabouret, "Libanius' Letters," in *Libanius: A Critical Introduction*, ed. Lieve Van Hoof (Cambridge: Cambridge University Press, 2014), 147.

concentration of doctors in Antioch (but more likely due to their presence in Libanius' works), where he resided. He wrote to/about doctors who attempted to cure him of his migraines. He wrote to others concerning his failing eyesight or mentioned it in his orations. Ammianus Marcellinus is an example of an author who mentions the presence of physicians, albeit without explicitly naming them. In Book 30, Section 6 of his work, discussing the death of Valentinian, there is a mention that physicians could not be found to help the emperor after he suffered a stroke. They had been sent away to assist with some soldiers who had fallen ill throughout the camp, and when one was found, it was too late.<sup>12</sup>

### *Legal Texts and Imperial Policy*

In this section, legal works concerning doctors and their practices in Late Antiquity will be discussed. The privileges afforded to doctors can be found in both the Theodosian Code and the Justinianic Code, as well as in evidence from other legal documents and sources such as papyri. The Theodosian Code, Book 13, Title 3, named *De Medicis et Professoribus*, discusses the privileges and responsibilities of doctors (*iatroi*) along with those of the *archiatri sacri palatii*. In the Justinianic Code, these are mentioned in Book 10, Title 53, *De Professoribus et Medicis*, while the salaries of the doctors at Carthage are mentioned in Book 1, Title 27.

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<sup>12</sup> Amm. Marc. 30.6.4-5.

## *Papyrological and Epigraphic Evidence*

Papyri are also a good source of information regarding medicine in general, with some examples of medical reports often written by public physicians, including *P.Oxy.* 983, *BGU* 928, *P. Lips.* 42, and *P. Reinach*, 92.<sup>13</sup> As a biodegradable material, papyrus is not durable unless stored in a uniquely dry and consistent climate. This means that a majority of surviving papyri come from Egypt. For gathering primary source information, this introduces a slight problem of representation, as information primarily from or regarding Egypt is more likely to have survived. While there will be mention of other parts of the Roman Empire later, the majority of the writings of papyri will pertain to people and locations within the Egyptian province. Considering that Egypt was a region of considerable wealth in the Graeco-Roman world and continued to contribute to the food production of the Eastern Romans until the Rashidun Caliphate captured it in 641/642 CE, it is a good example of a region with abundance rather than scarcity.<sup>14</sup> The city of Alexandria, within the province, was one of particular wealth and importance in the fields of medicine, education, and Christian conversion during the period of Late Antiquity.<sup>15</sup> It is a model of a city and a province that has been of importance throughout its time within the Roman Empire. The medical education of those who travelled to Alexandria will be briefly discussed in section 2.4.<sup>16</sup> Examples of medical papyri which survive contain a variety of information about the field. While some are equivalent to modern certificates or medical diplomas for physicians

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<sup>13</sup> *Codex Theodosianus* 13.3, *De Medicis et Professoribus*, in Clyde Pharr, ed. and trans., *The Theodosian Code and Novels and the Sirmondian Constitutions* (Princeton: Princeton University Press, 1952), 376–377; *Codex Justinianus* 10.53 (*De Professoribus et Medicis*) and 1.27 (*De Officio Praefecti Urbi*), in *The Codex of Justinian: A New Annotated Translation with Parallel Latin and Greek Text*, trans. Fred H. Blume, Bruce W. Frier, ed. Paul Krueger, 3 vols. (Cambridge: Cambridge University Press, 2016), 1:130-32, 3:1186-88; *P. Oxy.* 983, *BGU* 928, *P. Lips.* 42, and *P. Reinach* 92 in *Duke Databank of Documentary Papyri*.

<sup>14</sup> Perale, Marco, ‘Papyrus.’ In *ODLA*; Keenan, James, ‘Egypt.’ In *ODLA*; Christopher Haas, *Alexandria in Late Antiquity: Topography and Social Conflict* (Baltimore: Johns Hopkins University Press, 1997), 21, 43-4.

<sup>15</sup> Haas, *Alexandria in Late Antiquity*, 173-206.

<sup>16</sup> Haas, Christopher, and Rebecca Darley, ‘Alexandria.’ In *ODLA*.

themselves, there is also a continuation of knowledge of medicine as a whole. Also included are papyri, which contain medical recipes for different medicines that range from practical medicine to healing rituals and magical practices, or a combination of these two.<sup>17</sup>

One particular example of a medicinal recipe papyrus can be found on P.Oxy. LXXX 5244, which is a fragment containing the first thirteen lines of a recipe for a powdered dental preparation against the ulceration of the gums. The recipe was written on the back of a military document dated between 244 and 249 CE and attributed to a physician named Julian of Caesarea, who worked in Alexandria around 150 CE. This information provides valuable insights into the current state of medicine. Recipes were passed along from person to person so that they could be preserved, but there were not many new ones. Many of these kinds of recipes in Late Antiquity were ones conceived by previous medical writers.<sup>18</sup> Late Antique recipe papyri often reproduce material derived from earlier medical authors and long-standing pre-existing medicinal traditions, which reflects the durability of these earlier traditions.<sup>19</sup> This particular fragment also reveals the scope of medicine through its specificity. Mouth ulcers are not an immediately life-threatening ailment, and treatments for more severe conditions would undoubtedly already exist at this time (although whether we are aware of all of them now is uncertain). This means that there was the opportunity to develop recipes like this, focusing more on comfort rather than necessity. This is not an isolated case of a preserved medical recipe by Julian, as seen on P.Oxy. XLVII 3366, a recipe for an eye salve against ulcers, dated to 258 CE.<sup>20</sup> Other examples

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<sup>17</sup> Sanchez, M., "Between Magic and Medicine: The Iatromagical Formularies and Medical Receptionaries on Papyri Compared," *Zeitschrift für Papyrologie und Epigraphik*, Bd. 195 (2015): 179-189, 179-180.

<sup>18</sup> Bernard P. Grenfell and Arthur S. Hunt, "P.Oxy. LXXX 5244," in *The Oxyrhynchus Papyri*, vol. 80 (London: Egypt Exploration Society, 2014), plates and commentary (ed. M. Hirt).

<sup>19</sup> Marganne, M-H., *Le livre médical dans le monde gréco-romain*, (Liège, Les Éditions de l'Université de Liège, 2004), 59-60.

<sup>20</sup> P.Oxy. XLVII 3366, in B.P. Grenfell, A.S. Hunt, and J.G. Smyly, eds., *The Oxyrhynchus Papyri*, vol. 47 (London: Egypt Exploration Society, 1980), 87-89; P.Oxy. LXXX 5244.

of papyri containing medical recipes include P.Oxy. LXXIV 4977 and P.Oxy. LXXIV 4978. In fragment 4977, enough remains to identify parallels in the writing, suggesting that it is a medical recipe for an eye salve that could be used to treat various eye problems. Fragment 4978 is badly damaged but can still be identified as part of a medical recipe, which, due to the style of handwriting, can be attributed to the end of the second or beginning of the third centuries CE.<sup>21</sup> Prescriptions for these salves and medicines can also be found, such as on P. Cair. Masp. 2 67141. The fact that these fragments deal with minor ailments rather than more serious ones could also indicate the commonality and availability of medical treatment at this time. This can also be seen with the existence of prescriptions, which show that a system was in place between doctors and/or between those who produced the medicines (if different individuals were involved), as well as a continuation of Hippocratic care, which involved not administering medicines to those who did not need them due to the potential dangers to the patients.<sup>22</sup>

While papyrus is highly biodegradable, the medium on which epigraphy is carved is much more durable. Despite inscriptions being more common across the Roman world, the issue of epigraphic content arises. The most commonly found epigraphic evidence would be epitaphs written on grave *stelae*.<sup>23</sup> Papyri are less commonly preserved, but the material is more conducive to nearly every form of writing, which would have been considered unimportant for preservation at the time it was written. This does not mean that there are no important writings found in epigraphy, nor does it mean that nothing can be derived from the epigraphic evidence. The abundance of evidence concerning the presence of physicians across the empire helps to show their importance. While many of these epitaphs are quite short, mentioning only the name of the

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<sup>21</sup> P.Oxy. LXXIV 4977, medical recipe for an eye salve, late 2nd–early 3rd century CE, *papyri.info.*; P.Oxy. LXXIV 4978, fragmentary medical recipe, late 2nd–early 3rd century CE, *papyri.info.*

<sup>22</sup> P. Cair. Masp. 2 67141. Fragmentary medical recipe for migraine. Mid-sixth century CE., *papyri.info.*

<sup>23</sup> *Latin Epigraphy*, s.v. “Funerary inscriptions,” *Oxford Classical Dictionary*, updated 2024.

person and then their position, usually that of a physician or head physician of their city, others are substantially longer, proclaiming their achievements. Moving into Late Antiquity, epitaphs continue to be produced, with some beginning to include Christian symbols, such as the Chi-rho sign, to display the piety of the late physician. Christianity is not the only religion apart from the previously traditional Graeco-Roman “paganism,” as there is also evidence of a Jewish physician, as noted by Fl. Faustinus from the fourth century CE. While most of these epitaphs from Late Antiquity are found in the Roman East, others from the West after the fall of the Western Empire can also be found. One such example is the epitaph for the physician Petras of Verona, dated 511 CE. While these are the most common types of epigraphic evidence that survive, there is also evidence of epigraphy containing messages of thanks written by physicians, such as the thanksgiving to a certain Ammon by a physician of the Roman army from 301-2 CE. This reveals the presence of doctors in the army, as well as the possibility that they stand to gain relative wealth, as evidenced by the physicians likely paying for the epigraphy themselves.<sup>24</sup>

The overall breadth of time and space from which epigraphy concerning physicians can be found reveals their continued prevalence and importance in the Roman world, as well as in the successor kingdoms in the West. As discussed, the writings present in epigraphy contain information intended to be preserved and reread in the future, most often epitaphs carved into stone. This differs from the ephemeral nature of papyrus, which was intended to convey personal information, as well as orders, and in a medical context, certificates, medicinal recipes, and prescriptions. Despite the limitations that arise when attempting to identify trends from minor points of information, the evidence from the medical field, located on papyrus as well as in

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<sup>24</sup> *SEG XXVII* (1980), no. 718; *SEG XXXI* (1984), no. 1416; *SEG XXXVI* (1988), no. 946, 1441; *SEG XL* (1993), no. 882; *SEG XLIII* (1996), no. 479; *SEG LII* (2006), no. 612; *SEG LIII* (2007), no. 1139; *SEG LIX* (2013), no. 1445; *SEG LXV* (2019), no. 1200, 1432; *SEG LXVIII* (2023), no. 1313.

epigraphy, depicts the continued presence and importance of physicians in Late Antiquity. Now that the sources of information regarding medical practitioners in the timeframe of our thesis have been discussed, we will end this chapter with an overview of the presence of doctors in the medical world during the earlier Graeco-Roman period. This provides necessary information regarding status and wealth before the changes in Late Antiquity.

### *Doctors in the Roman World Before Late Antiquity*

When discussing the importance of physicians and their status during Late Antiquity, it is essential to consider how their profession became one of higher status within the Roman Empire. Despite the importance of maintaining good health, physicians were not present in Rome until around 219 BCE, with the arrival of the Greek doctor Archagathus. His arrival is documented by Pliny the Elder in his *Natural History*. In his work, Pliny discusses how Archagathus was the first physician from the Peloponnese to visit Rome during the year of the consuls L. Aemilius and M. Livius. He was granted citizenship and opened a medical practice. The original feelings about him were positive, before turning sour over time as the realities of his profession and apparent heavy-handedness became more well-known.<sup>25</sup> The words representing his practice shifted from *vulnerarius* to *carnifex*, which translate to ‘wound-healer’ and ‘executioner,’ respectively. This resulted in physicians receiving an unfortunate reputation as butchers, which led to a brief period of distrust of them during the Roman Republic. Pliny writes that this has been mentioned by Cato the Elder, who, as a *paterfamilias*, would have been in charge of administering healthcare to his family before the introduction of Greek physicians to the city.<sup>26</sup> It

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<sup>25</sup> Pliny the Elder, *Natural History*, trans. W.H.S. Jones (Cambridge, MA: Harvard University Press, 1963), 29.6.

<sup>26</sup> Pliny, *Natural History*, 29.7-8.

is also important to note that Archagathus was hired at public expense rather than paid for by one wealthy individual. As a physician, Archagathus was considered to be similar to a craftsman or an artisan, as his work required no artistic skill.<sup>27</sup> Before his hiring, the only other healers sought out by the Romans were the mythical Apollo (in 433 BCE) and Asclepius (in 293 BCE), which reveals the Romans' inexperience with Greek healers.

Rome's hiring of physicians who were to practice within the city and who were available to the public could be seen as an emulation of a practice that existed in the Hellenistic world. The only absolute requirement of these doctors was that they live within the city and treat the people. They would then be paid and would no longer have to travel to find a living. In return, the city received a physician with a guaranteed competence in the field who would treat its residents. Following Archagathus, the concept of a community-sponsored physician slowly gained greater prevalence across the Roman world, possibly after a period of reluctance due to his reputation. Marseille and Cordova both gained public physicians around the time of Strabo in the first century BCE. However, since these were initially Greek cities attempting to maintain their Greek identity, the adoption of a Hellenistic tradition is not surprising. Indeed, the first century BCE saw an increase in the number of Greek physicians brought to Rome, often as slaves, who mainly resided with aristocrats who were more knowledgeable and interested in the practices and culture of the Hellenistic world.<sup>28</sup> Of these, Asclepiades of Bithynia is an early example. The establishment of these doctors in Rome in the first century BCE sets a precedent for the popularity of resident doctors in the Roman world.

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<sup>27</sup> Cicero, *De Officiis*, trans. By Walter Miller (Cambridge, MA: Harvard University Press, 1913), 1.150.

<sup>28</sup> Ido Israelowich, *Patients and Healers in the High Roman Empire* (Baltimore: Johns Hopkins University Press, 2015), 13-18.

Asclepiades travelled from his hometown of Prouusias to the Hellespont, Pergamum, and Athens before settling in Rome. He was living, working, and writing in Rome by 90 BCE.<sup>29</sup> The social status he achieved, as well as his impact on Roman Republican society, is evident in his role as an *amicus* of L. Crassus and in his later admiration by individuals such as Celsus, Pliny the Elder, and Galen. Asclepiades is also responsible for prescribing hydrotherapy to his patients, which he did so often that he received the nickname the 'water giver' and became the reason for many medical explanations attributed to bathing. He was not, however, responsible for the popularity of bathing among Romans, which was already a staple of their society by this time. During the remainder of the first century BCE, more Greek doctors were brought to Rome. They joined the aristocratic social circles within the city, typically forming part of the entourage of a single aristocrat. Some examples include Artemidorus, who was granted Roman citizenship by C. Cornelius Dolabella in 80 BCE and later joined the circle of Verres and the physician of L. Piso, whom Piso brought to his province of Macedonia. Even young Julius Caesar had a physician in his entourage who remained with him when he was abducted by pirates.<sup>30</sup>

Julius Caesar held these Greek physicians in such high regard that he passed legislation encouraging them to migrate to Rome, promising them both citizenship and tax immunity. This may have been motivated by his need for military physicians, as well as his desire to maintain social order among the plebs by providing them with better healthcare.<sup>31</sup> The legislation aimed to grant citizenship to all physicians to help slow the depletion of Roman citizens while also encouraging more educated individuals to come to Rome after his civil war.<sup>32</sup> These ideas continued under Augustus. Doctors continued to enjoy a privileged position within the empire

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<sup>29</sup> Cicero, *De Officiis*, 1.62; Pliny, *Natural History*, 26.12–13.

<sup>30</sup> Israelowich, *Patients*, 19-21.

<sup>31</sup> Israelowich, *Patients*, 21-2.

<sup>32</sup> Suetonius, *Lives of the Caesars*, trans. J. C. Rolfe (Cambridge MA, Harvard University Press, 1914), 42.1.

because of the physician Antonius Musa's treatment of Augustus, who was restored to health with cold baths and cold potions when he became desperately ill.<sup>33</sup> The result of this was Musa being rewarded with large sums of money from the Roman Senate and Augustus himself, a statue of him being erected next to that of Asclepius, and the granting of tax exemptions to him and every member of his profession. Physicians were also awarded the privilege of being able to wear a golden ring, which, before this, was only held by equestrians.<sup>34</sup>

As time progressed, the status of doctors within the Roman Empire changed gradually from that of suspicious foreigners to highly reputable professionals. It was under Vespasian (69-79 CE) that the exact meaning of the physicians' tax immunities was made explicit. An edict of Vespasian recorded at Pergamum indicates that physicians, grammarians, and sophists would not have any form of property tax imposed on them. Later, under Antoninus Pius (138-161 CE), this initial edict had to be overturned, as the burden of taxation on other parts of society had become less manageable. Consequently, following this, a fixed and select number of doctors were exempt from taxes, depending on the size of the city, but not all of them.<sup>35</sup> The continued revision of legislation indicates that the status of doctors within the first two centuries of the Roman Empire had increased, and the number of doctors that fit the criteria had grown, to the point where their exemption from taxation was causing issues for the emperor.<sup>36</sup>

This change in the number of doctors can also be seen when Galen first visited Rome in 162 CE. Rome had, by this point, seen an influx of Greeks from Asia Minor. It was no longer only a lucrative destination for doctors seeking business but also a place where those with an

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<sup>33</sup> Israelowich, *Patients*, 23-25; Dio Cassius, *Roman History*, trans. E. Cary, H. B. Foster (Cambridge, MA, Harvard University Press, 1914), 53.30.3.; Suet. Aug. 59, 81.

<sup>34</sup> Dio 53.30.3.

<sup>35</sup> Dio. 27.1.6.1-2, 4, 7.

<sup>36</sup> Israelowich, *Patients*, 26-29.

interest in medicine could become students. The size of the city, despite being beneficial for doctors searching for patients and attempting to make a reasonable living, also allowed those of less reputable backgrounds to take advantage of the vulnerable. As alleged by Galen himself, some of the doctors who were able to make their way into the city of Rome believed that they would be able to get away with anything, including murder, due to its massive size and ability to render one anonymous.<sup>37</sup> The negative aspects that can be attributed to the increased number of physicians practicing in the city, but it also indicates that doctors had become more common and recognized as a serious, respectable profession by the middle of the second century CE. This development, despite its adverse side effect of attracting some less reputable doctors, demonstrates the progression of the field in Rome over 400 years, from Archagathus in 219 BCE to Galen in the late second century CE.

## *Conclusion*

This chapter covered two topics which are necessary for the remainder of this thesis regarding doctors in Late Antiquity. The first of these was the discussion of the primary sources. Information regarding the literature, laws, and non-literary sources were discussed, including the legal codes of both Theodosius and Justinian, along with papyrological and epigraphic. Each of these were used to provide insight into the status of medical practitioners prior to Late Antiquity. The second aspect of this chapter was the brief history of doctors in Rome from the Late Republic into the reign of Emperor Augustus in the Early Roman Empire. This helped demonstrate the notable changes that had already occurred by this period, including the

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<sup>37</sup> Vivian Nutton, *Galen: A Thinking Doctor in Imperial Rome* (New York, Routledge, 2020), 31-32.

expansion of the peoples who were able to become doctors. By tracing the initial status of physicians, this chapter serves to provide important information to this thesis regarding the origin of much of the information, as well as historical context for the following chapters. Following this overview and primary source introduction, the following chapters will transition into a discussion of medical practitioners during Late Antiquity, as well as how their lives change throughout the period.

## Chapter 2: Medical Practitioners During Late Antiquity

### *Introduction*

As mentioned in the previous chapter, the role of the doctor in the Roman household was typically held by knowledgeable Greek slaves who followed the Hippocratic method. The works of Hippocrates functioned as the basis of medicine. During the second century CE, the physician Galen of Pergamon (129-216/7) and his works became a fundamental aspect of medicine, continuing to be referenced for centuries until the eighteenth century.<sup>38</sup> However, from Galen onwards, there was a slow down in the production of new medical texts. His works were so comprehensive and so thoroughly addressed medical questions, that there was no real need for subsequent medical authors to attempt to expand on them; instead, they opted to distill Galen's works to assemble a variety of more accessible texts.<sup>39</sup> The rapidly increasing influence of Christianity also affected the field of medicine. This was advantageous in some ways while being detrimental in others. This shift in the predominant imperial religion led to a corresponding change in the prevailing medical doctrine and the primary practitioners of medicine across the empire.

In terms of Christianity's influence on medicine within the Roman Empire, a variety of responses emerged throughout the Later Roman Empire from the late third century onwards. Overall, the prevailing opinion concerning medicine seemed to be either indifference or superstition, which resulted in doctors sometimes only being consulted as a last resort.<sup>40</sup> This

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<sup>38</sup> Donato, Maria Pia. "Chapter 25 Galen in an Age of Change (1650–1820)". In *Brill's Companion to the Reception of Galen*, (Leiden, The Netherlands: Brill, 2019), 487-8.

<sup>39</sup> Horden, Peregrine., *Cultures of Healing: Medieval and After* (Aldershot: Ashgate, 2003), 137-39.

<sup>40</sup> Nutton, Vivian., *Ancient Medicine: Third Edition*. (Abingdon, Oxon: Routledge, 2024), 245; Thomas D. McGlothlin, in *Resurrection as Salvation: Development and Conflict in Pre-Nicene Christianity*, ed. Susannah M.

depended both on the time and location, especially considering the branching of Christianity into various doctrinal groups. This is notably the case in the fourth and fifth centuries, where the possession of medical skills could be viewed as potentially dangerous by a physician's political and religious opponents.<sup>41</sup> There is also evidence of medical language being used in the writings of Christian authors to describe Christian doctrinal groups of which the authors would have disapproved, as discussed in the section of chapter 3 concerning Doctors and Christianity in Late Antiquity.

### *Doctors as Diplomatic Envoys*

In order to understand how Christian attitudes intersected with the imperial institutional hierarchy, doctors' social and political positions within the Roman Empire will be examined. It is worth mentioning that the status of most doctors was not high during Late Antiquity. The doctors who achieved a higher status tended to be those who underwent a more traditional, philosophical education, with medicine being studied as a science rather than a trade. This is in contrast to the majority of doctors, who gained their knowledge through experience and practiced more like craftsmen, resulting in their lower status, even when compared to other kinds of craftsmen.<sup>42</sup> Usually, when they held a higher status, it had more to do with their social or political connections than with their actual medical skills. Those who were the exception to the overall

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Cox (Cambridge: Cambridge University Press, 2018), 211–264; Théodoret de Cyr, *Correspondance*, tome III, ed. and trans. Yvan Azéma, SC 429 (Paris: Éditions du Cerf, 1998), lettre 114, pp. 248–259.

<sup>41</sup> Nutton *Ancient Medicine*, 246; Epiphanius of Salamis, *Panarion* (Medicine Chest), Book I, in *The Panarion of Epiphanius of Salamis: Book I (Sects 1–46)*, trans. Frank Williams, 2nd ed., rev. (Leiden: Brill, 2008), 67; Sozomen, *Historia Ecclesiastica*, ed. J. Bidez, rev. G. C. Hansen, *Kirchengeschichte* (Berlin: 1995); trans. A.-J. Festugière and B. Grillet, *Sozomène: Histoire Ecclésiastique Livres VII–IX*, SC 516 (Paris: Éditions du Cerf, 2008), 3.15.

<sup>42</sup> Blockley, R. C. “Doctors as Diplomats in the Sixth Century A.D.” *Florilegium* 2 (1980): 89-100, 93; Edelstein, L., *Ancient Medicine. Selected Papers*, ed. O. and C.L. Temkin (Baltimore, 1967) 352-53.

low status of doctors were the *archiatri sacri palatii*, the senate-appointed imperial palace doctors. These doctors were eligible to be awarded the title of Count of the First Order (*comes primi ordinis*). They were recognized in the Theodosian Code as being eligible for an administrative career at a relatively high level. Examples of this are Caesarius, the brother of Gregory Nazianzen, who became the head of the treasury for the province of Bithynia (*comes thesaurorum*), and Vindicaianus, who became a diocesan governor.<sup>43</sup> One of these opportunities was serving as an envoy in diplomatic missions to the Persian Shah Khosro I (531-79 CE), for which three doctors were given leading roles in negotiations.<sup>44</sup>

The embassies sent for negotiations with the Persian court could be considered either minor or major. Usually, these men were either senior civil or military officials. Still, likely, two of the three doctors sent as envoys to the Persian Empire were involved in these major missions.<sup>45</sup> The one diplomatic mission that was likely not major involved the doctor Stephanus. Instead of being a state-sent envoy, he was chosen as the spokesperson for Edessa when Khosro was besieging the city where he lived. He was selected as the envoy based on his previous relationship with the Persians at their court, as he had cured Kavadh, Khosro's father, of an illness, for which he was rewarded. Unfortunately, his mission to have Khosro lift the siege failed, and the city soon fell.<sup>46</sup> The second doctor envoy from the time of Khosro I was Uranius. Though his embassy was state-sent, sometime after 532, it is uncertain whether it was major or minor. What is known is that he

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<sup>43</sup> Blockley, "Doctors as Diplomats," 89-90.; Jones, A. H. M., *LRE 284-602* (Oxford 1964), III. 335 n. 57.

<sup>44</sup> For the discussion of this particular role, the article by Roger Blockley "Doctors as Diplomats in the Sixth Century A.D." is primary the one used. Other articles pertaining to this topic have been consulted, and all have references to Blockley. The focus on ambassadorial opportunities does not mean that there were not more available to them. It is that the role of ambassador is one which covers the opinion of medical professionals within Roman, and also Persian contexts.

<sup>45</sup> Blockley, "Doctors as Diplomats," 90.

<sup>46</sup> Blockley, "Doctors as Diplomats," 90-1.; Procopius, *Procopius of Caesarea: The Persian Wars: Translation, with Introduction and Notes*, ed. Geoffrey Greatrex (Cambridge: Cambridge University Press, 2022), 2.26.31-37.

accompanied Areobindus and that once the diplomatic mission reached the Persian court, Khosro was so impressed by Uranius that he was invited to converse at the royal table. Additionally, Uranius was given substantial rewards, for which he thanked Khosro in a letter once he had returned to Constantinople.<sup>47</sup>

A final influential doctor/envoy in the time of Khosro I was Zacharias of Sura. Zacharias was a royal doctor for the imperial family, equivalent to the Greek *archiatri sacri palatii*. He was sent to the Persian court in a diplomatic mission with the status of a major envoy and full powers in 574 CE by Empress Sophia, who had married Justin II, and Caesar Tiberius II, who was ruling in Justin II's place at this time. Zacharias negotiated a truce for one year in the East, excluding Armenia, for a payment of 45,000 *solidi*. The following year, he returned to the Persian court, accompanied by an ex-quaestor of the sacred palace and patrician named Trajan. This meeting resulted in a three-year truce, excluding Armenia, for which the Romans paid 30,000 *solidi* per year. Near the end of this three-year truce in 578, Zacharias was sent back to the Persian court by Tiberius, along with the court treasury (*comes scrarum largitionum*), Theodorus and two ex-consuls named John and Peter, to have it extended. This time, however, due to an unexpected Roman loss in Armenia, the negotiations proved more difficult, eventually resulting in a communication breakdown, and Khusro invaded Roman territory forty days before the three-year truce was set to expire.<sup>48</sup>

The Persian invasion into Roman territory in 578 failed, resulting in Tiberius deciding to send another embassy with Zacharias and a different Theodorus in 579. They were dispatched to return Persian prisoners as a sign of goodwill but were halted when Tiberius himself received an

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<sup>47</sup> Blockley, "Doctors as Diplomats," 91.; Agathias, *The Histories*, II.29.1-32.2.

<sup>48</sup> Blockley, "Doctors as Diplomats," 91-2.; Menander the Guardsman, fr. 18, 1-3.; Whitby, Michael., *The Ecclesiastical History of Evagrius Scholasticus*. Liverpool: Liverpool University Press, 2000.

envoy seeking a truce and peace talks. Zacharias' envoy was soon ordered to continue to the Persian court, this time meeting with Hormizd IV, as Khusro had died a short time prior. However, Hormizd IV treated them poorly, resulting in their mission remaining unaccomplished. In 580, Zacharias was again sent to negotiate with the Persians but failed to conclude peace.<sup>49</sup>

A balance between healing and diplomacy is illustrated by figures such as the bishop Marutha of Martyropolis. Though he is not explicitly described as a doctor, he is noted as being a man with extensive medical knowledge who was sent to the Persian court well before the time of Khosro I. Part of the reason he was sent to the Persians was likely due to the recent dissemination of Christianity into Persian territory at this time, in the late fourth century. Marutha was sent on two main diplomatic missions to the Persian Shah Yazdegerd I (399-421), with the first mission occurring in 399 and the second in 408. On these diplomatic missions, Marutha is said to have cured Yazdegerd of a headache and either him or one of his children of an illness. These acts gained him favour with the Yazdegerd and earned him the suspicion of the Zoroastrian *magi*, who had been unable to rid their emperor of the pain. Marutha was also successful in promoting Persian tolerance towards Christians while also being allowed to establish Churches within the Persian Empire. On his second visit to the Persian court in 408, Marutha successfully established two key points: the ascension of the young Emperor Theodosius II and the administration of the Christian Church within the Persian Empire. While neither issue directly involved medicine, both hinged on the goodwill Marutha had established with the Persian emperor through his prior medical practices.<sup>50</sup>

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<sup>49</sup> Blockley, "Doctors as Diplomats," 92-3.

<sup>50</sup> Elizabeth Key Fowden, *The Barbarian Plain: Saint Sergius between Rome and Iran* (Berkeley: University of California Press, 1999), 48-51; Amanatidis-Saadé, *Yazdgird I – He Who Maintains Peace in His Dominion: Re-examining the Rise and Fall of Romano-Iranian Relations in the Early Fifth Century*. MA Thesis, University of Ottawa, 2019. 30.; Socrates *HE* VII.8.

The doctor Anthimus is another good example of a diplomatic envoy to a foreign ruler, although this is not the original reason for his departure from Constantinople. He was a physician mentioned by Malchus of Philadelphia, who was exiled from the city in 478 after being charged with involvement in a plot against Emperor Zeno (474-91). However, his overall fate is uncertain. Some believe that he spent the rest of his life in exile with the Germanic peoples, from whom he was sent as an envoy by Theoderic the Great (471-526) to the court of the Frankish king Theuderic to present his medical works as a token of friendship. Another belief is that he returned to Constantinople after spending some time with the Goths between 491 and 497 and was subsequently sent on two diplomatic missions to the Frankish king by Emperor Anastasius (491-518).<sup>51</sup> Although information concerning Anthimus is limited, his life appears to have been one filled with travel and intrigue.

### *Why were Doctors Sent as Envoys?*

The selection of physicians over seasoned politicians on sensitive missions as envoys is examined in this section of this chapter. One reason mentioned by John of Ephesus (*HE* 6.12) is brought up when he refers to Zacharias as both a sophist and a doctor, as Greek medical science/sciences in general were considered to have originated in philosophy, and that relationship was frequently maintained. While a majority of doctors gained their knowledge through experience and practiced more like craftsmen, resulting in a lower status compared to most other types of craftsmen in antiquity, there were still a few doctors who studied medicine as a science and, therefore, as a more general philosophy. These philosopher doctors were better

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<sup>51</sup> Kokoszko, M. "On Anthimus and his work." *Vox Patrum* 81 (2022): 65-90., 67-8.

established in the Graeco-Roman world. Two examples of these doctors mentioned in Eunapius' *Lives of the Sophists* are the physician Oribasius and the doctor Ionicus.<sup>52</sup>

A second consideration as to why some doctors, in this specific case Zacharias, were so highly regarded in his time might also have to do with the fact that he was an *archiatrus sacri palatii*. These were high-ranking members of the emperor's personal staff who would have had many opportunities presented to them over their prospective careers. During Zacharias' lifetime, he became known as a renowned physician. His career direction would imply his ambitions, taking the opportunity to shift into negotiations, first in Church affairs, in which he had some expertise as an archdeacon, and then into international diplomacy. As can be seen from his repeated trips to Persia, Zacharias demonstrated expertise in negotiation and Persian affairs.<sup>53</sup> Being a physician already involved in the imperial court granted them great social and political opportunities that they would not have had otherwise.

A third reason for using doctors as diplomats is their unique skills as medical professionals. Cultural influence flowed back and forth between the Roman and Persian empires. In the fifth and sixth centuries, Greek medicine greatly impressed the Persians, which they preferred over their own, employing Greek and Syrian doctors at their court. Usually, these doctors were Christians and could also hold clerical office in their Church. One example of this is Marutha of Martyropolis who is discussed previously in section 2.1, and a further example is Tribunus who was specifically requested by Khosro for a year given his medical skills, which led to the release of roughly 3000 Roman captives at Tribunus' request. A similar event occurs again

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<sup>52</sup> Blockley, "Doctors as Diplomats," 93; John of Ephesus, *HE*, 6.12.

<sup>53</sup> Blockley, "Doctors as Diplomats," 94.

during the reign of Kavadh with the Christian bishop Barzanes.<sup>54</sup> It also seems likely that the Romans were aware of the popularity of Greek medicine at the Persian court, as well as Khosro's predisposition towards illness and his admiration for Greek doctors, which resulted in the Romans often including doctors on diplomatic missions, especially those of a major nature.<sup>55</sup>

### *Doctors in the Army*

Beyond the court and diplomatic missions, doctors would also travel with the army, where it was common to find a surgeon (*iatros*) in the fourth century, as evidenced by the staff list of non-commissioned stations for the *priores* of the regiment of Elephantine.<sup>56</sup> Their presence on campaigns highlights another facet of their professional mobility and status. Ammianus stated that each regiment has its own regimental doctor or surgeon to treat casualties and sickness.<sup>57</sup> It is worth mentioning that there was no specific medical corps in the Roman army and that the *medici* were enrolled into individual units of all types where there would be, according to conservative assessments, at least one *medicus* per roughly 500-man unit, or 200/250-man warship. The rank, background, and experience of these army doctors would have varied, and those who were professional soldiers (*milites*) would have been classed as *immunes* and would

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<sup>54</sup> Blockley, "Doctors as Diplomats," 94-5; Socrates, *HE* 7.8; Theophanes, *Chronographia*, A.M. 5916, ed. Carl de Boor, 2 vols. (Leipzig: Teubner, 1883-1885; repr. Hildesheim: Olms, 1963); trans. Cyril Mango and Roger Scott, with Geoffrey Greatrex, *The Chronicle of Theophanes Confessor: Byzantine and Near Eastern History, AD 284-813* (Oxford: Clarendon Press, 1997), 133; Procopius, *Wars*, 2.28.8, 8.10.11-6; Geoffrey Greatrex, *Procopius of Caesarea: The Persian Wars: A Historical Commentary* (Cambridge: Cambridge University Press, 2022), 625, on 2.28.8.

<sup>55</sup> Blockley, "Doctors as Diplomats," 96; Evagrius, *HE* 5.12.

<sup>56</sup> Jones, A. H. M., *LRE*, 632.

<sup>57</sup> Jones, A. H. M., *LRE*, 674-5; Amm. XVI. 6. 2.

have been exempt from performing menial tasks. It was also common for civilian doctors to be hired or to work a contract for the military for a time as well.<sup>58</sup>

Much of the information regarding the number and relative positions of doctors in the military during Late Antiquity comes from knowledge of the army during the Principate, which demonstrates a gap in historical knowledge.<sup>59</sup> Despite this, some epigraphic accounts of their potentially reduced presence in the military still exist. One notable example is the previously discussed fourth-century physician Oribasius, who accompanied the emperor Julian on his campaign into Persia and was present at the time of the emperor's death.<sup>60</sup> Physicians were also said to have been present in the army by Ammianus when writing about the death of Emperor Valentinian, referencing that a physician could not be immediately found because he had sent them across the army's camp to assist soldiers who had fallen ill.<sup>61</sup> There is also a general mention of helpers, carers, and men's experiences in healing who helped tend to the defenders of Amida in 359, as mentioned by Ammianus.<sup>62</sup> There is some ambiguity in these passages by Ammianus as to whether these were military physicians, civilian physicians or, in the latter example, physicians at all. Perhaps the carers were the lower class of physician who learned their trade through experience rather than through explicit philosophical education, but this is speculation.

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<sup>58</sup> Philip Rance, "Medical Service: Late Empire," in *The Encyclopedia of the Roman Army*, ed. Yann Le Bohec, with Giovanni Brizzi, Elke Deschler-Erb, Geoffrey Greatrex, Boris Rankov, and Michel Reddé (Chichester and Malden, MA: Wiley-Blackwell, 2015).

<sup>59</sup> Philip Rance, "Health, Wounds, and Medicine in the Late Roman Army (250–600 CE)," in *New Approaches to Greek and Roman Warfare*, ed. Lee L. Brice (Chichester, UK: Wiley, 2020), 173–185, 176.; Baker, P. (2004). *Medical Care for the Roman Army on the Rhine, Danube and British Frontiers in the First, Second and Early Third Centuries AD (BAR int. ser. 1286)*. Oxford: Archaeopress. 41–53, 128–131).

<sup>60</sup> Rance, P. (2020), 177; Baldwin, B. (1975). "The career of Oribasius." *Acta Classica* 18: 85–97.

<sup>61</sup> Amm. Marc. 30.6.4-5.

<sup>62</sup> Amm. Marc. 19.2.15

There are other military physicians mentioned in the sources, such as Dorus, who was part of one of the elite mounted guard units attached to the imperial household, the *Schola Palatina*. He, was promoted to the post of *centurio nitentium rerum* at Rome under the usurper Magnentius (350-3), which was a superintendent of public works of art. This is important to note, as it is an earlier instance of a *medicus* being elevated to a higher civic position with the mark of centurion.<sup>63</sup>

## *Education*

As mentioned previously, a majority of the practicing doctors during Late Antiquity were of a lower status due to their more "hands-on" education. However, many doctors studied medicine more as a philosophy. The education offered was limited to a handful of locations, requiring most prospective doctors to travel to receive it. The best documented medical school in antiquity and into Late Antiquity was located in Alexandria, with another in Athens. The medical school in Alexandria was founded in 332 BCE during the Hellenistic era, not as a single institution but rather as a group of competing physicians who enjoyed royal patronage and worked in extremely favourable conditions. Throughout its time as a prominent institution, it hosted medical scholars such as Herophilus, Erasistratus, and later the physician Galen, who had visited Alexandria to study.<sup>64</sup> Alexandria remained an essential center for philosophical knowledge and debate throughout Late Antiquity, also serving as an important location for Syriac medicine.<sup>65</sup> It is

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<sup>63</sup> Rance, P. (2020), 177.; Amm. Marc. 16.6.2.; *PLRE* 1, Dorus.

<sup>64</sup> Pormann, P.E., "Medical Education in Late Antiquity from Alexandria to Montpellier" (Hippocrates and Medical Education 35, 2010, 419-441.), 419-20; Heinrich von Staden, *Herophilus: The Art of Medicine in Early Alexandria* (Cambridge: Cambridge University Press, 1989); Roger S. Bagnall, *Egypt in Late Antiquity* (Princeton, NJ: Princeton University Press, 1993), 99-104; Edward J. Watts, *Riot in Alexandria: Tradition and Group Dynamics in Late Antique Pagan and Christian Communities* (Berkeley: University of California Press, 2010), 37.

<sup>65</sup> Kessel, "Syriac Medicine," 441.

through philosophy that medicine continued to be taught during this time, albeit not always explicitly, as most philosophical discussions more closely resembled theological debates.<sup>66</sup> This would have affected the number of prospective doctors travelling to the city to obtain their education, with the number of philosophically trained doctors likely decreasing compared to those learning medicine as a trade.

While it would seem that the rise of established Christianity in cities such as Alexandria would result in a general distrust of medicine, which could be considered "pagan," for the most part, this did not occur. In fact, at the hospital at Nisibis were facilities for the training of students as at the famous Christian medical college of Beth Lapat and it was, in large degree thanks to the eminence of Mesopotamian Christians who acted as the transmitters of Greek civilization, and particularly of Greek science, to the East.<sup>67</sup> While it is true that there were some cases of mistrust, such as those involving the bishop of Remesiana, Nicetas, and the bishop of Arles, Caesarius, who each tried to warn their people about secular medicine, most religious writers acknowledged that cures by faith and prayer alone were only available to the most pious. Many of these writers included descriptions of "traditional" medical procedures alongside Christian prayer to emphasize the equal importance of both aspects for their success. The faith that these Christians had in God was a crucial factor in the healing process and also served as an explanation for why the medicine was effective. To them, God was responsible for the skills the doctor had developed and was also responsible for giving them access to herbs He had made, which helped to cure patients.<sup>68</sup> This sentiment is shared by the aforementioned Anthimus, who

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<sup>66</sup> Pormann, P.E., 420-1.

<sup>67</sup> Segal, J. B. *Edessa "the Blessed City"* (Oxford: Clarendon Press, 1970), 71.

<sup>68</sup> Nutton, *Ancient Medicine*, 248.; Procopius of Gaza, *Commentary on Kings III: Patrologia Graeca* 87, 1165.; Owsei Temkin, *Hippocrates in a World of Pagans and Christians* (Baltimore: Johns Hopkins University Press, 1991).; Véronique Boudon-Millot and Patrick Pouderon, eds., *Les Pères de l'Église face à la science médicale de*

believed God to be the one and only true giver of long life and good health, but also that physicians like himself were given their knowledge by Him to act out His will.<sup>69</sup> This digression into Christian opinions on medicine helps to build the case that Christianity itself was not responsible for a decrease in medical tourism to previously visited Asclepieia or hot springs, but rather for a shift in opinion about pre-existing medical sites and the creation of an entirely new medical institution that became commonly visited in Late Antiquity and beyond.

### *Legal Codes*

A key lens for understanding the legal status of medical practitioners in Late Antiquity is through Roman legal policy. While doing so, it is important to take the legal codes of the time (both the Theodosian Code and the Code of Justinian) into account to see what privileges were important enough to be codified. In the *Codex Theodosianus*, Book 13, Title 3 is composed entirely of laws about physicians and professors (*de medicis et professoribus*). Title 3's first part, posted on the kalends of August at Sirmium in either 321 or 324, was a letter from Emperor Constantine to Volusianus. In it, Constantine commands that physicians, along with grammarians and other professors of literature, and the property that they possess in their municipalities, are exempt from public obligations. It also states that if they were summoned to court, if they suffered any indignity, or if they were harassed, then the one responsible would be made to pay a fine of one hundred thousand coins. 13.3.1 also states that if the fine is not correctly given, then the magistrate responsible for the fine must pay it instead. There are subsections to this decision as well, with it stating that if a slave were to harass the physician, they would be beaten with

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*leur temps* (Paris: Beauchesne, 2005), 467–534.; John T. Chirban, ed., *Holistic Healing in Byzantium* (Brookline: Holy Cross Orthodox Press, 2010).

<sup>69</sup> Kokoszko, "Anthimus," 68.

lashes unless their master sent them to do the harassing, then the fine would be sent to their master, and the slave would be held until the fine was paid.<sup>70</sup>

In the following section, 13.3.2, from either May 21<sup>st</sup> of 320 or 326, Constantine declared that all chief physicians and ex-chief physicians (the *archiatri*) would remain exempt from all compulsory public services of decurions, Senators, *comes*, and Prefect, along with duties that would otherwise be compulsory for those of administrative office. Additionally, they were exempt from all public tax payments, and this privilege also applied to their children.<sup>71</sup> 13.3.3, from September 27<sup>th</sup>, 333, reiterates what was said in 13.3.2 while also adding that the wives of physicians receive the same exemptions. 13.3.4 is a reaffirmation of privileges under Julian from May 12<sup>th</sup>, 362.<sup>72</sup> 13.3.8 from the emperors Valentinian and Valens from January 30<sup>th</sup>, 370; 368, stated that because the chief physicians have these tax exemption privileges, and because the taxes of the people pay them, they should be more inclined to serve the poor instead of the rich. 13.3.8.1 stipulates that they were allowed to accept payment for their services from the healthy but not from those who would die unless they received treatment. 13.3.8.2 states that when a new chief physician had to be chosen by the people, instead of just the wealthy and powerful, the choice would be sent to the emperor.<sup>73</sup>

*CTh* 13.3.9 and 13.3.10 both concern the City of Rome itself, with the former laying out a brief trial period where new prospective chief physicians had to be approved by the other seven physicians (implying that the total number of *archiatri* in Rome was eight in 370), and that the new physician would be the lowest ranking due to their lack of experience in this post. The latter

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<sup>70</sup> Codex Theodosianus 13.1.1, in Clyde Pharr, trans., *The Theodosian Code and Novels and the Sirmondian Constitutions* (Princeton: Princeton University Press, 1952), footnote of page 388.

<sup>71</sup> *CTh* 13.3.2.

<sup>72</sup> *CTh* 13.3.3-4.

<sup>73</sup> *CTh* 13.3.8.

explains the exemption that physicians (and teachers) were granted in the City of Rome, including freedom from taxation, public burdens, military duty, and the obligation to provide quarters for military personnel in their homes. 13.3.12 from Valens, Gratian, and Valentinian to Vindicianus in Trier in September of 379 reaffirms the exemptions of physicians and their sons, as well as directly mentioning chief physicians who have attained the rank of count (*comes*) for the first time. 13.3.13, from Valentinian, Theodosius, and Arcadius to the Prefect of the City of Rome Pinianus, appears to be a chastisement for not having followed the proper rules for the election of new chief physicians, as laid out in 13.3.9. 13.3.14, again by Valentinian, Theodosius, and Arcadius, from March 387, reinforces the privileges granted to chief physicians in 13.3.2. Meanwhile, 13.3.15, from July 393, adds the additional privilege of having their other privileges remain valid in perpetuity.<sup>74</sup>

The next law jumps to November 30<sup>th</sup>, 414, under the emperors Honorius and Theodosius, to the Praetorian Prefect Monaxius at Constantinople. This is the first of these laws to have been addressed to Constantinople as opposed to Rome, which demonstrates the importance of Constantinople at this time. 13.3.16 continues the tradition of ensuring the privileges afforded to chief physicians and states that these privileges should continue, even if the physician has acquired the rank of *comes* of the first or the second order or if they have left their position due to taking up a new administrative position. These privileges continued for the wives and children of these physicians. On the same day in 414, *CTh* 13.3.17 was given to Helion, the Master of Offices, reiterating the contents of *CTh* 13.3.16. Next, on 13.3.18, under Emperors Theodosius and Valentinian in August 427, it again reinforces that physicians retain their privileges and should remain unharassed. The final law of the third title of book thirteen,

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<sup>74</sup> *CTh* 13.3.9-10,12-15.

13.3.19, was given to Proculus, the Prefect of the City of Rome, in July of 428 by the same emperors. In it, there is a mention that if a chief physician had reached a rank beyond that of a comes, in addition to the other privileges, it would mean that he would now be exempt from paying the glebe tax.<sup>75</sup>

Within the Code of Justinian, the measures concerning doctors are located in Book Ten, Title 53, and concern laws from emperors Antoninus through to Honorius and Theodosius. This section, titled "Professors and Doctors" (*De Professoribus et Medicis*), shows an overlap between doctors, professors, grammarians, and orators, similar to the Theodosian Code. Similarly to the Theodosian Code, sections mentioning doctors provide detailed information about the specific privileges awarded to them, as well as how their tax and civil service immunities extend to their wives, children, and themselves. There is mention of the selection process of new chief physicians through an election process with the other chief physicians of the city as electors. In *CJ* 10.53.9, the letter from Valentinian, Valens, and Gratian to the Prefect of the City of Rome, Praetextatus, sets out guidelines for the behaviour of chief physicians. It reminds them that they are paid by the city and that they should not attempt to obtain more from more affluent patrons instead of the less well-off, nor take more than what is needed from those who are in poor health.<sup>76</sup> This likely reflects a remnant of a negative trait attributed to doctors in earlier antiquity, when they were considered the gatekeepers of good health, extracting as much payment as possible from ill patients to restore them to health. Reminding the doctors that the City itself is paying them and that they are meant to be serving the people instead of their own interests through this letter from the emperors in 370, is likely a reminder of the newer Christian

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<sup>75</sup> *CTh* 13.3.16-9

<sup>76</sup> *CJ* 10.53.9.

world in which they lived, and the changes in attitudes towards healing, charity, and newer Christian morals.<sup>77</sup>

Chief physicians had been granted privileges through Constantine, which were then reaffirmed and expanded upon by future emperors up to and during the time the Theodosian Code was written approximately a hundred years later. This highlights the significance of the position and those who hold it, particularly in larger cities. The later laws directly mention that these physicians were both eligible to receive and were receiving further ranks and honours and that the taking of these honours did not remove their privileges. This also demonstrates the political importance of these urban chief physicians. Constantine's implementation of his new taxes was levied annually on senators, and it was a tax for which immunity was rarely granted. By 428, the list of those exempt comprised only barristers of the high courts of praetorian and urban prefectures, some higher palatine officials who enjoyed senatorial rank during their service, and court physicians (*archiatri sacri palatii*). The possibility of receiving an administrative office was one that court physicians could sometimes hope to achieve by performing their duties admirably, as stipulated in two laws of the Theodosian Code. One example of this is the promotion of Caesarius, the brother of Gregory of Nazianzus, who, after having studied at Athens and Alexandria following courses in rhetoric, mathematics, astronomy, and medicine, was appointed to the position of Court physician. He left this position briefly during the reign of Julian due to his zealous Christian beliefs. Still, he returned under Valens and was promoted to be a count of the treasuries (*comes thesaurorum*) at Nicea. Had he not died prematurely, he might have been promoted to an even higher post.<sup>78</sup>

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<sup>77</sup> Norman Underwood, "Medicine, Money, and Christian Rhetoric: The Socio-Economic Dimensions of Healthcare in Late Antiquity," *Studies in Late Antiquity* 2, no. 3 (2018): 359.

<sup>78</sup> *PLRE*, volume 1: 387, 431, 549.

The legal status of doctors during Late Antiquity varied based on their social standing (which was comparable to that of professors during this same time). The highest-ranked doctors were the court physicians (the previously mentioned *archiatri sacri palatii*) and other chief physicians throughout the empire who comprised the "aristocracy" of the profession, particularly those who served the court of the emperor. These doctors typically held the rank of count (*comes*) of the first or second class, often securing high-ranking administrative posts or becoming more involved in the Christian Church, with one doctor eventually becoming a vicar. These doctors, as mentioned in both the Codes of Theodosius and Justinian, were highly privileged and enjoyed exemptions from public burdens and taxes typically associated with elevated social status; these privileges even extended to their wives and children.

Next are the public doctors from Rome, who held lucrative positions, as evident from the rules that had to be implemented to obtain their services. This post was created under Valentinian I, and there was one of these doctors for each of the city's regions, apart from two. Below them were the public doctors who received salaries funded by the cities in which they lived. This meant that their salaries depended on the size and importance of their employer's city. Despite being paid by the city itself, it was not unusual for these doctors to request fees from their patients, which was disliked by Valentinian I, who ordered that they serve the poor honestly, rather than the rich basely, and not force the dying to pay exorbitant fees for their health. There were also private practitioners, of whom little is known due to their lower social importance. While these laws affect wealthier doctors of higher status, this does not mean that all others did

not benefit as well. These legal changes allowed doctors to earn more accolades and titles generally, even if most never would.<sup>79</sup>

### *A Prosopography of Doctors During Late Antiquity*

For research on the doctors of Late Antiquity, as with any other group of people or individuals, the different volumes of the *PLRE* prove invaluable. These were searched for any person listed as being involved in the field of medicine, whether they were listed as a doctor (*iatros*), chief doctor (*archiaterus*), medical writer, or a teacher of medicine (*iatrosophist*). Each name that fell into one of these categories was recorded in a list. Of the ones that will be mentioned, only those highlighted in yellow and green will be discussed. Through this, trends were identified in volumes 2 and 3, spanning from 395-641 (395-527 for volume 2 and 527-641 for volumes 3A and 3B), in which positions doctors more often held within the Church. The most common position held by these doctors was that of 'deacon,' which in itself demonstrates an increased integration of the Church into aspects of everyday Roman life, particularly in medicine.

Many of the doctors listed in the *PLRE* volumes contain either insubstantial entries or no real entries at all, apart from the primary source in which they are mentioned. Some other entries consist only of their names. It is still worth mentioning these entries here, as they reveal information about the lives of everyday people who, in most cases, would otherwise be forgotten. These are doctors who would likely not have had positions of higher authority in the Roman world and are more likely to be mentioned in less well-known sources, as will be seen. This condensed prosopography will proceed through the volumes of the *PLRE* in alphabetic

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<sup>79</sup> Jones, A. H. M., *LRE*, 1012.

order within their respective volumes in order to remain consistent with the given date ranges. This will be presented here to highlight the positions that doctors held during Late Antiquity, providing a clearer understanding of the differences between them and their counterparts from Antiquity. Specific entries in the *PLRE* lack primary citations, such as those for Augusta and Cottinus in Volume 1.<sup>80</sup> These entries, regardless of the information present within, will not be mentioned in this main text but will be included as a table in the appendix. Additionally, words such as 'pagan' or 'Catholic' are included, as they are used in the *PLRE* volumes themselves and need not imply any biases.

## Volume 1

It is important to note trends that can be observed when analyzing the different volumes of the *PLRE*. Trends noted in the first volume, which covers the years 260-395 CE, will be highlighted here. The doctors listed do not hold positions within the Church, even if it is mentioned that they are Christian. There are a few doctors who are explicitly listed as having been teachers, but many would likely have taken on apprentices throughout their careers. The distribution of the recorded doctors is not even. The concentration of doctors favours the eastern part of the Roman Empire, with the highest concentration being found in Antioch. This may be skewed by the fact that most of these doctors are mentioned in the writings of Libanius. Most of the other doctors either worked in Greece, Asia Minor, or Egypt. This could be indicative of better working conditions in the East, but likely has to do with the vagaries of preservation. It is also worth mentioning that medicine was a profession that could be considered hereditary instead

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<sup>80</sup> Jones, A. H. M., *LRE*, 125, 230.

of only one in which a formal education was required, either through apprenticeships or through blood ties. There is evidence of families of doctors present in the *PLRE* such as the doctor **Philostorgius**, who fathered two sons, **Posidonius** and **Philagrius 3**, who both became doctors as well.<sup>81</sup>

**Achillius 2**, a doctor of the fourth century, is mentioned in Libanius' *Letters*. He practiced medicine in Palestine and returned to Ancyra when his father passed to ensure his exemption from curial duties. He might have also been one of the two unnamed doctors who had been commended in 362 to Maximus 19, the consul of Galatia. The other doctor likely commended in 362 was **Asclepius 3**, a doctor from Antioch who had treated Libanius.<sup>82</sup> Libanius mentioned several other doctors, including **Cyrus 2**, **Damalius**, **Dionysius 7**, and **Demetrius 3**. Many of these are mentioned by Libanius as having cured him of headaches, which he appears to have suffered from frequently. This does not take into account the many other doctors with whom Libanius corresponded, who will not be discussed. This helps to demonstrate that the existence of these doctors is known mainly due to the efforts of a single prolific writer, as evidenced by his own works and letters.

**Aeschines**, a doctor from Chios who practiced in Athens during the fourth century, was mentioned by Eunapius in his *Lives of the Sophists*. He was described as a doctor of poor reputation, but despite this, he cured Eunapius (though the nature of the cure is not mentioned) before returning to Chios.<sup>83</sup>

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<sup>81</sup> Jones, A. H. M., *LRE*, 1013.

<sup>82</sup> *PLRE* II, 9, 116.

<sup>83</sup> *PLRE* II, 25; Eunape, *Vies de philosophes et de sophistes*, XI.11-13.

**Eustochius 1** was an Alexandrian doctor of the later third century who had become a disciple of Plotinus at Rome and who prepared an edition of Plotinus' works, which is thought to be lost, apart from some traces present in Eusebius' work. Eustochius was also the only disciple of Plotinus who was present at the time of his death in 270. Another student of Plotinus was **Paulinus 1**, a doctor from Scythopolis, who was known as Mikkalos by Amelius and died before Plotinus in 270.<sup>84</sup>

**Heraclides 4** was a poet and doctor from Memphis in Egypt, the son of another doctor. He wrote epic poetry and was a pagan at the time Libanius wrote about him, between 360 and 363.<sup>85</sup>

**Iohannes 1** held a senior position among the *archiatri* (chief doctors) of Rome because of his previous service in the palace. This is reported by Symmachus in 384.<sup>86</sup>

**Ionicus** was the son of a doctor, was a doctor himself, and was a pagan during the late fourth century. He was also a rhetor, philosopher, poet, and soothsayer. He was a pupil of Zeno of Cyprus, like Oribasius. He is described by Eunapius as being skilled in both the theory and practice of medicine and died before the composition of Eunapius' *Lives of the Sophists*, leaving two sons behind.<sup>87</sup>

**C. Calpurnius Collega Macedo 2**, son of C. Calpurnius Macedo, a decurion of Antioch in Pisidia, was an able orator, philosopher, *archiaterus*, and a Christian. He died at 30, leaving

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<sup>84</sup> *PLRE* II, 313.

<sup>85</sup> *PLRE* II, 418.

<sup>86</sup> *PLRE* II, 459.

<sup>87</sup> *PLRE* II, 460; Eunape, *Vies de philosophes et de sophistes*, XXII.

behind his wife, Magna. He had two children: Collega, who died at 20, and another son, who also died young.<sup>88</sup>

**Martyrius** was a doctor native of Cilicia who was offered the position of deacon by Nectarius 2, the patriarch of Constantinople from 381 to 397, but declined.<sup>89</sup>

**Olympius 4** was a doctor native to Antioch who had been a pupil of Libanius, whom he frequently mentions in his *Letters* from the years 355-364. It is noted that he travelled to Constantinople and Rome and that Libanius suggested that he return to Antioch to teach. He was also a pagan.<sup>90</sup>

**Philagrius 1** was a doctor at Thessalonica from the late third to the early fourth centuries. According to his dedication in his book on the liver, he was from Epirus. He was a pupil of Naumachius, taught medicine and wrote many medical works. He is also cited by Oribasius.<sup>91</sup>

**Sopolis 1** was a doctor and professor of medicine in the early to mid-fourth century who taught the heretic Aetius. He was also considered to be second to none in the art of medicine, according to Philostorgius. Still, Gregory of Nyssa writes that Aetius studied under a 'quack'.<sup>92</sup>

**Tyrannus** was a doctor in the mid-fourth century who practiced medicine at the imperial court and earned the title of *archiaterus sacri palatii*. The only other thing that is known of him is that he travelled to Euphratensis during the winter of 362/3 to clear his name of a scandal after someone had tricked him.<sup>93</sup>

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<sup>88</sup> *PLRE* II, 525.

<sup>89</sup> *PLRE* II, 566; Sozomen, *Historia Ecclesiastica*, trans. E. Walford (London, 1855) VII 10. 1 ff.

<sup>90</sup> *PLRE* II, 644-645.

<sup>91</sup> *PLRE* II, 692-693.

<sup>92</sup> *PLRE* II, 848.

<sup>93</sup> *PLRE* II, 927.

**Zethus** is the last doctor mentioned in the first volume of the *PLRE*. He was a doctor of Arabian birth who lived in the late third century and married the daughter of a man named Theodosius. He was a man concerned with public affairs, was a friend of Plotinus, and owned property six miles from Minturnae in Campania, to which Plotinus retired in 269 and then died there soon after Zethus.<sup>94</sup>

## Volume 2

The period covered by the first volume of the *PLRE*, from 260 to 395 CE, represents the time when Christianity was still expanding across the empire, becoming the dominant religion within the Roman world by the middle of the fourth century. The period covered by the second volume of the *PLRE*, from 395 to 527 CE, was one in which Christianity continued to assert itself as the dominant religion within the Roman world. It also includes the collapse of the Western Roman Empire and the rise of the East up until the time of Emperor Justinian. One of the trends that was noticed in this and volume 3 was an increase in the number of Christians among the doctors, to the point where it is more noteworthy to describe the doctor as a “pagan.” One of the entries that encapsulates the increased popularity of Christianity concerns **Dioscorus 2**, a doctor possibly from Hippo during the fourth century. He was a noted opponent of Christianity whom Hilary of Poitiers denounced. It is also possible that he is the same person as **Dioscorus**, the *archiater* of Hippo, who converted to Christianity in his old age in 429.<sup>95</sup>

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<sup>94</sup> *PLRE* II, 993.

<sup>95</sup> *PLRE* II, 261; Augustine, *Epistulae*, ed. A. Goldbacher, *Sancti Aurelii Augustini Epistulae*, CSEL 34–44 (Vienna: Tempsky, 1895–1923); ed. Roland J. Teske, *The Works of Saint Augustine: Letters 211–270*, vol. II/4 (Charlottesville, VA: InteLex Corporation, 2009), 227.

**(A)emilius 2** was a Catholic doctor from the mid-late fifth century who was persecuted for his faith along with his relatives Dativa and Maioricus under the Vandal king Huneric. They are listed as martyrs in the *Martyrologium Romanum* under the date of December sixth.<sup>96</sup>

**Agapius 2** was a doctor who was native to Alexandria, lived during the mid-to-late fifth century, and was well-educated in rhetoric. He travelled to Constantinople to teach medicine and acquire fame and fortune. He became popular in both his native Alexandria and Constantinople. This was because he was a sociable, dignified, intelligent man.<sup>97</sup>

All of the remaining information on the early sixth-century doctor **Anatolius 8** concerns his attempt to disgrace Caesarius, the bishop of Arles, while he was travelling in his diocese.<sup>98</sup>

**Anthimus 2** was a doctor at Constantinople in the late fifth century CE. He was a supporter of Theodericus Strabo 5. At this time, he was arrested, along with Marcellinus 7 and Stephanus 4, and charged with the sending of information from Constantinople to Theoderic. For this, Anthimus 2 was condemned, flogged, and then sent into exile.<sup>99</sup>

**Caelius Aurelianus 10**, of the fifth century (this date is uncertain), is described as a writer on medicine from Sicca Veneria, in Africa Proconsularis. He belonged to a sect of doctors known as the *methodici*. He is responsible for translating several works on medicine by Soranus into Latin while also abbreviating the original text and adding his comments. Unfortunately, some of these texts have not been preserved and are lost; however, a part of his *Medicinales Responsiones* has survived.<sup>100</sup>

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<sup>96</sup> *PLRE* II, 16.

<sup>97</sup> *PLRE* II, 32.

<sup>98</sup> *PLRE* II, 84.

<sup>99</sup> *PLRE* II, 100.

<sup>100</sup> *PLRE* II, 201.

**Cyrus 4**, of the mid-to-late fifth century, was an Alexandrian doctor, philosopher, and monk. He was a skilled public speaker who authored an attack on Nestorianism, as he was a supporter of the Miaphysite bishop Timothy Aelurus.<sup>101</sup>

The dates concerning the life of the doctor and deacon **Dionysius 3** are not clear. He was either alive in the early fifth century or the mid-sixth century. He is known to have dispensed medicine for free in Rome before he was taken captive by the Goths, among whom he continued his medical practice. Depending on when he lived, this would have either been under Alaric and the Visigoths in 410 or Totila and the Ostrogoths in 546.<sup>102</sup>

**Gennadius 2** was a doctor during the early fifth century who was a Christian and a friend of Augustine, who is noted for helping the poor. He began his career in Rome before moving to Carthage. Augustine discusses Gennadius' certainty of faith by describing how he stopped doubting the afterlife after he had a dream.<sup>103</sup>

**Ioannes 11** (John) was a doctor and treasurer of Cyril, the patriarch of Alexandria. He travelled to Constantinople during the 431 council of Ephesus to present Cyril's case against the Oriental bishops.<sup>104</sup>

**Ioannes 56** was an Italian chief doctor (*archiaterus*). Cassiodorus writes about him in 507-11, as he was wrongfully convicted by a vicar of the city of Rome on charges brought by Vivianus 1. As a result, his property was confiscated, and he was exiled. After a successful

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<sup>101</sup> *PLRE* II, 336; Gennad. *de. Vir. ill.* 82.

<sup>102</sup> *PLRE* II, 363.

<sup>103</sup> *PLRE* II, 502; Aug. *Ep.* 159.

<sup>104</sup> *PLRE* II, 596.

appeal, in which this conviction was reversed, he was assigned the protection of Albinus 9 to prevent him from being disturbed any further.<sup>105</sup>

The Doctor **Liberatus 1** was a Catholic doctor in Africa who was exiled, along with his wife and children, for their faith by Huneric in 484.<sup>106</sup>

**Petrus 9** of Alexandria was both a priest and a doctor. He practiced medicine in Alexandria as well as Cyrrhus after being invited by Theodoret. In 449, he left Cyrrhus after Theodoret's exile, and Theodoret wrote on Petrus' behalf to Andiber and Apelles 2.<sup>107</sup>

**Probianus 2** was a doctor at Constantinople during the early to mid-fifth century, serving in the imperial palace. It is mentioned that he was a former pagan who converted to Christianity when he was cured, by a miracle, of his gout at an oratory of the archangel Michael. Another reason for his conversion was a divine vision that he had, in which the power of the Cross was made clear to him.<sup>108</sup>

**Theodorus 3** was a doctor, possibly at Alexandria, during the late fourth to early fifth centuries. This may be Theodorus, who was known for his hospitality to the citizens of Pentapolis who visited Alexandria, an event that won praise from Synesius, a friend of his. Once Theodorus had died, Synesius personally sent letters to Ammonius, a relative of Theodorus.<sup>109</sup>

## Volume 3

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<sup>105</sup> *PLRE* II, 607.

<sup>106</sup> *PLRE* II, 676.

<sup>107</sup> *PLRE* II, 866, Theodoret. *Ep.* 114-15.

<sup>108</sup> *PLRE* II, 908; Sozomen, *HE*, II. 3.12ff.

<sup>109</sup> *PLRE* II, 1085.

The third volume of the *PLRE*, which spans from 527 to 641 CE, is situated firmly after the fall of the Western Roman Empire and the rise of the successor kingdoms in Western Europe and North Africa. This volume's start date is the first year of the reign of Emperor Justinian in the East in 527, and it ends with the death of his eventual successor, Heraclius, in 641. This is a time used by some to mark the end of the period of Late Antiquity and takes place during the rise and spread of Islam. It is also worth noting Justinian's Pragmatic Sanction for Italy, which was written in the period that volume 3 of the *PLRE* encapsulates, discussing the *Annona* being restored by king Theoderic to certain professionals, including doctors, during his rule. This could act as a sign that doctors may have continued in Ostrogothic Italy under similar circumstances as under the Roman Empire.<sup>110</sup>

**Alexander 8 (of Tralles)** was a doctor and a medical writer of the mid-late sixth century who was likely brought into the field of medicine by his father and was educated by the unnamed father of one of his book dedicatees, Cosmas. Eventually, he became a renowned doctor who had travelled extensively throughout Italy, Gaul, and Spain before settling in Rome to practice medicine and write his medical works. His works, twelve books known as the *Therapeutica*, were written once Alexander was an infirm old man who could no longer practice medicine. Cosmas has a dedication in one book regarding fevers. Other works of his include *De Lumbricis* and the book discussing the eye, *De Oculis*.<sup>111</sup>

**Anastasius 16** was a doctor and, in 594, was barred from entering convents in his city of Palermo because of his misbehaviour.<sup>112</sup>

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<sup>110</sup> Justinian, *Pragmatic Sanction for Italy* (554), in *The Novels of Justinian: A Complete Annotated English Translation*, ed. David J. D. Miller and Peter Sarris, trans. David J. D. Miller (Cambridge: Cambridge University Press, 2018), Appendix 7; 22, p 1127.

<sup>111</sup> *PLRE* III, 44-5.

<sup>112</sup> *PLRE* III, 66.

The Sicilian doctor **Archelaus 3** of the late sixth century was involved in a case concerning the bishop of Melitene, Metropolitan Domitianus, and as a result, he was being unjustly harassed.<sup>113</sup>

**Donatus 1** was a doctor in Burgundy in the mid-to-late sixth century. He, along with **Nicolaus 1**, was executed in 580 because of the death of one of their patients, Austregildis, the wife of King Guntram (also known as Saint Guntram).<sup>114</sup>

**Fuscus**, a doctor and *archiater* at Venafrum, informed Gregory that the clergy of Venafrum had sold Church vessels to a Jew in 591, leading to the *rector* Anthemius being instructed to punish them.<sup>115</sup>

**Iamblichus**, an elderly doctor and teacher of the mid-sixth century, was a man praised for his chastity and honesty.<sup>116</sup>

**Ioannes 51** was an Italian doctor during the mid-sixth century who practiced in the Marsian region in the province of Valeria. He is also the father of Pope Bonifatius IV.<sup>117</sup>

**Iron** was an imperial court doctor at Constantinople during the mid-sixth century. He was originally from Alexandria, where he debated philosophers regarding the date of Easter and subsequently developed his own system, which was later mandated by an imperial edict.<sup>118</sup>

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<sup>113</sup> *PLRE* III, 105.

<sup>114</sup> *PLRE* III, 419; Gregory of Tours, *Gregorii episcopi Turonensis Libri Historiarum X*, edited by Bruno Krusch and Wilhelm Levison, (Hannover: Hahn, 1951), V, 25.

<sup>115</sup> *PLRE* III, 497.

<sup>116</sup> *PLRE* III, 609-610.

<sup>117</sup> *PLRE* III, 663.

<sup>118</sup> *PLRE* III, 717.

**(I)Saeus**, a doctor at Tanis during the late sixth century, is mentioned in accounts from some estates near Oxyrhynchus, which the Apion family likely owned.<sup>119</sup>

**Paulus 22** was a Greek doctor in the mid-late sixth century who left the East to live in Emerita (modern Merida in Spain). While there, he acquired enormous wealth after he saved the life of a wealthy noble. Later in life, he was chosen to be the bishop of Emerita and was then succeeded by his nephew, Fidelis.<sup>120</sup>

**Pegasus 1** was a doctor in Laribus, Africa, in 544. He bought his friend Solomon 2 out of captivity from the Moors by purchasing him for fifty *solidi*. After this, while journeying with him from Laribus to Carthage, Solomon killed him for rebuking him for some act of injustice. Solomon was then acquitted of the murder by Justinian and Theodora, as they claimed that Pegasus was a traitor to the Roman cause, although there is nothing to suggest that this was the case.<sup>121</sup>

**Stephanus 9** was a doctor at Edessa in the mid-sixth century and is the Stephanus who is discussed earlier in section 2.1.<sup>122</sup>

**Theodorus 43** was a doctor from the late sixth century who was described as straightforward and outspoken. For this reason, he was sent by Priscus 6 as an envoy to the Khan of the Avars in the autumn of 593 to negotiate peace. He was successful and persuaded the Avars to a moderate arrangement, as he had impressed the *Khan*.<sup>123</sup>

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<sup>119</sup> *PLRE* III, 721.

<sup>120</sup> *PLRE* III, 980.

<sup>121</sup> *PLRE* III, 987-988; Proc. *BV* II 22.14-16; Procopius, *Anecdota* (Secret History), ed. Jacob Haury (Leipzig: Teubner, 1905; rev. 1913, repr. 1927); trans. H. B. Dewing, *The Anecdota or Secret History*, Loeb Classical Library 290 (Cambridge, MA: Harvard University Press, 1935), 5.33-5.

<sup>122</sup> *PLRE* III, 1185, *ILCVI*, Cap. X. Medici, 606 A.

<sup>123</sup> *PLRE* III, 1258.

A notable observation when analyzing the three volumes of the *PLRE* is that the number of doctors listed as Christian or affiliated with the Church increases over time as one progresses through each volume. The roles that these doctors had accepted within the Church included those of deacon, priest, *catholicus*, vicar, or even bishop. The *PLRE* also indicates which branch or sect of Christianity these doctors belong to. One example is **Ioseph 2**, a doctor and Nestorian *catholicus* in Persia, who is mentioned in the work of Pseudo-Zachariah.<sup>124</sup> Through this, the further spread of Christianity across the Later Roman Empire, as well as the lands beyond the Romans' Eastern frontiers, becomes apparent. This ties in with another observation: as we progress through Late Antiquity, the number of doctors who either witness miraculous cures of the sick or even perform them themselves increases. This trend aligns with the spread of Christianity across the Roman world at this time. This means that as the predominant religion of the empire changes, the medical profession adapts to remain relevant in this space. As will be seen in the third chapter of this thesis, the Roman world becomes increasingly important throughout Late Antiquity and beyond.

### *Analyses of the Lives and Careers of Doctors During Late Antiquity*

Within the previous section of this chapter, many of the highlighted doctors from Late Antiquity were discussed. These were the individuals for whom more information could be obtained from the *PLRE*. However, the information presented is reliant on the sources in which they are mentioned, which are primarily literary. The fact that these doctors are more well-

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<sup>124</sup> *PLRE* 3, 714; Pseudo-Zachariah Rhetor, *The Chronicle of Pseudo-Zachariah Rhetor: Church and War in Late Antiquity*, trans. Geoffrey Greatrex, with Robert R. Phenix and Cornelia B. Horn (Liverpool: Liverpool University Press, 2011), book 12.12.217.

known to us now does not necessarily indicate their importance at the time but rather the luck that has allowed primary source material regarding them to survive. These sources can range from well-known primary authors to papyri or inscriptions. The survival of these materials varies, making the information that survives seem random and irrelevant, especially when considering the high offices some of these doctors held. Briefly discussing the doctors Oribasius, Aetius of Amida, and Zacharias highlights this point. We will be able to observe some subtle changes in the lives of doctors from the fourth to the sixth centuries.

**Zacharias** of Sura was a royal doctor of the mid-late sixth century at Constantinople under the reign of Justin II. Similar to the previously mentioned Stephanus 9 from *PLRE* volume 3, Zacharias was chosen as an envoy to be sent to the Persian *shah* Khosro, which is discussed in more detail above in section 2.1.

**Oribasius**, a fourth-century physician, is mentioned by several literary sources, including Eunapius, Philostorgius, Emperor Julian, John Lydus, and the Suda. There is some disagreement among Eunapius, Philostorgius, and the Suda regarding his city of origin. with Eunapius states that he was from Pergamum, while the latter two claim that he was from Sardis. It is believed that Eunapius' account is correct, and that Oribasius originated from Pergamum, as Eunapius was from Sardis; it is unlikely that Eunapius would overlook the opportunity to mention that they were from the same city. Oribasius may also have been made a quaestor by Julian at Constantinople, but this is only mentioned in the Suda and is not supported elsewhere, which makes it less likely.<sup>125</sup> He was a pupil of Zeno of Cyprus, alongside other doctors such as

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<sup>125</sup> *PLRE* II, 653-654; Mark Grant, *Dieting for an Emperor: A Translation of Books 1 and 4 of Oribasius' Medical Compilations with an Introduction and Commentary* (New York, Brill, 1997), 1.

Magnus of Nisibis and Ionicus of Sardis. Based on the working dates of his contemporaries, it places Oribasius' year of birth around 320.

When Oribasius was asked to accompany the future emperor Julian in 351 on his visit to Pergamum to study under Aedesius, he was likely still only forming his reputation and not yet a well-established doctor. Much of the primary literature, including Libanius and Ammianus Marcellinus, is vague about Oribasius and his relationship with Julian, either not mentioning him by name or not mentioning him at all. This may be an attempt to conceal anti-Christian sentiment, as Oribasius is described as being pagan himself. However, it is also possible that Oribasius' influence was not as significant as he might have thought. Despite this, he was with Julian on his disastrous Persian campaign and attempted to save him after Julian was run through by a spear on the battlefield at Ctesiphon, dying soon after. After this, Oribasius was exiled to Gothic territory because of his involvement with Julian and had his possessions seized.<sup>126</sup> He did, however, handle this exile quite well. He became highly regarded in the successor kingdoms due to his skill in medicine before being allowed to return to Rome.<sup>127</sup> After the recall from exile, Eunapius states that Oribasius married a woman from a wealthy family and had three children, all of whom were still alive. He says that it would be worth visiting him if one were able.<sup>128</sup> The life of Oribasius, as described, was marked by political and religious turmoil in which he seemed to have little agency. He lived during a time of transition in the Roman world and was involved in the last significant attempt by an emperor to resist the tide of Christianity, which ultimately led to his exile under Julian's successor. His being recalled by either Valens or Theodosius I could be attributed to a variety of reasons.<sup>129</sup> While it may be due to his skill, it is also possible

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<sup>126</sup> Grant, M., *Dieting*, 3-4.

<sup>127</sup> Eunape, *Vies de philosophes et de sophistes*, XXI 10. 8-11.

<sup>128</sup> Eunape, *Vies de philosophes et de sophistes*, XXI 10. 12-14.

<sup>129</sup> Grant, M., *Dieting*, 4.

that he was becoming too popular at the Gothic court or that by the time of Theodosius I, the presence of 'pagans' in the Roman Empire had become less of a threat and more of a necessary remnant of earlier Rome.

The later **Aetius (of Amida) 5** was a doctor and medical writer of the mid-fifth to mid-sixth century who used Oribasius as one of his sources when writing his sixteen-book medical treatise, the *Libri Medicinales xvi*. He is mentioned in Photius' *Bibliotheca* and by Alexander of Tralles. Much of what is known about him is from his writing, in which he mentions Cyril, the bishop of Alexandria, and the *archiaterus* Petrus (a contemporary of his), who may be Petrus 8, a doctor who was in Constantia in Osrhoene in 449. His works also mention the places he visited, which included Cyprus, Jericho, and the Dead Sea. There is also a mention of Aetius receiving the title of κόμης τοῦ Ὀψικίου. An issue with this is that this title did not exist before the seventh century, which means that the title from a later Aetius was probably assigned to Aetius of Amida by mistake.<sup>130</sup> His life, by comparison to Oribasius, was simpler and contained less religious turmoil, both across the empire and within his own life, the exact dates of which are not specified. However, as he is recorded as having received the title of court doctor in Constantinople, and considering some of his works have to do with gynecology, it is possible that he was the personal physician of the empress Theodora.<sup>131</sup>

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<sup>130</sup> *PLRE* II, 20.

<sup>131</sup> John Scarborough, "Theodora, Aetius of Amida, and Procopius: Some Possible Connections," *Greek, Roman, and Byzantine Studies* 53 (2013): 743-45.

## *Conclusion*

This chapter presents some of the changes medical practitioners faced in their roles during Late Antiquity, showing that many were not only physicians, but also occupied important posts in the imperial court, and the Church. The higher education obtained by select few physicians and chief physicians also demonstrated their capacity to act as intermediaries between the Roman world and the Sassanian Persians in the East. The idea that medical careers not only survived, but thrived in Late Antiquity is supported by these examples. In addition to their inclusion as envoys, their presence at court and within the army, and the legal privileges they received (which are found in both the Theodosian Code and the Code of Justinian), help to demonstrate that medical professionals received more privileges as Christianity became more prevalent across the Mediterranean. This is also reflected by doctors adopting Church titles and becoming more involved in the viewing and performance of miracles, which will be discussed further in the following chapter. Physicians such as Oribasius, and Aetius of Amida, being able to attain higher status helps to show that medicine was also a viable route towards advancement into important administrative and ecclesiastic offices, underlining the increase in status of their profession.

## *Chapter 3: Christianity and the Restructuring of Medicine in Late Antiquity*

### *Introduction*

As Christianity became increasingly dominant in the Roman world and beyond within Late Antiquity, its influence changed the concepts of what could be considered medicine, as well as the standards of care. Graeco-Roman medicine, both Hippocratic and later Galenic, had previously been associated with philosophical inquiry and “pagan” healing cults, notably through votive offerings at temples and the prayerful application of medicine at temples dedicated to Asclepius. However, with the rise of Christianity came new religious considerations and values, which brought different attitudes towards medicine and healing in general, as well as introducing new institutions for those seeking help. This chapter will examine how the shift of the predominant Roman religion affected medical practice and the status of physicians and other medical practitioners, focusing on institutional, theological, and social transformations. This chapter will argue that "Christian" medicine does not imply a complete break from "pagan medicine" but that Christianity led to a restructuring of the medical profession as a whole. The total replacement of classical treatments did not cause this, but rather their integration into the Christian moral, theological, and institutional framework. This is reflected in a few domains that persevered through Christianity's reshaping of healthcare in Late Antiquity. These, which will be discussed in this chapter, include, first, the institutional development of hospitals, followed by a brief subsection that discusses the transformation of bathing and its religious recontextualization. Next will be the emergence and importance of healing saints and miracle culture, followed by a final shift in clerical and theological attitudes toward medicine and physicians. The section on

hospitals and bathing will examine the broader effects of the religious transformations across the Roman Empire at this time. The introduction of these hospitals, as well, are of importance because they provided distinct locations for physicians to work and with the payment that they required to continue their practices, while also giving them more opportunities to overcome the negative stigma which existed towards medical practitioners as a whole.

### *The Rise of Christian Hospitals: Nosokomeia and Xenodochia*

One of the most tangible ways Christianity transformed the medical landscape was through the establishment of hospitals and hostels, referred to by different names, including *nosokomeia* and *xenodochia*. Unlike earlier healing sanctuaries in the Graeco-Roman world, these institutions were charitable and were often funded by bishops, monastic communities, and even emperors themselves. These institutions became essential centres of medical treatment by the fifth and sixth centuries CE, offering their services to the poor, travellers, and the sick. This charitable treatment, spurred on by Christianity's values of caring for the sick, helped to redefine healthcare as a religious duty rather than one of a philosophical or philanthropic nature. However, many physicians continued to charge fees. This section will examine the origins, structure, and functions of these hospitals, as well as their connections to imperial, religious, or aristocratic patronage.

By the fourth century, after the legalisation and widespread adoption of Christianity across the empire, their value of care for those in need became one that was more often acted upon. One of the most obvious ways this was achieved was through the construction of structures that were slightly different from their already existing hostels but with the same overall goal of specifically

caring for the sick. These sick houses became a sort of proto-hospital. Population growth and migration to the more urban centres, combined with the rapid conversion of the population, which included the leading provincial aristocrats, helps to explain the shift in where they donated their money by the end of the fourth century. Previously, aristocrats would fund public works, such as roads, aqueducts, or other public buildings, in the spirit of *euergetism*. In Late Antiquity, due to the increased presence and importance of the Christian Church, giving shifted more towards supporting individual Churches and monasteries. With these funds, monks of monasteries would then, in turn, help the poor, the sick, and travellers.<sup>132</sup> These monasteries were more interested in the actual treatment of the sick within society, and the system of care, which led to medical treatments that were as strictly regimented as their own non-medical practices. These structures of care would vary from one monastery to another, but would share the idea of the “monastic family” which would have been a combination of the later idea of medical care in hospitals, along with the concept of the Roman *familias* and the responsibilities that came with it.<sup>133</sup>

At this time, there were enough travellers and pilgrims, especially in the East near the Christian Holy Land, to merit having sections in monasteries entirely dedicated to housing visitors, which were known as *xenodochia* or *xenones* (hostels). These were typically found more in the Greek-speaking Eastern part of the empire rather than in Italy. One example of this was built by Bishop Leontius of Antioch (344-58), who founded several hostels in his city, as well as a spa in nearby Daphne. Initially, these were likely not intended to house the sick specifically but more to house travellers. More of these kinds of buildings were built around the East between

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<sup>132</sup> Miller, T.S. *The Birth of the Hospital in the Byzantine Empire*. (Johns Hopkins pbk. ed. Baltimore: Johns Hopkins University Press, 1997), 68.

<sup>133</sup> Crislip, Andrew T. *From Monastery to Hospital: Christian Monasticism & the Transformation of Health Care in Late Antiquity* (Ann Arbor: The University of Michigan Press, 2005), 100-106.

357 and 377, including Eustathius of Sebastia's 'poorhouse' (*ptochotropheion*), where those considered afflicted with debilitating diseases could find care.<sup>134</sup> When attempting to locate these hospitals in writings, however, it is essential to distinguish them from the *nosokomeion*, buildings specifically designed to care for the sick. These terms, along with those for "hostel," were eventually used almost interchangeably; however, due to their differences in literal meanings, earlier texts from the fourth century would have had differing definitions. This distinction is evident in Procopius' *Buildings*, where mentions of both *xenones* and *nosokomeia* are found throughout the text, and from how the modern word for hospital in Greek is the similar *nosokomeio*.<sup>135</sup>

The complex built by St. Basil outside his city of Caesarea, where the sick, lepers, poor, and strangers could be cared for and receive medical assistance, known as the Basiliad or *ptôcheion*, was built around 370, unrelated to the previous military camp sick wards, the *valetudinaria*.<sup>136</sup> This may be the earliest known hospital in the Roman East. This alone would likely draw more people from the countryside closer to the urban centres where these sites were located. Other similar "sick houses" were built across the East and in the West by 397 (albeit with very few beyond the Alps), which could be a reflection of the economic and social issues developing at the time that would continue to plague the West in the fifth and sixth centuries to come. It is also reasonable to assume that the administration of earlier *ptôcheia* became centralized, at least in Constantinople, under the personal supervision of John Chrysostom in the later fourth century, who founded several *nosokomeia*, whose responsibilities he would have to have delegated.<sup>137</sup> He

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<sup>134</sup> Miller, *The Birth of the Hospital*, 20-23.

<sup>135</sup> David Bennett, "From Hostel to Hospital: The Byzantine *Xenôn*," in *Medicine and Pharmacy in Byzantine Hospitals*, ed. David Bennett (London: Routledge, 2016), 7-9; Procopius, *Buildings*, ed. and trans. H. B. Dewing, Loeb Classical Library 343 (Cambridge, MA: Harvard University Press, 1940), 1.2.14, 1.2.21, 4.2.9.

<sup>136</sup> Van Minnen, Peter. "Medical Care in Late Antiquity," in *Clio Medica* 27, no. 1 (1995), 153-69: 157.

<sup>137</sup> Van Minnen, *Medical Care in Late Antiquity*, 159.

also established a leper hospital, as well as other “general” hospitals within his see, marking the difference between these earlier poorhouses and early hospitals. These early hospitals would differ from our current definitions, especially in terms of the type of medicine applied, but at their core, they could be described as places where the sick would go to find treatment for their ailments. However, the earlier of these would have likely had several functions, including the care of the elderly.<sup>138</sup> The travel involved in reaching these places would be mostly local, but there is a possibility that those with more serious conditions, such as leprosy, might travel farther in search of a place that would care for them.

The Christianization of healthcare also formed part of a broader transformation of the role which the emperor fulfilled. From the fifth century onwards, the emperors’ view of their role in the empire shifted, and they increasingly saw themselves not only as rulers but also as pastoral figures with obligations to care for the physical and spiritual well-being of their subjects. Examples of this are Justinian allotting tax revenues to maintain the Sampson hospital of Constantinople, and Justin II who provided annual subsidies to an orphanage. After the Arab Conquest, emperors assumed greater responsibility for these philanthropic institutions, especially those in Constantinople itself.<sup>139</sup>

This vision included promoting the relatively new Christian hospitals as expressions of imperially backed piety and social care.<sup>140</sup> This “mission creep” of imperial responsibility directly brought the state's patronage into the medical infrastructure. However, the issue of how these hospitals were funded remains a complex matter. Similarly to modern healthcare, the

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<sup>138</sup> Nutton, *Ancient Medicine*, 249; Sozomen, *HE*, 6.34; Bennett, 8-13.

<sup>139</sup> Miller, T. S., “Charitable Institutions,” in *The Oxford Handbook of Byzantine Studies*, ed. Robin Cormack, John F. Haldon, and Elizabeth Jeffreys (Oxford: Oxford University Press, 2008), 625.

<sup>140</sup> McLynn, N. *Ambrose of Milan: Church and Court in a Christian Capital* (Berkeley: University of California Press, 1994), 372-5.

distinction between public and private sectors is blurred. Some of these institutions were endowed by emperors or bishops from central funds. In contrast, others relied more on the generosity of local aristocrats or monastic patrons, along with the revenue generated by Church-owned estates.<sup>141</sup> This would not necessarily cover the funding of the physicians in general but rather the medical institutions that may employ them. These Christian hospitals operated with support from multiple sources: the emperor, the Church, and private philanthropy, resulting in a patchwork of varying healthcare quality and accessibility across the empire.

This value of caring for strangers and the ill, rooted in Christianity, began to spread and gain greater implementation as the religion itself became more widely adopted after Constantine's reign in the early fourth century CE.<sup>142</sup> This shift in attitude towards the medical field in general, as well as its practitioners, will be discussed further later in this chapter. If many physicians and other medical practitioners converted to Christianity alongside the general population, then the implementation of designated sick houses in monasteries and hospitals (with some being privately funded and others backed by the imperial family) allowed them to work in a designated environment that could offer them consistent payment.<sup>143</sup> This payment would usually help offset the amount that these physicians would otherwise charge entirely to their patients, who, in turn, would have continued to view physicians as extortionate and selfish. This new environment also brought many advantages to the sick, especially those in urban settings.<sup>144</sup> Those who lived in, or near, the larger cities of the Greek/Roman East now had greater access to medical care if they needed it and did not have to rely on travelling physicians, on votive offerings left at (or the

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<sup>141</sup> Ferngren, G. B., *Medicine and Health Care in Early Christianity* (Baltimore: Johns Hopkins University Press, 2009), 120-7.

<sup>142</sup> Ferngren, *Medicine and Health Care*, 149-152.

<sup>143</sup> Ferngren, *Medicine and Health Care*, 153-60.

<sup>144</sup> Miller, *The Birth of the Hospital*, 85-106.

treatment offered by) their local Asklepieion which would not have been as well equipped to house the sick that visited them.<sup>145</sup>

As the concept of hospitals gained prevalence in Late Antiquity, they became more widespread across the Eastern Roman Empire. They evolved from being one part of larger monastic institutions to becoming institutions in their own right, due to their interconnectivity with the Christian religion. A large concentration of them was quickly established in Constantinople, with many remaining in use for several hundred years. These are listed as *xenones*, but they also served the purpose of healing the sick and occasionally housing the elderly. This is apparent when looking at those built during the fifth and sixth centuries, with many remaining open in some capacity into the 12th-13th centuries.<sup>146</sup> Considering how many of these buildings appeared in the city of Constantinople alone, it comes as no surprise that others could be found across the Eastern Empire. Many of these are written of by authors of primary sources, including the previously mentioned John Chrysostom, Sozomen, St. Basil. There is also a description of etiquette between monks, which is found in the *Rule of St. Benedict*, to be discussed later in this chapter.<sup>147</sup>

Although it is not possible to track the distribution of these hospitals over time, their usefulness to the people in or near the areas where they were established should be taken into consideration. The usefulness of such places to travellers can be seen through the life of John Chrysostom, the bishop of Constantinople, who was exiled to the small town of Cucusus, Armenia, in 404. On his journey, he was constantly sick, suffering more than usual due to the

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<sup>145</sup> Horden, P., "How Medicalised Were Byzantine Hospitals?" *Medicina e Storia* 10 (2005): 59–67; Ferngren, *Medicine and Health Care*, 149–51.

<sup>146</sup> Bennett, 12-3.

<sup>147</sup> Sozomen, *HE*, 9.8; Basil of Caesarea, *Letters*, vol. II, Letter 94, ed. and tr. Roy J. Deferrari. Loeb Classical Library 215 (Cambridge, MA: Harvard University Press, 1928), 150-1.

lack of medical facilities on his route. He wrote that he only found respite once during his trip, at a suburban inn in Caesarea, where he received care, attention, and sympathy. There, he was able to sleep in a bed, eat good food, and drink clean water. He was visited not only by physicians but by "The whole body of the clergy...monks, nuns, physicians, and I had the benefit of great attention, as all paid me every kind of ministrations and assistance."<sup>148</sup> When he recovered, he continued his travels but found that Cucusus unfortunately suffered from a shortage of doctors, drugs, and other necessities. Hospitals continued to become more widespread in the East throughout Late Antiquity, meaning that those who visited them would not have to travel as far, and those without the necessary funds to travel large distances would no longer be excluded from receiving medical attention. For example, the city of Edessa (mentioned previously as the one that attempted to send the doctor Stephanus to negotiate with Khosro on their behalf) had two or three hospital-like institutions in its suburbs by 500, with one being founded by Ephraim the Syrian in the fourth century with 300 beds set up, Rabbula of Edessa's two hospices (one for men and one for women) being two more, and another hospital being designated for lepers established in the middle of the fifth century by Bishop Nona.<sup>149</sup> These ensured that the city was better prepared for later plague outbreaks, and the attention which was given to the less fortunate attracted people in from the surrounding countryside.<sup>150</sup> This helps to reveal that those living in more rural environments would have had limited access to healthcare, while those closer to major urban centers would have had more reliable access to it.

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<sup>148</sup> John Chrysostom, *Lettres à Olympias*. Edited and translated by Anne-Marie Malingrey, SC, 13. Paris: Éditions du Cerf, 1968, Lettre II, 2, p. 273.

<sup>149</sup> J. B. Segal, "Mesopotamian Communities from Julian to the Rise of Islam," *Proceedings of the British Academy* 41 (1955): 116-17; I. Guidi, *Chronicon Edessenum. Chronica minora I*, (CSCO 3, Script. syr. 4), Leuven: Peeters, 1903, p. 8. Thank you to Dr. Christelle Jullien for helping me find this reference to the Bishop Nona.

<sup>150</sup> Nutton, *Ancient Medicine*, 249; J. N. D. Kelly, *Golden Mouth: The Story of John Chrysostom* (Ithaca, NY: Cornell University Press, 1995), 255-62.; Segal, 71.

There is also mention of hospitals in Sozomen's work. At 4.27, referring to events of 360 CE, when discussing Macedonius and his heresy through his blasphemy against the Holy Spirit, there is a discussion of a man named Marathionius, who undertook the superintendence of the hospitals for the relief of the sick and the destitute before turning to an ascetic mode of life and founded a monastical institution in Constantinople.<sup>151</sup> While praising Pulcheria in book nine, chapter one from 408 CE, Sozomen states, "It would take a long time to describe the magnificent houses of prayer which she erected, the hospitals for the relief of the poor and of strangers which she founded, and the monastical establishments which she endowed."<sup>152</sup> Pulcheria was the daughter of Emperor Arcadius, who dedicated her and her sisters' lives to preserving peace at the imperial court through their vows of celibacy and her education of their younger brother, Emperor Theodosius II. Her care for her younger brother and his potential dynasty extended to the people of Constantinople as well. There is also mention of the establishment of hospitals, or the desire to do so, in several cities under Julian in Book Five, Chapter Sixteen, from 361 CE, while restoring "paganism" across the empire.<sup>153</sup> Julian inadvertently continued to spread the Christian values that resulted in the founding of these hospitals, possibly believing them to be "pagan."<sup>154</sup> The overt mentions of the presence of hospitals show that they were becoming more popular and common during this period and had been around for long enough that some of those working in them, such as the previously mentioned Leontius, were the successors of the founders (in this

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<sup>151</sup> Sozomen, *HE* IV 27.

<sup>152</sup> Sozomen, *HE* IX 1.

<sup>153</sup> Sozomen, *HE* V 16, 17.

<sup>154</sup> Miller, *The Birth of the Hospital*, 23-26; Stephen Mitchell and Geoffrey Greatrex, *A History of the Later Roman Empire, AD 284–700*, 3rd ed. (Hoboken, NJ: Wiley Blackwell, 2023), 84-5.

case, Basil of Caesarea) and that even Julian's attempt to separate himself and his empire from Christianity could not escape its values of caring for the sick.<sup>155</sup>

The extent to which hospitals and medical care were prevalent and vital to Christians can be seen not only in how they cared for others but also in how they cared for their brethren. Chapter 36 in the *Rule of St. Benedict* from the sixth century CE explicitly discusses how to care for those in a monastic order who are either sick or infirm and that the Abbot has to "take the greatest care that the sick be not neglected by the cellarers and the servitors; for he is responsible for anything his disciples do amiss."<sup>156</sup> If a monastery had followed these rules, this kindness to the sick would likely have extended beyond their order as well.

Another example of the importance of hospitals during Late Antiquity can be found at the end of the writings of Ps. Zachariah. At the end of book twelve, the final book of his works that survive, in which the source ends mid-sentence, his writings discuss what resources were sent to the hospital which had recently been constructed (or at least had begun to be constructed) by the Persian emperor Khusro at the advice of Nestorian physicians that were at his court to tend to the Roman captives that the Persians were holding prisoner at this time. The document itself ends as follows: "With compassion for the captives and holy men, on the advice of the Christian physicians who are close to him, he has now built a hospital, something that is unusual, and has given the 100 mules and 50 camels that transport goods from the [storehouses] of the kingdom, and twelve doctors; and whatever is required is given, and in the court of the king..."<sup>157</sup> This helps to show that by being adjacent to the Roman world, as well as the influence of Christianity

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<sup>155</sup> Susan R. Holman, *The Hungry Are Dying: Beggars and Bishops in Roman Cappadocia* (Oxford: Oxford University Press, 2001), 56-8; Mitchell and Greatrex, *Ethnicity and Culture*, 275 n. 23.

<sup>156</sup> Benedict, *The Rule of Saint Benedict*, ed. and trans. Bruce L. Venarde, DOML 33 (Cambridge, MA: Harvard University Press, 2011), chap. 36.

<sup>157</sup> Pseudo-Zachariah Rhetor, 12.12.217-18.

(in this case, Nestorian Christians) combined with their previous interest in Greek medicine, the Persians also saw the value in the establishment of Christian hospitals within their territories, and gave them materials that they considered necessary for them to succeed.

Letters written during this time help to demonstrate the opinions of the wealthy, as well as those of members of the clergy. Some examples of letters discussing hospitals at this time have been written by authors such as St. Basil and Jerome. The letter from Basil concerned the previously mentioned complex of St. Basil outside of Caesarea. In it, some tension can be seen through Basil's apologizing for not being able to meet with Elias in person due to illness, which he knows others would interpret as a slight against Elias. Considering Basil lived from around 330 CE to 379 CE, this was a period when Christianity was still undergoing some growing pains as it spread throughout the empire, meaning that animosity between Basil and Elias would not be entirely surprising. In this letter, Basil asks how his work could be detrimental to their mutual interest of the good governance of the province. Basil writes that the construction of a "magnificently appointed Church to God..." with dwellings for the local bishop and other members of the Church could appear bad for the government, but he also rhetorically asks Elias:

“And whom do we wrong when we build hospices for strangers, for those who visit us while on a journey, for those who require some care because of sickness, and when we extend to the latter the necessary comforts, such as nurses, physicians, beasts for travelling and attendants? There must also be occupations to go with these men, both those that are necessary for gaining a livelihood, and also such as have been discovered for a decorous manner of living. And, again, they need still other buildings equipped for their pursuits, all of

which are an ornament to the locality, and a source of pride to our governor, since their fame redounds to your credit.”<sup>158</sup>

This letter by Basil serves as a justification for the presence of Christianity in their province, despite there being aspects of the religion with which Elias might disagree. It cannot be argued that the creation of a building that housed doctors and assisted in caring for the sick would not benefit Elias through association. Jerome’s letter 77 to Oceanus also discusses hospital foundations. It discusses a woman named Fabiola who sold all of her properties, which was quite a significant amount, to benefit the poor. According to Jerome, "She was the first person to found a hospital, into which she might gather sufferers out of the streets, and where she might nurse the unfortunate victims of sickness and want." Jerome also notes that she donated liberally to the Church before setting off for Jerusalem and died around 399 CE.<sup>159</sup>

### *The Transformation of Bathing: Sacred Water, Pilgrimage, and Care*

While Christian hospitals represented a new institutional model of organized care, other older practices also underwent religious and cultural transformations. One such example of this is bathing. Public baths had long been associated with Roman civic life as well as healing, and remained significant during Late Antiquity. However, they were reinterpreted through a Christian lens to maintain relevance. Examining these shifts helps to illustrate how the physical and spiritual ideas of the Romans changed in this time. Roman travel also changed during Late Antiquity. Many had previously travelled to sites of healing, usually temples or smaller baths in

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<sup>158</sup> Basil of Caesarea, *Letters*, 94.

<sup>159</sup> Jerome, *Select Letters*, ed. and tr. F. A. Wright, Loeb Classical Library 262 (Cambridge, MA: Harvard University Press, 1933), Ep. 77.

nearby cities, and continued to do so later on. As mentioned earlier, while a minority of Christians opposed "pagan" medicine, much of the time, the same medicines were used; however, their effectiveness and functionality were now considered a gift from God rather than one from a more traditional god, such as Apollo or Asclepius. This is evident in the shift in people's opinions of public baths and hot springs, which they continued to visit. In Late Antiquity, there was an overall decline in baths across the cities of the empire, but this does not seem to be due to a reduction in interest. In the early empire, provincial elites would pay for the baths themselves in the spirit of euergetism, giving back to their communities. In Late Antiquity, however, the rise of the institutional Church and centralized bureaucracy changed the cultural framework that supported bathing culture. Now, resources were being diverted from public works to the Church, resulting in fewer and smaller baths. One feature of this is the increased popularity of unheated rooms in bath complexes, which can be attributed to a reduction in funding that would have otherwise been allocated for fuel. However, baths on essential trade routes that saw many travellers persisted, such as those in Northern Syria, including the baths at Serdjilla, Sinsarah, Mijleyya, Brad, Babiska, Dura-Europos, and further away in Cilicia. These baths were likely influenced by the nearby metropolises of Antioch and Apamea, with some of their clientele working on or along local trade routes, basing themselves at nearby inns and hostels while on their routes. This implies that those who travelled would help keep some of these bathhouses alive, as did the Church for others, converting the bath complexes into monasteries with smaller baths for paying visitors.<sup>160</sup>

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<sup>160</sup> Fikret Yegül, *Bathing in the Roman World* (Cambridge: Cambridge University Press, 2010), 192-93; Dallas DeForest, Thomas W. Davis, William R. Caraher, and David K. Pettegrew, "Baths, Christianity, and Bathing Culture in Late Antiquity." In *The Oxford Handbook of Early Christian Archaeology* (Oxford University Press, 2019), 191-3,197-9.

Baths remained important for travellers, and during Late Antiquity, a new type of traveller emerged: the Christian pilgrim. Baths were features of major pilgrimage centers, and Christians frequently attended thermal complexes, especially in the Eastern Empire. For pilgrims, the area of most importance was around the Holy Land in the modern Levant, including Judaea and specifically Jerusalem, where monasteries such as the one of St. Martyrios, just East of the city, could contain small baths, hostels, and/or hospices to offer hospitality and care for pilgrims throughout the region. The growing emphasis on charity led to the construction of separate baths for marginalized groups, including lepers who were typically barred from public bathing facilities due to the fear of contagion. Assigning baths uniquely to them demonstrates an expansion of bathing culture related to the Roman healthcare system that arose from a framework of Christian charity.<sup>161</sup> The existence of specialized baths suggests that a large enough concentration of lepers must have existed in the Holy Land, with many of them having travelled there, potentially to stay, that this specific establishment was deemed necessary to care for them adequately. This also implies that a significant number of pilgrims who visited, considering that the small percentage of them who may have been lepers was substantial enough to warrant the construction of these baths, potentially to be cured or treated.<sup>162</sup>

As mentioned briefly before, with the rise of established Christianity, although there were some changes to bathing culture and medicine as a whole, the same practices continued, accompanied by an updated explanation that God was responsible for the healing properties of medicine or particular locations. One example of this can be seen in complexes surrounding hot springs (thermo-mineral complexes) in Late Antiquity, such as the bath at Hammat Gader,

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<sup>161</sup> DeForest, D., 200-1.

<sup>162</sup> Gregory of Nazianzus, *Oration 43.63 ("In laudem Basilii")*, in *Discours 42–43*, ed. and trans. Jean Bernardi, SC 384 (Paris: Éditions du Cerf, 1992), 154–60; Sulaymān ‘Alī Murād, Naomi Koltun-Fromm, and Bedross Der Matossian, eds., *Routledge Handbook on Jerusalem* (London: Routledge, 2019), 94.

located southeast of the Sea of Galilee. Like other thermal springs, Hammat Gader was considered to have healing properties that would have previously been associated with “pagan” divinities. By the end of Late Antiquity, it contained a significant number of inscriptions from Christians who visited the complex, many of which started with “in this holy place remember...”. This is the start of a phrase that is a familiar epigraphical formula, most often associated with temples, Churches, synagogues, and pilgrimage centers, indicating how holy these pilgrims believed the hot springs to be. It also shows how this was a site that continued to be visited by those seeking healing and how it was now God who provided the healing properties to the waters.<sup>163</sup> Considering that this is a site in the Holy Land, the most important pilgrimage site at the time, as is evident from the increase in literature about pilgrimages, it is unsurprising that sites considered essential to the visitor's health would continue to be popular.<sup>164</sup>

Other archaeological evidence regarding the presence of baths can be found in Anatolia. Here in the Roman East, the continuity of the region’s history throughout Late Antiquity offers a glimpse into the changes in infrastructure that accompanied the shift towards Christianity. During the Theodosian period from 379 to 450 CE, archaeological records reference that this was the final building boom of antiquity, with private baths being a part of elite culture during Late Antiquity. Between the mid-fifth and mid-seventh centuries, bathing appears to have been maintained where possible, despite the collapse of the ancient *thermae*. This meant that many of the baths used were smaller bath buildings, referred to as *balnea*, which were built and restored during this period, such as at Miletus, Ephesus, and Amorium. While these complexes were still used for personal hygiene, neither social gatherings nor organized entertainment continued as

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<sup>163</sup> Deforest, D., 202.

<sup>164</sup> Jacobs, A. S., *The Bordeaux Pilgrim; The Piacenza Pilgrim.*; Wilkinson, J. *Egeria*.

they had in the older *thermae*. The Southern Baths explicitly exemplify the reduction of services offered at Miletus. These began as standard baths during the Roman Imperial period, including hot, warm, and cold bathing rooms, along with the usual vestibule and changing room. Around 500 CE, these baths underwent renovation to feature two hot bathing rooms with separate changing areas and entrances, indicating a more distinct division of gender. This arrangement allowed both men and women to bathe simultaneously, but it limited the services offered. As bathing was reduced to washing, it ceased being an urban status symbol, and while never ceasing to exist, it became less important to the Roman world.<sup>165</sup> This overall change in opinion about the healing properties of thermal baths is quite representative of the broader shift in Christian views on the field of medicine. While the ones “responsible” for healings have changed, the healings are still considered to work.

### *Doctors and Christianity in Late Antiquity*

Just as physical spaces such as baths were reimagined to reflect Christian ideals, so too were the roles of those responsible for providing care. As Christianity became the predominant religion in the Roman world, the role of healers changed. This led to tension between professional physicians, monks, and the increasingly more common miracle-working saints. While some bishops and monasteries actively practiced medicine, others discouraged it, opting instead for prayer, relic veneration, and the hope of miracles, considering these to be the superior forms of healing. At the same time, Christian authorities had to consider whether clerics could

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<sup>165</sup> Niewöhner, P. *The Archaeology of Byzantine Anatolia: From the End of Late Antiquity until the Coming of the Turks*, Oxford University Press, 2017: 43-5; Yegül, *Bathing in the Roman World*, 202-3.

practice medicine, with some councils forbidding it, considering it to be “pagan.” In contrast, others allowed it under specific conditions. This section examines the evolving status of healers, the differences between Christian and previous “pagan” physicians, and the increasing role of saints and relics in healing practices.

One aspect which seems to be consistent throughout Late Antique medicine is the idea that physicians charged their patients fees that were considered to be extortionate, as mentioned by Isidore of Pelusium (d.450 CE): “Many doctors practice their art merely for the sake of gain.”<sup>166</sup> However, Christian literature does not blame the physicians themselves and even depicts the payment of physicians in a positive light through theological metaphors. Instead, what seemed to have changed was who these fees were affecting. Before Late Antiquity, the high fees of physicians were considered a problem for the wealthy, a sort of nuisance that had to be dealt with to receive proper medical attention, as physicians were supposedly known to try to extort the rich. During Late Antiquity, these writings seemed to change their fixation on how these high fees affected the poor and how they had limited access to healthcare because of their inability to pay for these fees, as can be seen in John Chrysostom; “the poor man often has to go away deprived of treatment since his income does not even cover the preparation of medicine.”<sup>167</sup> As stated by Underwood, the vitriol that Christians spewed about the costly and predatory physicians in hagiographical texts gave scholars from the 19th- and early 20th-century the impression that ancient Christians were hostile to medicine itself, and that they instead relied entirely on miracles.”<sup>168</sup>

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<sup>166</sup> Isidore of Pelusium, *Epistle* 2.171 (Patrologia Graeca 78: 622C).

<sup>167</sup> John Chrysostom, *Peccata fratrum non evulganda* I, *Patrologia Graeca* 51:355 (Paris: Imprimerie Catholique, 1862).

<sup>168</sup> Underwood, 371-2.

While some members of the Roman upper classes were educated in classical medicine and philosophy during antiquity, even funding temples to Asclepius and its priests, their philanthropy was limited. In both antiquity and Late Antiquity, most of those in the medical profession were not highly aristocratic, and would not be able to sustain themselves without charging fees for their services and the supplies they used. It was, however, considered more Christian to devote one's time or money to the Church in ways that could assist the poor, including providing medicine or promoting alms-giving to enable them to afford the services of physicians. At the same time, the emperors themselves attempted to encourage some physicians toward philanthropy by exempting them from taxes or allowing them to have their fees paid for through taxes imposed on others, thereby freeing up more money to serve the poor more effectively. Christianity greatly discourages greed, the accumulation of wealth, and indifference toward the plight of others, which then encouraged the wealthy to give more than they may have done unprompted.<sup>169</sup>

There was a distinction between charitable institutions run by the bishops from central funds and those that were privately endowed. From their inception, Churches have devoted some of their income to caring for the sick, providing hospitality to strangers, and maintaining orphans, widows, and the poor in general. As the wealth of these Churches increased, they built and maintained large numbers of sick houses (hospitals), orphanages, almshouses, and hostels. Sometimes, this was done on the initiative of the bishop, while other times, it was private benefactors who established and endowed institutions. From legislation under Anastasius and Justinian, it is established that orphanages, hospitals, and almshouses often owned their own lands and were maintained by the rents from these lands. It is recorded by Procopius that

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<sup>169</sup> Underwood, 355-60.

Justinian built a hospital with a hundred beds in Jerusalem and that he settled an annual revenue of 1,850 solidi for it.<sup>170</sup>

Still, there was a drastic difference in episcopal incomes between Churches. Even in second-rate towns such as the Thracian town of Anastasiopolis, the bishop was substantially better paid than most of the professional men. He was paid several times more than most magistrates and at a similar level to some provincial governors before Justinian's reforms.<sup>171</sup> This increased Church wealth led to an increase in the number of clergy members, resulting in a near overflow of members in the larger cities. For example, by the middle of the third century, the See of Rome had a staff of 154, including 46 priests and seven deacons. In 326, Constantine attempted to limit these numbers, ordering that none should be ordained unless it was to fill a vacancy caused by death, but this was likely seldom enforced, if ever. Even lower-level members of the clergy, including gravediggers and hospital attendants, with the latter referred to as the *parabalani*, had to be reduced. For this, Alexandria is a good example, where their numbers were reduced to 500 in 416, but then increased to 600 two years later.<sup>172</sup> This indicates that a larger number of people became involved with the Church as an institution as it expanded, including individuals who worked in public services, such as hospital staff. Many of these members would join to avoid certain responsibilities. Still, one can imagine that doctors and physicians who would not otherwise have a stable income would want to become involved with an institution that could easily cover their expenses while also providing them with continual work and other benefits.

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<sup>170</sup> Jones, A. H. M., *LRE*, 901; *CJ X*. ii. 17. 2 (Anastasius); Procopius. *Buildings*, 5.6.25-6.

<sup>171</sup> Jones, A. H. M., *LRE*, 906.

<sup>172</sup> Jones, A. H. M., *LRE*, 910-1.

It is also possible that deacons, monks, and other members of pious confraternities represented the majority of those offering medical care at hundreds of Christian charitable institutions that emerged between the fourth and seventh centuries. This would mean that the presence of “professional” physicians would have been limited only to affluent institutions in major cities.<sup>173</sup> Although this would mean that the number of traditionally paid physicians may not increase, it still meant that there were a greater number of institutions with people practicing medicine in many cities, giving the poor more opportunities to receive medical help in general.

The first mention of a physician working at a charitable hospital may have been written about by Palladius, who stated that John Chrysostom "erected more hospitals on account of the need of treatment, over which he appointed two devout priests, as well as doctors, cooks, and workers from among his celibates for their assistance, so that strangers coming to the city, and there falling ill, could obtain care..."<sup>174</sup> This work also mentions that John Chrysostom moved a significant amount of funds away from Church expenditures that seemed to serve no purpose, as well as the money of bishops, which was spent on extravagances to build more hospitals to house more physicians and other care workers in order to care for as many people as was feasible. By this time in the late fourth to early fifth centuries, the workforce required to maintain this institution was better understood. Not only physicians were hired, but cooks and other workers who were referred to as "kindly celibates," along with two devout priests who would be in charge of looking after the institution itself.<sup>175</sup> It is also uncertain whether the number of physicians indicated was for a single institution or the entire diocese. This uncertainty is because a reliable

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<sup>173</sup> Peregrine Horden, "How Medicalised Were Byzantine Hospitals?" *Medicina e Storia* 10 (2005), 45-74.

<sup>174</sup> Underwood, 379; Palladius, *Dialogue sur la vie de Jean Chrysostome / Dialogus de Vita S. Joannis Chrysostomi*, ed. and trans. Yvan Azéma, SC 341 (Paris: Éditions du Cerf, 1987), 32, II.12-18.

<sup>175</sup> Palladius, *Chrysostom*, 45-6.

compilation of the physicians of a particular area from this period is not known.<sup>176</sup> Despite this, it seems inevitable that physicians would stay at the primary institutions of their employment, treating the sick rather than attempting to split their time between various locations. Having physicians remain in one area, rather than having them travel, would also have helped establish routines similar to those in modern institutions. One example of this is a reference to a physician making the rounds at his monastic hospital on the Sinai Peninsula, providing patients with appropriate treatment and visiting their bedside daily.<sup>177</sup>

### *The Emergence of Healing Saints and Miracle Culture*

Alongside institutional reform and charitable medical care, a parallel development emerged which challenged what was considered traditional medical expertise: the rise of healing saints and miracle workers. The attitudes held by Christians towards miracle workers when compared to physicians can be seen in hagiographies concerning the lives of saints. These include discussions of miracles that are recorded as having been performed by them on the sick, as well as examples of the veneration for them. Many of these described miracles are medical in nature or relate to exorcisms, which pertain to healing in their own right. The opinions that seem to be held by the writers of such hagiographies, as will be seen through examining these stories, are that medicine has hard limits in the realm of healing. However, this hard limit does not exist for miracles or prayer. These are now introduced as a secondary, equally necessary aspect of medicine, which needs to be applied for the medicine to have the best chance of taking effect.

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<sup>176</sup> Underwood, 379; Neilos of Ancyra, *Epistle* 2.110, in *Patrologia Graeca*, vol. 79, col. 247; *Typicon monasterii Christi Pantocratoris in Constantinopoli*, II.938–958, in Paul Gautier, “Le typicon du Christ Sauveur Pantocrator,” *Revue des études byzantines* 32 (1974): 27–131.

<sup>177</sup> Underwood, 379; Neilos of Ancyra, *Epistle* 2.110 (*Patrologia Graeca* 79: 247).

During Late Antiquity, the distinction between traditional medicine and Christian medicine began to blur, with physicians who converted to Christianity becoming increasingly prevalent and prominent in the Church, alongside miracle workers and "holy men" who reflected this growing religious influence.

These healing saints, along with other holy men and women from this period, can be seen as the culmination of the transitional period in the Roman Empire from traditional Graeco-Roman religion to Christianity. By the end of the fourth century CE, many of these "pagan" temples had already fallen into disrepair and were regarded as religious relics, considered for demolition. This is evidenced by laws in the Theodosian Code, which attempted to prevent Roman citizens from doing this themselves and to wait instead for it to be done by local officials.<sup>178</sup> This law would reflect that people would visit the unoccupied temples, where they would feel free to reuse the previously prepared materials, further establishing the shift towards Christianity and the establishment of Churches and monasteries. However, this change to Christianity left local people searching for new public gods, practices, and ways of maintaining their familiar routines creating hybrid belief systems which combined traits and customs of each. This may not have implied any outright hostility towards Graeco-Roman religious traditions from the aristocracy, but also did not see them advocating that they remain.<sup>179</sup> This would come to be filled by local holy men or women, who may have been those seeking this title but were also sometimes simply those who were either slightly pious "religious people" or those who merely lived more strangely than other locals of a region. This included many who were seen as more religious but were mocked rather than praised. An example is found in a man named

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<sup>178</sup> *CTh* 16.10.16.

<sup>179</sup> Bagnall, R. S., "Models and Evidence in the Study of Religion in Late Roman Egypt," in Hahn, S., Emmel, S., & Gotter, U. (eds), *From Temple to Church, Destruction and Renewal of Local Cultic Topography in Late Antiquity*, Leiden, 2008, 23-41: 39.

Friardus, a devout peasant near Nantes who frequently prayed and made the sign of the cross, and who was requested to deal with angry wasps. This was likely done mostly in jest by others, but there was also likely some hope for a religious demonstration to solidify their faith. Many of these "holy people" also came from other regions and "appeared as representatives of a power superior to that of traditional faiths, but not as purveyors of a dramatically different world view or type of religion."<sup>180</sup>

The holy men who come from abroad, specifically dealing with healing, did not care for the sick in a way that is fundamentally different from other Christian healers; however, they apply these techniques with a religious certainty that appeared to comfort those they treat. They would also serve as an alternative to traditional medicine in larger cities, as it is well-documented that distrust between people and their doctors existed at this time. The penchant for greed likely contributed to this, with many of these doctors charging exorbitant fees for treatment. The lives of holy men are also often written by their disciples, increasing the bias that exists in the recorded literature. One example of this is the writing of the wealth potentially accrued by these saints or the construction of shrines dedicated to them, being construed as the builders and artisans being humbled by the piety of the holy men rather than needing to be paid by them. Whether this is the case or not is uncertain. These individuals might then become staples of the local community, serving as both religious guides and a source of income for the community.<sup>181</sup> Over time however, holy men became an increasingly human character. They would act as a mediator within an institutional network for their local communities, and built up their authority

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<sup>180</sup> Steven Kaplan, quoted in Peter R. L. Brown, *Authority and the Sacred: Aspects of the Christianisation of the Roman World*, chap. 3, note 23 (Cambridge: Cambridge University Press, 1995).

<sup>181</sup> Peter Brown, *Authority and the Sacred: Aspects of the Christianisation of the Roman World* (Cambridge: Cambridge University Press, 1995), 55-78.

through the cults that were dedicated to them.<sup>182</sup> Hagiographies and other writings concerning these holy people will be discussed, focusing primarily on their healing miracles as well as the opinions of the authors concerning more “traditional” medicine. This helps to demonstrate the changes in the status of physicians and medical practitioners from the perspective of those from the predominant Christian religion.

An initial source on the opinions of Christian miracle workers and physicians can be found in Book 22, Chapter 8 of Augustine’s *City of God*. Much of this chapter is dedicated to the discussion of miracles that Augustine had either witnessed personally or ones which he had heard described by those who had witnessed them. Three instances exemplify the message of this chapter, which will be briefly described before discussing how they address the status of physicians, whether deliberately or coincidentally. The first is of a man named Innocentius being treated for fistulae at Carthage, who, while living in fear of needing a second surgery, invited bishop Aurelius into his home to pray with him the day before the operation. The next day, it is revealed that he has been cured and no longer needs the surgery. The second concerns a woman named Innocentia, who was cured of breast cancer by being baptized and having the sign of Christ made on the "sore," which confounds her physician. The third concerns a young man brought to the monument of Protasius and Gervasius, who was said to have been possessed by the devil. Through prayer, the devil exits through his eye, leaving it hanging by its socket, which, after having been put back into place and bound in place by a handkerchief, is healed within seven days.<sup>183</sup> The prevailing opinion of physicians in the first story does not seem to be negative. There is discussion about the invaluable treatment the man had received previously,

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<sup>182</sup> Peter Brown, “The Saint as Exemplar in Late Antiquity,” *Representations*, Berkeley, vol.2, no.1 (1983), 1-25.

<sup>183</sup> Augustine, *City of God*, XXII. 8.

along with the clergy's recommendation that he proceed despite his apprehension. The healing of the fistula through prayer and a miracle came as a surprise to all involved. However, there is also a mention of the bill that he had accrued through having the physicians visit his home and administer remedies in an attempt to heal him. There is also some negativity when discussing the difference between the seemingly highly educated medical professionals and surgeons, compared to the lower status of the domestic doctor who initially suggested a second surgery. The opinion of doctors that Augustine revealed in the second story mentioned is quite negative overall. When Innocentia's cancer was removed from her breast through prayer, her physician's initial reaction was one of excitement, which turned to contempt and a nearly blasphemous indifference. This change of opinion was prompted when Innocentia revealed that it was a miracle rather than a new medicine that he could claim as a discovery. Augustine's opinion here appears to be that overdependence on medicine rather than prayer can lead to a dead end and that otherwise incurable diseases such as cancer could be cured through a miracle and prayer. In the third recounting concerning the young possessed man, there is no mention of medicine being of any use and that the healing of his eye after the exorcism of the devil was a miracle, which, to Augustine, is proof enough that miracles can cure all.<sup>184</sup> This is even though these are events that can be explained through medicine. It also seems odd to have the man wait for seven days in particular as if a miracle had healed him; there is no discernible reason for the healing to take so long when compared to the elimination of breast cancer or the fistulae. The later books in *City of God*, Augustine emphasizes the power of the miracles and relics (which were becoming more popular in Northern Africa in the early fifth century). These could be associated to Augustine's

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<sup>184</sup> Augustine, *City of God*, XXII. 8.

claim that all of the contemporary miracles are evidence of faith in Jesus' resurrection and the redemption of the human body.<sup>185</sup>

The importance of Christ's teachings on caring for the weak and healing the sick can be seen again in the acts of Saints Cosmas and Damian. These were twin brothers who were both physicians and martyrs, canonized after their deaths as the twin patron saints of physicians. Not much is known about their lives or Martyrdom. Still, according to Christian tradition, they were educated in Syria before becoming distinguished physicians in Cilicia, where they healed the ill without asking for payment. Their charity also allegedly led to the conversion of many to Christianity before being captured, tortured, and decapitated during the reign of Emperor Diocletian in 301 CE. However, it is uncertain how much of this is accurate, as there are numerous fictional accounts of them and their cult. By the fifth century, their cult had expanded to the point where Churches were founded in their name across the Roman East, including in the Roman Forum and Constantinople, which Emperor Justinian remodelled and rebuilt. Procopius writes that Justinian did this because he had been saved from serious illness by Cosmas and Damian, who had appeared to him in a dream. Many healing miracles were still associated with them at this point, including that of St. Theodore of Sykeon, who was also cured in his dreams by the twin saints.<sup>186</sup> There is also evidence of them being venerated at Oxyrhynchus in Egypt, as well as in Tours in Gaul.<sup>187</sup>

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<sup>185</sup> David G. Hunter, "Books 21 and 22: The End of the Body: Heaven and Hell in *The City of God*," in *The Cambridge Companion to Augustine's City of God*, ed. David Vincent Meconi, S.J., Cambridge Companions to Religion (Cambridge: Cambridge University Press, 2021), 289-90; Robert Wiśniewski, *The Beginnings of the Cult of Relics*, (Oxford: Oxford University Press, 2019), 28.

<sup>186</sup> Nicholson, Oliver, 'Cosmas and Damian.' In *ODLA; Liber Pontificalis*, ed. and trans. Raymond Davis, *The Book of Pontiffs (Liber Pontificalis): The Ancient Biographies of the First Ninety Roman Bishops to AD 715*, Translated Texts for Historians 6 (Liverpool: Liverpool University Press, 2000), 56.2; cf. 53.9; Procopius, *Buildings* 1.6.5–8, 1.7.10–13.

<sup>187</sup> P.Oxy. XI, 1357 of AD 535/6; Gregory of Tours, *Libri Historiarum* X, X, 31.

Descriptions of healings through miracles had become quite common in Late Antiquity. Another example of this can be seen in Theodoret's *Ecclesiastical History* (IV.14). This brief chapter discusses the exile of the holy Barsees, who was capable of healing people with only a word. He was first exiled by Emperor Valens to Oxyrhynchus and then to a more remote location, Pheno, due to his becoming too well known for his effective healing. Theodoret even mentions that his bed was preserved, as many who lie down upon it are cured of illness through their faith.<sup>188</sup> However, despite the intense criticism that can be found in these Christian sources, there is an acknowledgement of the importance of traditional medicine. Theodoret mentions this in one of his letters to Cyrus, where he acknowledges that he was wrong to insult the doctors treating one of Cyrus's monks and that the treatment the monk received was appropriate for his complaint.<sup>189</sup>

Other examples can be found in *The Life of St. Martin of Tours*, written by Sulpicius Severus, a Christian writer from the late fourth and early fifth centuries CE. This work concerns the life of St. Martin of Tours, who lived from 316 to 397 CE.<sup>190</sup> Within this work, the chapters 16, 18, and 19 (sections VI.1,3) all contain healing miracles of various sorts. These include healings of leprosy, of an eye, and of an infirm girl. Of course, the initial reaction to being asked to perform a miracle is one of apprehension, as if he were not worthy for God to work through him. However, each of these succeeds, including a brief description of the medicine or tools used to administer these miracles. One of these, the healing of the eye of a man named Paulinus, specifically mentions touching the damaged eye with a paintbrush. For the same man, when he

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<sup>188</sup> Theodoret, *Ecclesiastical History*, IV. 14.

<sup>189</sup> Theodoret, *Letters*, 13.

<sup>190</sup> Stewart, Columbia, "Martin, S." In *ODLA*.: Oxford University Press, 2018.

had wounds covering his body, a healing ointment was applied to him by an angel.<sup>191</sup> The specific tools and medicines mentioned, as well as some exaggeration, especially in the efficacy of the healings, would make these stories appear to be standard medical practice if retold out of context. This helps to show that the idea of Christian healing miracles in the Later Roman Empire was written about and considered important to many individuals' sainthood and that healing, in general, had started to become tied to Christianity.

Tertullian's *On the Soul* helps to illustrate that, while there was a generally positive opinion on the matter of healing in general, Christianity had its limits to the tolerance of medicine and its perceived limitations. Tertullian discusses that philosophy and medical sciences were considered the "sister" fields. However, despite medical science claiming a special acquaintance with the soul, it cannot expand on it as philosophy can and is instead limited by its practices. Although medicine cannot expand the soul, it was still considered necessary for its maintenance, as well as being used to appeal to authority.<sup>192</sup> This is further mentioned in Tertullian's work, which cites Soranus, an accomplished authority in medical science. His expertise lends credence to his assertion that food is vital for nourishing the soul and enhancing its strength.<sup>193</sup> The soul is also what these medical professionals discuss when they discuss the mind.<sup>194</sup> This, along with the fate of the soul after death, where the judges of how death occurs in the body should be left to doctors helps encapsulate one Christian perspective on medicine in relation to Christian ideas.<sup>195</sup> There is a definite importance placed on medicine, and it is not

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<sup>191</sup> Sulpice Sévère. *Vie de saint Martin*. Ed. and trans. by Jacques Fontaine. SC 133. (Paris: Éditions du Cerf, 2003), VI. 1; VI. 3.

<sup>192</sup> Tertullian, *De anima*, ed. Jan Hendrik Waszink, *Supplements to Vigiliae Christianae*, vol. 100 (Leiden; Boston: Brill, 2010), 2.6.

<sup>193</sup> Tertullian, *De Anima*, 6.5-9.

<sup>194</sup> Tertullian, *De Anima*, 13.

<sup>195</sup> Tertullian, *De Anima*, 53.1

dismissed as a useless vestige of the previously predominant religions. Still, it is stated that it has limitations to the physical and should not be considered as important when someone is suffering from an illness of the soul. This is also not the only example of medicine being used as an appeal to earlier authorities to lend legitimacy to miraculous acts of healing. He critiques certain medical theories of his time, offering insights into contemporary medical practices.

The twelfth chapter of Origen's *Contra Celsum* opens with a discussion on Christian heresies. He then relates these heresies to the science of medicine as an equivalent of an appeal to an older and relatively respected appeal to authority, as stated:

“...since the science of medicine is useful and necessary to the human race, and many are the points of dispute in it respecting the manner of curing bodies, there are found, for this reason, numerous heresies confessedly prevailing in the science of medicine among the Greeks, and also, I suppose, among those barbarous nations who profess to employ medicine.”<sup>196</sup>

This quotation carries implications regarding the interconnectivity of healing and Christianity, and it is used effectively to combine the two. It implies that there is a correct way to worship, much the same as there is a proper way to practice medicine, which, at this point, no longer appears to be the Greek way, based on how they are written about in such proximity to barbarians, or that the Greek way of medicine is being corrupted, much like Christianity, by knock-off branches which bastardize its message and function. This could be related to Origen's early life in Alexandria, where he lived and developed his sense of religion until he left to reside

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<sup>196</sup> Origen, *Contra Celsum* 3.12, in *Origen: Contra Celsum*, trans. Henry Chadwick (Cambridge: Cambridge University Press, 1953).

in Caesarea in 232 CE at 47.<sup>197</sup> Origen defends the Christian practice of healing through prayer, contrasting it with traditional medical practices. Through this, Christian vocabulary became engrained in medicine. Similarly, medical terminology also became ingrained in how Christians spoke of Christian heresies as illnesses. An example of this is the start of the section in Epiphanius' *Panarion* titled "*Against Gnostics, or Borborites*". In this section, Epiphanius begins this section by discussing that the founders of these sects are like a swarm of insects who deliver infectious diseases which cause sores and "smelly eruptions."<sup>198</sup> This work of Epiphanius can be translated as "medicine chest" which, despite the medical name, contained information concerning Christian heresies, and offered "preventatives, antidotes, and cures" to identify dangerous heresies and avoid them.<sup>199</sup> The use of medical language indicates a respect that existed for the field, as well as an understanding that medicine and Christianity were becoming intertwined.

The Christian description of the healing capabilities of saints, as well as saints in general, in hagiographies is essential to discuss when examining the topic of medicine. Numerous hagiographies describe the healing miracles attributed to saints. The number of hagiographies describing these miracles increases, especially during the sixth and early seventh centuries, most notably under the heirs of Justinian: Justin II, Tiberius II, and Maurice. While the increasing number of saints and hagiographies may seem to indicate an increase in both their importance and the level of respect given to them, this was not the case. Much of the need for these saints was for these emperors to give the impression that their empire was under divine protection in an

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<sup>197</sup> Ronald E. Heine, *Origen: Scholarship in the Service of the Church* (Oxford: Oxford University Press, 2010), 1, 46-8.

<sup>198</sup> Epiphanius of Salamis, *The Panarion of Epiphanius of Salamis, Book I (Sects 1–46)*, 2nd ed., trans. Frank Williams (Leiden: Brill, 2009), 2.26.1-2.

<sup>199</sup> Young Richard Kim, *Epiphanius of Cyprus: Imagining an Orthodox World* (Ann Arbor: University of Michigan Press, 2015), 174-5.

uncertain and unstable time. This increase in the veneration of saints was one cultic aspect of Christianity during this time that was not universally accepted and represented a new facet of the faith that needed to be explained and reinforced as necessary.<sup>200</sup>

One way this was achieved was by having the miracles supplement an important aspect of society, specifically medicine. The way these miracles were described involved a great effort to demonstrate that healing miracles were effective, especially when contrasted with the limitations of their medicine. This is likely why medicine is approached tolerantly in these texts, but it is presented as an incomplete procedure for treating the sick. Over time, prayer and miracles became the second crucial aspect of healing, with the first still being the medical sciences of the previous Graeco-Roman religion. This aspect would have resolved some of the issues that Christians may have had with physicians practicing non-Christian medicine, as would the physicians becoming more integrated and integral to the functioning of the Church in general.<sup>201</sup> A reinforcement of this integration of Christianity into medicine can be found in the work "*Twelve Books of Medicine*" by Alexander of Tralles, where he advocates the use of charms and amulets imbued with Christian holy names to assist in healing.<sup>202</sup> This can also be seen in the *Life of Macrina* by Gregory of Nyssa, which includes a story of a boy being healed through prayer instead of traditional medicine, even though traditional medicine was intended to be used had it not been forgotten. The main point of this story is not a subtle one that needs to be worked out of the text but is instead presented directly: "She has indeed given her the true drug which cures disease; it is the healing that comes from prayer."<sup>203</sup>

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<sup>200</sup> Matthew Dal Santo, *Debating the Saints' Cults in the Age of Gregory the Great* (Oxford: Oxford University Press, 2012), 148, 135-45.

<sup>201</sup> Dal Santo, *Debating the Saints*, 148, 135-45.

<sup>202</sup> Alexander of Tralles, *De Arte Medica*, ed. Theodor Puschmann, vol. 2 (Vienna: Braumüller, 1878), XII.7.

<sup>203</sup> Gregory of Nyssa, *Life of St. Macrina* (1916) pp. 17-79.

These developments do not suggest an outright rejection of Graeco-Roman medicine but instead that it had, by the end of the fourth century CE, been integrated into the Christian world. Physicians who adapted by joining Christian institutions, accepted reduced fees, and introduced Christian rituals and prayers into their practice were able to thrive. Those who stuck more stubbornly to the older forms of healing were now competing with their Christian doctor brethren, who were aided by saints performing miracles, the believed powers of relics, and those assisting the sick in local monasteries. There was also an adaptation to the medicine itself, with other trends such as the use of "Oil of prayer," which could be obtained from lamps around the altars of Churches and was believed to work if applied by those with a reputation for even moderate piety. This reduced the necessary "level" of piety that was required to heal. This specific practice was implemented by the patriarch Eutychius during his exile to heal a blind man, as well as a mother who was unable to produce milk for her infant. Despite the difficulties and tension that may have arisen within the medical community, this competition may have been advantageous to patients, as it meant a broader spectrum of healthcare options was available to them than had been previously. There continued to be physicians trained similarly to how they had been previously. Newer hospitals and other institutions, connected (financially and sometimes physically) to the Church, displayed saints' relics, or were built near their shrines, such as Symeon the Stylite and Symeon the Younger. They were also sometimes built as therapeutic pilgrimage sites like thermal springs.<sup>204</sup>

It was not only the hagiographies that were considered especially important to the Eastern Roman Emperors, especially in the late sixth to early seventh centuries, but also the artifacts of saints, both living and dead. These were also considered essential to the protection of the empire,

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<sup>204</sup> Brown, *Authority and the Sacred*, 61–62, nn. 8–9.

with many of these artifacts being collected by the imperial court and by the emperor himself. One of the central ideas of these artifacts was the aspect of healing, regardless of whether the saint was alive or dead. This concept, the idea that saints still maintained the ability to influence the world of the living once their spirit had left their body, as well as their veneration, was a point of issue for many within Christianity, as well as those beyond it. This includes the relatively recent emergence of Islam at this time, which believed that only God had any power, and the veneration of saints was both pointless and considered idolatry because of this.<sup>205</sup> This shift in reliance on the legitimacy of saints and miracles to protect the empire and its people led to a rapid backlash under Maurice. After his soldiers were on the brink of revolt due to unpaid wages, the emperor presented them with a saintly relic, which they then stoned. The over-dependence on prayer, saints' powers post-mortem, and miracles were likely popularized through earlier healing miracles, which helped to legitimize saints' powers in other domains that these emperors attempted to utilize as tools of defence and imperial protection.

It is clear that many of the miracles described in various hagiographies should not be taken literally. This section has tried to approach them with caution, but also with the idea that beneath the hyperbolic and Christian ideological wording, some of these miracles appear to have been based on a grain of truth. One such example which was discussed was that found in Augustine's *City of God* where the man's eye was miraculously healed after seven days which, in and of itself, does not appear to be as 'miraculous' as other miracles.<sup>206</sup> The argument which has been worked towards here is that healing miracles achieving increased popularity benefited doctors of this time.

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<sup>205</sup> Dal Santo, *Debating the Saints' Cults*, 168, 318-9.

<sup>206</sup> Augustine, *City of God*, XXII. 8.

## *Conclusion: Medicine in a Christian Empire*

At this point, we review the material presented so far in this chapter to discuss its general implications for the status of physicians and other medical professionals during Late Antiquity. Previously, when the Roman Empire's predominant religion was the Graeco-Roman pantheon, the services of doctors were nearly entirely privatized, meaning that those who needed medical treatment had to pay the, often extortionate, fees themselves. This led to the negative opinion of doctors, which was held by many of this period, with one notable example being present in the writings of Pliny the Elder.<sup>207</sup> In Late Antiquity, this system began to change. The Imperial court began to become more involved in the workings of medicine when the primary religion of the Roman Empire changed to Christianity. Under this new religion, the emperors began to become patrons of those within the Church, notably bishops, who would sometimes use the funds to construct proto-hospitals, referred to as *xenodochia*, which were meant to serve as hostels for travellers as well as hospitals for the sick. The increased patronage towards those in the medical profession did not end there, as laws were passed granting some doctors, typically the more educated chief or court physicians, tax breaks for themselves and their immediate families for their work administering medicine. These incentives, along with the now-funded *xenodochia*, drove many physicians to adapt, with many converting to Christianity and, due to their already being well-educated men, earning titles such as deacon or bishop within the Church hierarchy. This shift in the world of medical practitioners was not only ideological but also institutional; hospitals, tax laws, and imperial support reinforced the authority of Christian caregivers over the

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<sup>207</sup> Dal Santo, *Debating the Saints' Cults*, 289-90.

"pagan" physicians who did not adapt. However, this does not mean that the quality of the medicine provided necessarily declined, as the main texts were still based on those of Hippocrates and Galen; however, the aspect of prayer and miracles had, as previously mentioned, also become integral. Prayer and miracles could also sometimes be relied upon as an alternative to medicine, especially if the medicine seemed to have failed and there was nothing more that could reasonably be done for the patient. If this were the case and the patient were to recover, it would be a remarkable and miraculous event. If they died, however, then it would be considered the predicted next step.

## *General Conclusion*

This thesis has highlighted the significant changes that the role of doctors underwent in Late Antiquity. Their rise in importance, status, and prominence is almost certainly linked with the rise of Christianity.

The first chapter discussed the sources that contained information about physicians in Late Antiquity, in order to emphasize that their existence had been recorded, even if only briefly. Many of their works, which survived from this time, were compendia and compilations of treatments written by Hippocrates or Galen, with personal comments regarding the later author's personal experiences in applying them. Most literary materials that mention doctors are those written by more popular and prolific authors. These literary works demonstrate that physicians and other medical professionals were found throughout the Roman world, accompanying emperors on campaigns and establishing themselves in cities. Their presence is also quite substantial in the laws, with their profession being considered comparable to rhetoricians, grammarians, and professors. Physicians' privileges and restrictions were codified, expanded upon, and maintained throughout this period, particularly as their work became more sedentary and they no longer had to travel between cities to find employment. The presence of doctors is also evident in papyrological and epigraphic evidence. Papyri reveal the more mundane aspects of their work, with recipes and prescriptions being found on them. Epigraphic evidence primarily consists of funerary works, but its existence also indicates a continued medical presence. Briefly discussing the history of physicians in the Roman world provided information regarding the attitudes the Roman people held toward them. It revealed that the tradition was a Greek import,

starting with Archagathus in the middle Republic, and continued with Augustus' elevation of the profession after he had been saved from a near-fatal illness.

In the second chapter, when the period of discussion shifts to Late Antiquity, it was noted that some physicians utilized their skills to enhance their positions by becoming more involved with the imperial court. This saw them attain administrative roles such as *comes*, and being sent as diplomatic envoys from the Roman East to the Persian Empire. There were several examples of this, including Zacharias, Uranius, and Stephanus. These were educated men, whose medical skills (which derived from earlier Greek medicine) interested the Persians. They were often received well at the Persian court and were able to negotiate with the Shah on behalf of the Emperor. Only a few physicians were chosen to participate in these missions, but they were not the only ones able to travel. The Roman army needed doctors, who would either travel with them or tend to the ill and wounded near the cities through which the armies would pass. Most of these doctors would not have been educated in an institution such as Alexandria, which taught medicine more as a philosophy, most would have been those who had apprenticed and honed their skills through practical experience. Most doctors from Late Antiquity would have belonged to this group and were seldom discussed. However, sufficient information about each of them has been collected into the three volumes of the *PLRE*.

Many of the entries in the *PLRE* are quite sparse, apart from the knowledge that the person had been a doctor and the approximate time they had lived. Most of those included in Section 2.6 are individuals about whom a sentence or a paragraph of information existed regarding their lives, with several being intertwined with one another. Trends related to these doctors become apparent when they are grouped. In the first volume, which spans the years 260

to 395 CE, the concentration of doctors is highest in the Eastern Empire, and very few doctors are involved with the Church. In the second volume, which spans 395 to 527 CE, a greater percentage of these doctors have become Christian, and it is noteworthy that a doctor was still considered "pagan." The third volume, covering the period from 527 to 641 CE, reveals that a great many of these doctors have begun to assume higher positions within the Church, either as priests, deacons, vicars, or bishops. There is also some spread of the mentioned doctors into the successor kingdoms that formed in what was once the Western Roman Empire. In addition an increased number of miracles were being reported as witnessed or performed by these doctors, coinciding with the spread of Christianity throughout the Mediterranean region and beyond into Persia, which is unlikely to be a coincidence. After this, some of the doctors written about more extensively are discussed to gain a better understanding of the kinds of lives they might have led during Late Antiquity.

In the third chapter, the focus shifts to the analysis of the changes the medical field underwent during Late Antiquity, particularly with the rise of Christianity. As Christianity became more prevalent across the Roman Empire, wealthy aristocrats, including emperors, began to give to the Church instead of funding public works directly. The Church would then support the construction of more monasteries, Churches, and the recruitment of clergy, including deacons and bishops. With the relatively newfound economic independence, some bishops, such as Basil of Caesarea, then directed the funds towards the establishment of proto-hospitals attached to Churches and monasteries. The purpose of these establishments began as hostels, providing shelter to travellers and caring for the sick and infirm in the short term, and were referred to as *nosokomeia* or *xenodochia*. These care facilities then grew over time to become important institutions in their own right, receiving funding through the Church or, sometimes,

directly from aristocrats and emperors. In a similar way to how the earlier *Asclepeia* were associated with the divine Asclepius, these new hospitals were dedicated to a divine authority who, in the case of Christianity, were usually saints associated with healing, such as the twin physicians Cosmas and Damian. Many of these hospitals continued to operate for hundreds of years, serving the residents of the city where they were located, as well as those travelling through the region. The changes in institutional funding in general were beneficial for the creation of these hospitals; however, they were detrimental to other public services, most notably bathing.

As mentioned in the first chapter, communal bathing was an important aspect of Roman culture, even without medicinal benefits, since the Roman Republic. Leading aristocrats and emperors themselves funded those built prior to Late Antiquity. The changes in priority of aristocratic philanthropy may have been beneficial for hospitals, but they also resulted in the deterioration of public baths across the Roman World. With decreased funding, public baths were unable to afford to heat the baths entirely, resulting in them scaling down their establishments, either to one type of bath or down to only one hot bath. This would mean that many bath complexes, which were made up of several baths spread across different sections to separate genders, would then have to adapt to sharing one bath with scheduled bathing times. In some cases, the maintenance of these baths was taken up by local Churches or monasteries, with the clergy then renovating the dilapidated sections into new Church or monastic buildings for their own purposes.

The changes in public funding and the creation of new proto-hospitals, which required physicians, indicate an increased patronage towards those in the medical profession. They no

longer had to travel to find work and had become more significant in their communities with the establishment of Church-funded *xenodochia* and *nosokomeia*. This drove many physicians to convert to Christianity, and, given their already high level of education, they often earned titles such as deacon or bishop within the Church hierarchy. Their new importance in the Christian world also resulted in laws being passed, which granted tax breaks to the top physicians of each city, as well as to the more educated chief or court physicians of Constantinople. These were not only for themselves, but also for their immediate families.

The changes affecting medical practitioners in Late Antiquity can be seen as both ideological and institutional. Developments such as the emergence of hospitals, changes in laws regarding doctors, and imperial support reinforced the authority of Christian caregivers over the "pagan" physicians who did not adapt. These shifts did not mean that the quality of the medical treatments provided declined, as the main medical texts were still those that were based on the works of Hippocrates and Galen; however, the elements of prayer and miracles had, as previously mentioned, become integral to the practice.

Prayer and miracles could also sometimes be relied upon as an alternative to medicine, especially if the medicine seemed to have failed and there was nothing more that could reasonably be done for the patient. If this were the case and the patient were to recover, it would be a remarkable and miraculous event. If they died, however, then it would be considered the predicted next step. Healing miracles were also attributed to the saints' powers or the relics associated with them after their deaths. These were not all immediately accepted by the people, as many believed that divine power could only be attributed to God, so having saints with similar power resembled idolatry.

Taken together, these findings suggest that the status of doctors underwent significant changes during Late Antiquity. It evolved alongside the entire medical field, growing in tandem with the expansion of Christianity into a major institution within the Roman Empire. Doctors themselves adapted well to this religious change, as much of what Christianity introduced worked in their favour. The religion's directives to care for the sick helped lead to the establishment of buildings where they could find employment, while healing began to be viewed as a divine gift. This proved to be a significant improvement when compared to their earlier suspicion of the profession and assumption of greed.

Future work could further explore the extent to which this transformation differed across various regions of the empire, focusing on specific locations such as Rome itself, Constantinople, or Alexandria. More work could also be done in comparing elite doctors and non-elite practitioners, which could be combined with Alexandria-specific research due to the prevalence of surviving papyrological evidence. Nevertheless, this study has demonstrated that medical professionals in Late Antiquity offer valuable insights into the broader transition from classical antiquity to a predominantly Christian society.

*Appendix: Table of Doctors Listed in the Three Volumes of the PLRE*

Name	Profession	Century	E/M/L	Active	Location	Source
<b>PLRE Volume 1</b>						
Achillius 2	doctor	4	Late		Ancyra, Palestine	Lib. <i>Ep.</i> 761
Aegialaus	doctor	3	Late	276/28 2	Carchar Mesopotamia	
Aeschines	doctor	4	Mid	362	Chios, Athens	Eun. <i>V. Soph.</i> XI. 11-13.
Alcon	doctor	4	Mid			Ausonius... others
Alexander 15	doctor	4/6 uncertain			Ephesus	SEG XVIII
Ammonius 2	doctor	4	Late	388	Carthage	Aug. <i>Civ. Dei</i> XXII 8.3.
Antiochus 4	doctor	4	Mid	358- 360	Antioch	Lib. <i>Ep.</i> 328
Arcadius 2	doctor & <i>comes</i>	4	Mid			
*!Aristo!* 1	doctor	4	Early		Antioch	Prud. <i>Perist.</i> X 896
Aristotle (?) 1 (at Antioch)						
Asclepiades 3	doctor	4	Mid	357	Antioch	Lib. <i>Ep.</i> 315
Asclepius 3	doctor	4	Mid	362	Antioch	Lib. <i>Ep.</i> 778, 761
Augusta	doctor	4/6 uncertain				
Aurelius 1	<i>archiater</i>	?4			Nicomedia	
Iulius Ausonius 5	doctor	4	Mid- Late		Burdigala	many things
Auxentius 4	doctor	4	Mid	364		Lib. <i>Ep.</i> 1192
Caesarius 2	? <i>comes</i> <i>thesaurorum</i>	4	Mid	368	Bithynia, Cappadocia	many
Cottinus	doctor	4/6 uncertain			Furnos (Africa Proconsularis )	
Cyrus 2	doctor	4	Late	392	Antioch	Lib. <i>Ep.</i> 1027

Damalius	doctor	4	Mid	354	Antioch	Lib. <i>Ep.</i> 393
Demetrius 3	doctor	4	Mid	364	Bithynia	Lib. <i>Ep.</i> 1205
Diogenianus 2	doctor	4/6 uncertain			Antioch	SEG VI 571
Dionysius 7	doctor	4	Late	390/391	Antioch	Lib. <i>Ep.</i> 992
Dioscorus 2	doctor, <i>archiater</i>	4 & 5	Late - Early		Hippo	Jer. <i>Ep.</i> 70. 5; Aug. <i>Ep.</i> 227
Dioscorus 3	doctor	4 & 5			Egypt	
Dysarius	doctor	4	Late		Rome	Symm, <i>Ep.</i> III 37, IX 44
Elias	doctor & teacher	4	Mid	355- 356		Lib. <i>Ep.</i> 470, 496.
Eucarpio	doctor	4	Mid	362	Antioch	Lib. <i>Ep.</i> 738, 744, 751.
Eunapius 2	rhetor & historian	4 & 5	Late - Early		Sardis	many, long
Eunomus 1	doctor	4	Mid			Ausonius <i>Epigr.</i> 71
Eustochius 1	doctor	3	Late		Alexandria	Porph. <i>V. Plot.</i> 2 and 7
Eutolmius 2	doctor	4	Early			Lib. <i>Ep.</i> 425
Eutygianus 4	doctor					Marcellus 7, <i>de med.</i> XIV 70
Aur. Gaius 4	doctor	4/6 uncertain				<i>MAMA</i> VII 566
Gelasius	<i>?rationalis rei privatae fundorum domus divinae per Africam</i>	4	Late	380	Africa	Symm. <i>Ep</i> I 66, others
Heraclides 4	doctor & poet	4	Mid	360- 363	Memphis	Lib. <i>Ep.</i> 228, 229, 291, 839
Heraclius 6	doctor	4	Late	390	Antioch	Lib. <i>Ep.</i> 954
Hilarinus	doctor	4	Late	397	Hippo	Aug. <i>Ep.</i> 41
Hygi(ei)nus	doctor	4	Mid	356- 359	Constantinop le	Lib. <i>Ep.</i> 69, 25, 479, 78, 393, 485, 486
Iohannes 1	<i>archiater &amp; ex palatino</i>	4	Late	384	Rome	Symm. <i>Rel.</i> 27

Ionicus	doctor	4	Late		Sardis	Eun. <i>V. Soph.</i> XXII I.1-2.2
Leontius 15	doctor	4/5 uncertain			Lycia, Athens	<i>IG</i> III 3482
C. Calpurnius Collega Macedo 2	doctor	4	Mid		Antioch	<i>Class. Rev.</i> XXXIII (1919)
Magnus 7, iatrosophist	<i>iatrosophist</i>	4	Mid - Late	364- 388	Alexandria	Eun. <i>V. Soph.</i> XX 1,5; <i>Lib Ep.</i> 843
Marcellus 2	doctor	4	Mid	354- 358	Antioch	<i>Lib. Ep.</i> 359,362, 378, 393.
Martyrius	doctor	4	Late	381/397	Cilicia	Soz. VII 10. 1
Meletius 2	doctor, <i>archiater</i>	4	Late	375		<i>Bas. Ep.</i> 193
Naumachius 1	doctor	4				
Olympius 4	doctor	4	Mid	355- 364	Antioch	<i>Lib. Ep.</i> 523, 534, 539 (many more letters)
Olympius 13	doctor	4	Late			Theod. Prisc. Ed. Rose p.1.4
Oribasius	doctor	4	Mid - Late		Pergamum, Constantinople	Many, but you know that
Panolbius 2	doctor	4	Mid	354/355	Antioch	<i>Lib. Ep.</i> 393
Pasinicus	doctor	4	Late	before 379		<i>Bas. Ep.</i> 324
Paulinus 1	doctor	3	Late		Scythopolis, Rome	<i>Porph. V. Plot.</i> 7
Philagrius 1	doctor	3 & 4	Late - Early		Thessalonica	<i>Oribasius Coll. Med.</i> V 19-23, <i>Syn. Ad Eust.</i> III 170.
Philagrius 3	doctor	4	Mid - Late			<i>Philost. HE</i> VIII 10
Philon	doctor	4	Mid	362	Rhosus in Cilicia	<i>Lib. Ep.</i> 723
Philostorgius	doctor	4	Mid			<i>Philost. HE</i> VIII 10

Posidonius, son of Philostorgius	doctor	4	Mid - Late			Philost. HE VIII 10
Probianus 2	<i>archiaterus</i>	4				Soz. II 3. 12.
Prosdocius	doctor	4	Late	391	Tyre	Lib. <i>Ep.</i> 1018.
Rapetiga	doctor	4	Late	388	Rome	375=ILCV
Sopolis 1	doctor	4	Early - Mid			<i>c. Eunom.</i> I 293.
Stephanus 2	doctor, <i>archiater</i>	4 & 5	Late - Early		Nola	1381=ILCV
Thallus 1	doctor	4	Mid - Late	359- 384	Antioch	Lib. <i>Ep.</i> 384; Lib. <i>Or.</i> XXVII 3
Theocritus	doctor	3/4 uncertain			Nicopolis	SEG v1 798
Theodorus Priscianus, archiater						
Theodorus 9	doctor	4	Mid	362/36 3	Antioch	Lib. <i>Ep.</i> 798
Theodorus 20	doctor	4/6 uncertain			Scleucia	<i>MAMA</i> III 22.
Theon 2	<i>iatrosophis t</i>	4	Late		Gaul	<i>Eun. V. Soph.</i> XXIII 2. 3.
Theon 4		4/6 uncertain			Alexandria	<i>Phot. Bibl.</i> 220
Tyrannus	<i>archiaterus sacri palatii</i>	4	Mid		Rome	Lib. <i>Ep.</i> 784
(Helvius) vindicianus 2	proconsul (Africae)	4	Late	379/38 2	Carthage	many
Zenon 2	doctor	4	Early		Cyprus	<i>Eun. V. Soph.</i> XIX 1-3...
Zenon 4	doctor	4	Mid	360- 361	Alexandria	
Zethus	doctor	3	Late		Campania	
<b><i>PLRE Volume 2</i></b>						
Ablabius 5	doctor	5 & 6				<i>Anth. Gr.</i> VII 559

(A)emilius 2	doctor	5	Mid-Late	484		<i>Martyrologium Romanum</i>
Aetius (of Amida) 5	doctor & medical writer	5	Mid-Late		Alexandria	many
Agapius 2	doctor	5	Mid-Late		Alexandria, Constantinople	<i>Epit. Phot.</i> 298, <i>Dam. fr.</i> 332,333.
Alexander 4	doctor	4/6 uncertain				
Anatolius 8	doctor	6	Early			<i>V. Caes.</i> I 50
Anthimus 2	doctor	5	Late	478	Constantinople	<i>Malch. Fr.</i> 11
Fl. Aristo	doctor	4 & 5	Late - Early		Concordia	v 8741 = D 7797 = <i>ILCV</i> 833
Armenius 1	doctor	5	Early - Mid		Caesarea	<i>Firmus, Ep.</i> 8
Caelius Aurelianus 10	writer on medicine	5			Sicca Veneria in Africa Proconsularis	<i>Cass. Inst. Div. Litt.</i> XXXI 2
Cosmas 4	doctor	6	Early	519		<i>Coll. Avell.</i> 213
Cottinus	doctor	4/6 uncertain			Furnos (Africa Proconsularis)	
Cyrillus 1	doctor	5/6 uncertain			Rhosus in Cilicia	<i>IGLS</i> III 724
Cyrus 4	doctor, philosopher, monk	5	Mid - Late		Alexandria	<i>Gennad. de. Vir. ill.</i> 82
Cyrus 6	<i>archiatrus</i>	6	Early			Jacob of Serugh. <i>Ep.</i> 36
Dionysius 1	doctor	4 & 5	Late - Early	398 - 401	Rome	<i>Symm. Ep.</i> IX 4
Dionysius 3	doctor, deacon	5/6 uncertain	Early/Mid		Rome	<i>ILCV</i> 1233 Rome
Dioscurus 3	<i>archiater</i>	5	Early			<i>Aug. Ep.</i> 227

Dioscuros 4	doctor				Milan	Peek, <i>Griech. Versinschr.</i> I, n. 1907 = <i>Epigraphica X</i> (1948), 62-3 = <i>AE</i> 1950, 88
Domestius	doctor	5	Early - Mid			Isid. Pel. <i>Ep.</i> I 391
Dorotheus 5	doctor, deacon	5	Early - Mid			Isid. Pel. <i>Ep.</i> I 191
Eudaemon 6	doctor	4/6 uncertain			Comiso in Sicily	<i>Not. Sca(u/v?)</i> . 1037, p. 473
Eudoxius 2	doctor	5	Late	488		<i>Chron. Gall.</i> 452 no. 133
Felix 6	<i>archiaterus</i>	5	Early		Carthage	Evod. <i>De mirac.</i> II 2
Felix 11	doctor	4/6 uncertain			Lugdunum	<i>ILCV</i> 612 prevenience uncertain, possibly Lugdunum
Cassius Felix 13	writer on medicine	5	Mid	447		many
Gennadius 2	doctor	5	Early		Rome, Carthage	<i>Aug. Ep.</i> 159
Aelius Gentilis	doctor	5 & 6			Volsinii	<i>ILCV</i> 255 Volsinii
Helpidius 6	doctor, deacon	6	Early		Ravenna	many
Hesychius 8	doctor	5	Mid		Constantinople	many
Hierax 3	doctor	5	Early - Mid			Isid. Pel. <i>Ep.</i> II 168
Hilarinus 1	doctor ( <i>PLRE</i> I)					
Hymnetius	doctor	5	Early	404/407		Joh. Chrys. <i>Ep.</i> 38, 81
IACOBVS qui et PSYCHRISTVS 3	<i>archiaterus, comes</i>	5	Mid-Late		Constantinople	many
Ioannes 11	doctor, <i>syncellus</i> of Cyril of Alexandria	5	Early/Mid	431	Alexandria	<i>ACOec.</i> I i.v, p. 136. Barhadbeshabba <i>HE</i> 24

Ioannes 44	doctor	5	Late	497	Heracleopolis	<i>Stud. Pal.</i> XX 129
Ioannes 56	<i>archiater</i>	6	Early	507/511	Italy	<i>Cass. Var.</i> IV 41
Ioannes 82	doctor	5/6 uncertain			Egypt	<i>PSI</i> 891 provenance unknown
Iulianus 10	doctor, deacon	5	Mid-Late			Aetius, <i>Tetrab.</i> III 3.12
Iustus 2	doctor	5	Mid			<i>Sid. Ap. Ep.</i> II 12.3
Laurentius 8	doctor	5 & 6			Syracuse	<i>AE</i> 1951, 176 Syracuse
Liberatus 1	doctor	5	Late	484	Africa	<i>Vict. Vit.</i> III 50
Maximus 5	doctor	5	Early	after 414	Thaenae	many
Neon 2	doctor	5 & 6				
Nilammon 2	doctor, deacon	5	Early - Mid			<i>Isid. Pel. Ep.</i> III 71
Oribasius (different one)	doctor	5	Early - Mid			<i>Isid. Pel. Ep.</i> III 437
Palladius 15	<i>archiater</i>	5 & 6	Late - Early			<i>Ruric. Ep.</i> II 35
Pastor	doctor	5 & 6			Rome	<i>ILCV</i> 2141
Petrus 8	doctor, astrologer	5	Mid	449	Constantia in Osrhoene	<i>AGWG, NF</i> XV 1, p. 83.22-3
Petrus 9	doctor, priest	5	Mid	449	Alexandria, Cyrrhus	<i>Theod. Ep.</i> 114-115
Probianus 2	doctor	5	Early - Mid		Constantinople	<i>Soz.</i> II. 3.12ff
Prosechius	doctor, scholasticus	5	Early - Mid			<i>Isid. Pel. Ep.</i> IV 125, v 412
Proterius	doctor	5 & 6			Acoris in Egypt	<i>BCH</i> 1903, p. 375 no. 115 Acoris (Egypt)
Sergius 6	doctor, sophist	6	Early	515/518		<i>Sev. Ant. Ep.</i> 31
SERGIUS 8	<i>archiater, comes</i>	6	Early - Mid	519/538	Reshaina	<i>Zach. HE</i> IX 19, X 1...
Stephanus 1	doctor	4/5 uncertain			Nola	

Stephanus 9	doctor	5 & 6	Late - Early		Tralles	Agath. V 6.3ff
Syrianus 1	doctor	5	Early		Cyrene	Syn. Ep. 110
Theoctistus 3	doctor, <i>Mag. Off.</i> (East)	5	Late	475/47 6	Alexandria	Zach. HE V 1
Theodoretus	doctor	5	Mid- Late			Aetius, Tetrab. IV 1.112-114
Theodorus 3	doctor	4 & 5	Late - Early		Alexandria	Syn. Ep. 115
Theodorus 7	doctor			?404		Joh. Chrys. Ep. 228
Theon 1	doctor	4/5 uncertain			Alexandria	
Theotecnus 1	<i>archiatrus</i> , priest	6	Early	518- 519	Tarsus	Sev. Ant. Ep. Sel. I 24
Timotheus 6	doctor	5 & 6			Rome	<i>ILCV</i> 605
Anonymous 121	<i>archiatrus</i>	5	Early/Mi d	429/43 0	Carthage	Aug. Ep. 230.6
<b><i>PLRE</i> Volume 3</b>						
Alexander 8	doctor, medical writer	6	Mid - Late		Tralles	many
Anastasius 16	doctor	6	Late	594	Palermo	Greg. Ep. V 4
Andronicus 6	doctor, deacon	6 & 7			Hermopolis	<i>P. Lond.</i> V 1898.
(Aur.) Anouthis	doctor, deacon	6			Egypt	<i>P. Lond.</i> III, pp. 254-5, no. 1044
Anthemius 1	doctor	5 & 6			Edessa	Feissel, <i>recueil.</i> No. 31
Anthimus 1	doctor	7	Early		Constantinop le	<i>Mir. Artem.</i> I, p. 2
Archelaus 3	doctor	6	Late		Sicily	Greg. Ep. V 32
Aristarchus	doctor	6 & 7			Egypt	<i>Stud. Pal.</i> XX 279
Armentarius 4	<i>archiatrus</i>	6	Mid/Late	573	Tours	Greg. Tur. <i>Mir. S. Mart.</i> II I
Calius	doctor	6 & 7			Egypt	<i>P. Lond.</i> V 1762, line 10

Colluthus 4	<i>archiatrus</i>	6			Hermopolis	<i>Stud. Pal.</i> III 77, lines 1-2
Copiosus	doctor	6	Late		Rome	<i>Greg. Dial.</i> IV 57
Dionysius	doctor, deacon	5/6 uncertain	Early/Mid		Rome	<i>PLRE II</i>
Dioscorus 3	doctor	6	Mid		Tralles	<i>Alex. Trall. Ther.</i> IV I
Donatus 1	doctor	6	Mid/Late	581	Burgundy	<i>Greg. Tur. HF</i> v 25
Euprepis	<i>archiatrus</i>	6	Early/Mid		Antinoe	<i>P. Cairo Masp.</i> 67151
Fuscus	<i>archiatrus</i>	6	Late	591	Venafrum	<i>Greg. Ep.</i> 166
A. Lurius Geminius	doctor, teacher of rhetoric	4 & 5			Africa	
Georgius 15	doctor	6			Antinoe	<i>P. Cairo Masp.</i> 67155
Gregorius 11	<i>archiatrus</i>	6 & 7	Late - Early		Oxyrhynchus	<i>P. Oxy.</i> 1108
Fl. Hermias 3	doctor	6			Egypt	<i>P. Lond.</i> III, p. 254, no. 1044
Iamblichus	doctor	6	Mid			<i>Anth. Gr.</i> XVI
Ioannes 51	doctor	6	Mid		Italy	<i>Lib. Pont.</i> 69
Ioannes 57	doctor	6	Mid		Egypt	<i>P. Oxy.</i> 126
Ioseph 2	doctor, Nestorian catholicus (in Persia)	6	Mid	552-567	Nisibis	<i>Bar Hebr., Chron. Eccl.</i> II 96-8
Fl. Ioseph 4	doctor, soldier	6	Late	585	Syene	<i>P. Monac.</i> 9 line 106 Syene
Iron	doctor	6	Mid		Constantinople	
Aurelius Isaac 5	doctor	6	Mid - Late	573	Aphrodito	<i>P. Cairo Masp.</i> 67121
(I)saeus	doctor	6	Late		Tanis	<i>P. Oxy.</i> 1912, line 108
Vol.3B, 527-641						

Leontius 9	doctor	6	Mid/Late	572	Ravenna	<i>P. Dip.</i> 120; <i>P. Ital.</i> 35, line 92
Leontius 14	doctor	6			Egypt	<i>Stud. Pal.</i> III 340
Fl. Marcus 3	doctor	6	Mid/Late	572	Oxyrhynchus	<i>P. Oxy.</i> 126, lines 23-4
Marileifus	<i>archiatrus</i>	6	Late	577- ?585	Tours	Greg. Tur. <i>HF</i> V 14
Menas 21	<i>archiatrus</i>	6			Egypt, Fayum	<i>Stud. Pal.</i> VIII 1175
Menas 28	<i>archiatrus</i>	6 & 7			Egypt	<i>P. Lond.</i> III, p. 283, no. 1032
Nicolaus 1	doctor	6	Mid/Late	581	Burgundy	Greg. Tur. <i>HF</i> V 25
Paulus 22	doctor, bishop of Merida	6	Mid/Late		Merida	<i>V. Patr. Emer.</i> IV
Pegasus I	doctor	6	Mid	544	Laribus	Proc. <i>BV</i> II 22.14-16, <i>Anecd.</i> 5.33-5.
Petrus 57	<i>archiatrus</i>	7	Early	605		Fredegar. IV 27
Philippus 3	doctor	6			Anazarbus	
Fl. Phoebammon 5	<i>archiatrus</i>	6	Mid	570	Antinoe	<i>P. Cairo Masp.</i> 67151, lines 5-6
Reovalis	doctor	6	Late	590	Poitiers	Greg. Tur. <i>HF</i> X 15
Seneca	doctor, poet	7	Early			<i>PG</i> 87, col. 3421-4
Sergius 1	<i>archiatrus</i>	6	Early - Mid		Resaina, Alexandria	many
Severus 2	doctor	6	Mid - Late		Spain	<i>Bol. Real. Acad. Hist.</i> 49 (1906)
Simplicius	doctor	6			Ravenna	
Sophronius	<i>archiatrus</i>	6			Egypt	<i>P. Cairo Masp.</i> 67077
Stephanus 1	doctor	6	Early - Mid		Tralles	Alex. Trall. Ther. IV I

Stephanus 9	doctor	6	Mid	544	Edessa	Proc. <i>BP</i> II 26.31-40
Stephanus 13	<i>archiatrus</i>	6	Mid	553	Amida	Zach. <i>HE</i> XII 6
Stephanus 52 (of Athens)	doctor, philosopher	6 & 7	Late - Early		Alexandria	many
Theoctistus 1	doctor	6	Mid	537	Rome	Proc. <i>BG.</i> II 2.26-9
Theodorus 28	doctor	6	Mid	568	Sirmium	Men. Prot. Fr. 27
Theodorus 43	doctor, envoy to the Avars	6	Late	593		many
Theodorus 44	<i>arhiatrus,</i> <i>ex</i> <i>praefecto</i>	6	Late	593- 597	Constantinop le	many
Theodorus 169	doctor	7	Early		Lapethus in Cyprus	Sophronius, <i>V.</i> <i>SS. Cyr. Et</i> <i>Ioh.</i> 55
Theotimus 2	doctor	6	Late	593	Constantinop le	Greg. <i>Ep.</i> III 65
Thomas 5	doctor, secretis	6	Early/Mi d	532	Constantinop le	<i>Chron. Pasch.</i> s.a. 532
Timotheus	doctor, magician	6	Late	570/58 0	Constantinop le	<i>V. Sym. Iun.</i> 208-11
Tribunus 2	doctor	6	Mid		Palestine, Constantinop le	many
Victor 12	doctor	6			Egypt	<i>P. Cairo</i> <i>Masp.</i> 67006, <i>P. Cairo</i> <i>Masp.</i> 67141
Zacharias 2	doctor, <i>ex</i> <i>praefectis,</i> envoy to Persia	6	Mid - Late	many	Sura in Euphratensis	many
Zosimus	<i>arcihiatrus</i>	7	Early		Constantinop le	<i>Mir. SS. Cyr.</i> <i>Et. Ioh.</i> 52

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