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MEDICINE AND SOCIAL WELFARE
IN THE BYZANTINE EMPIRE

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SUMMARY

Byzantine medicine was guided by Hippocratic principles and Christian theological precepts, all of which viewed the human being as a psychosomatic entity. Medical philosophy and Christian theology had achieved an alliance, and the well-being of the entire person was the central objective of both. Along with pharmaceutical herbs and drugs, diet and baths, exercises and optimistic outlooks, Byzantine physicians, whether laymen or clergymen, emphasized rational treatment but also the need for religious faith and hope. Even though the holy man and his miraculous therapeutic powers were highly respected, appreciation of the power of logic had never gone into a total eclipse throughout the Byzantine era. Thanks to the work of good physicians and their impact on the welfare of society medicine obtained high respect in 9th century. Nevertheless, the dialogue between secular medicine and sacred medicine, and the debate between secular and spiritual approaches to health and social welfare continued unabated down to the fall of the Byzantine Empire.

To understand the relationship between medicine and social welfare, we must discuss first how Byzantine society viewed medicine and the medical profession and *vice versa*. What was the nature of medicine in Byzantium? What were its philosophical and ideological boundaries and precepts? How did Byzantine physicians view their profession? How did they understand the origin and nature of disease: did they consider a biological basis of medicine to the exclusion of other aspects of human illness, such as ethical, psychological, and religious? Did they consider the social and cultural context in which disease occurs?

Key words: Social welfare – Byzantine Empire - Philosophy.

We cannot answer here all these questions, but we can show that Byzantine society did not separate medicine from social phenomena, including religious beliefs, social ethics, and cultural inheritances. They viewed life holistically.

In today's medical world a non-specialist may observe two major trends on how medicine is viewed by both the medical profession and the non-specialist public. One school believes in a biological basis of medicine. It excludes religious and cultural issues and biomedical ethics and defines medicine as a very narrow discipline. Its goals are specific: the relief of pain, the prevention of disability, and the postponement of death by the application of theoretical knowledge and practical experience of the profession¹. The second trend, although it accepts the human being as a biological, ontological being, goes beyond biological considerations. It can be described as a school of psychosomatic medicine, which views humans as spiritual beings in a biological form. This second consideration guided the practice of medicine in the Byzantine era.

It is relevant to ask whether we can study medicine and social welfare in the Byzantine Empire in the context of a social history of medicine, as we see in present-day medical curricula. Did Byzantine medicine develop within society as a result of the society's medical needs? While we acknowledge today that medicine has greatly affected society and that in turn society has shaped medicine, medieval Greek sources do not allow us to treat our subject in modern conceptions and terms—even though Byzantine medicine and social welfare cannot be studied outside of their historical background and their social context.

1. Medicine in the Byzantine Empire was more than a physical science or an art for the healing of the physical body. Medicine in Byzantium had inherited a medical-philosophical thought from Hippocrates and his school, which sought particularly to understand first and foremost the nature of the human being. *It is through medicine that we learn what the human being (the anthropos) is and the cause for which he is a becoming (gine-tai) being*, writes Hippocrates. And Galen adds that a physician whose primary task is to have a knowledge of human nature is

also a philosopher. *Whoever is a real physician, certainly he is also a philosopher*, Galen adds².

Greek medicine, ancient or medieval, had a philosophical-medical orientation. Throughout the Byzantine era (330-1453) medicine and philosophy/theology not only co-existed but also cooperated for the public welfare. Health care through pharmaceutical means, medical intervention, surgery, public baths – but also liturgical prayers and religious rites – were employed for the health of body and soul. Hospitals and clinics, but also churches, sacred pilgrimages and groves cooperated in the restoration of health and the well-being of the sick. Certainly we would gain a better perspective on Byzantine medicine if we were to discover an account of health conditions, the nature of the diseases that plagued the Empire (for example, the bubonic plague of the sixth century and the Black Death plague of the fourteenth, but also the training of physicians and the technical means available to them).

Byzantine sources scarcely indicate how patients and physicians conceived of medicine as experiential science; but when we compare the mind and practice of medicine between the fourth and the fifteenth centuries, we see that Byzantine medicine was not static, and it was diverse in both attitude and practice of medicine. Byzantine society valued medicine and had high regard for physicians as synergists of the Creator, as fellow believers in the value of every human being.

Notwithstanding the reservations and even hostile attitude of some monks toward medicine, and the preference of *holy men* as healers over physicians³, it was the view of Basil in Caesarea of the fourth century and of several other major Church Fathers that became the criterion of Byzantine society's attitude toward the medical art and profession.

Basil spoke for many churchmen when he wrote,

we must take great care to employ this medical art, if it should be necessary, not as making it wholly accountable for our state of health or illness, but as redounding to the glory of God.

Basil adds that medicine is *techne* (art) and *episteme* (knowledge) given by God for the healing of the human body, which may become sick either by exoteric etiologies or by esoteric mis-

functions caused by excesses, exhaustion, or food. The sick should invite and trust the physician without ceasing to have their hope in God. It was God who created herbs and plants for the medical needs of physicians and people should not blame medicine because of some bad practitioners of it⁴.

It seems that following the iconoclastic crisis and the seventh ecumenical synod of 787, when a learned clergy of the Church assumed its leadership, medicine and the medical profession gained more respectability. The climate was prepared by the great scholar and patriarch, Photios of Constantinople. He summarized several medical authors such as Dioscurides, Galen, and Aetios of Amida. For Photios, medicine is an *episteme* to be used by all, including the poor and destitute. Medical opinion deserves respect, and people should never go against the dictates of nature. When physicians perform a surgery, they do not do it because of ill intentions but out of mercy, to heal the sick from suffering⁵. Basil's and Photios' views on medicine and the medical profession became catalysts for later generations.

For Ioannes Mavropous, the eleventh-century intellectual and metropolitan of Euchaita, it is natural for a sick person to seek out a physician for his treatment. And Theophylaktos, the twelfth century Archbishop of Ochrida calls medicine a philanthropic science (*episteme*) and the physician an artist. He acknowledges the therapeutic importance of medicine but also the need for religious faith and hope. The physician makes the diagnosis of an illness and provides advice but the source of therapy is God, the source of all creation⁶.

For the Church Fathers cited above, religious faith and medicine had achieved a cooperation and a balance. Medicine accommodated itself to Christian beliefs (for many physicians even the belief in miracles) while religious faith provided a certainty and offered a support to both patient and physician. Patients should neither avoid medicine nor should they put all their faith in it. For many more centuries, however, in incurable situations, *holy men* were invited to propitiate the Divinity through prayers and rituals.

It must be emphasized that the Byzantine medical profession preserved the high conception of the duties and status of the art

of healing of both Hippocrates and Galen. Hippocrates wrote: *Where there is love of man there is also love of the medical art – en gar pare philanthropie, paresti kai philotechnie*. This Hippocratic aphorism implies that if a physician acts with *philanthropia*, love and compassion for his patients, love of the medical art will be kindled in his patients, *a state of mind that greatly contributes to their speedy recovery, especially when they are dangerously sick*⁷. The philanthropic behavior of the physician was considered a social virtue. Ancient Greek medicine was not devoid of religious content and Byzantine medicine never ceased to be Greek medicine. The relationship between *philanthropia* and healing occurs frequently in the Hippocratic corpus but also in the writings of other Greek physicians/philosophers. The ethic of philanthropy, well established in pre-Christian Hellenism, remained a standard principle of medicine in Christian Hellenism of the Byzantine centuries. The term *philanthropia* in the sense of love for the human being was used widely in Byzantine literature, including medical literature.

Physicians of the Byzantine era were never monolithic in their attitude toward disease and the art of healing. Some viewed illness as a punishment from the Divinity, others saw it having natural causes, the result of food, occupation, climate, and environmental factors. Some physicians followed medical practices of the past dogmatically, but many became innovative and progressive. While some physicians and patients made a rational analysis of a disease and sought a logical and natural therapeutic approach, others confused the logical with superstition, the rational with the irrational. Diet, baths, exercises, drugs all were prescribed along with religious faith, incubation in church, and other forms of religious expression. The physician was expected to be *aristos* (excellent) but also *philosophos* and *philanthropos iatros* (philosopher and humane physician). Hospitals were built next to churches and there were no hospitals without chapels. Religion and medicine were catalysts in Byzantine life. *Byzantine medicine thus represents the formation as well as the continuation of a tradition, broken and unbroken* in the words of Owsei Temkin⁸. Medicine, too, was considered a treasured gift from God.

The *Corpus Hippocraticum*, the writings of Galen and of the other Greek physicians of antiquity cited before were studied, commented upon extensively, and preserved. Thus the following branches of medicine were studied and practiced: pathology, hematology, ophthalmology, physiology, anatomy, hygiene, surgery (surgery), urology, allergies, immunology, hepatology, geriatrics, endocrinology, cardiology, gynecology, obstetrics, pharmacology, parasitology, neurology, nephrology, oncology, dermatology, physiotherapy, stomatology, otorhinolaryngology, pediatrics, and toxicology, as well as prognostic, prophylactic, diagnostic, and therapeutic medicine.

Some of the most important physicians from the fourth to the ninth century are the following: Oreibasios of Pergamon (bca. 325), Aetios of Amida (bca. 502), Alexander of Tralleis (bca. 525), and Paulos of Aegina (b. 625). Each made his own contribution and remained influential in later centuries⁹.

Our knowledge of medicine between the seventh and the ninth centuries is scanty. It seems that between the last quarter of the seventh and the first half of the eleventh centuries (690-1050) there was little original work done in medicine, and we know of only a few influential physicians, such as Stephen of Athens, a certain Nicholaos, and a monk named Meletios of Phrygia, who taught medicine in Constantinople. An important philosopher-physician (*iatrosophistes*) of the ninth century was Leo, surnamed the Mathematician, who wrote an *Epitome of Medicine* and *On the Characteristics of Human Beings*. Photios, too, the ninth century intellectual and patriarch, was well versed in medicine and devoted several chapters of his *Bibliotheca* to medical subjects. A physician of the tenth century named Niketas is a source of surgical practices. He collected several older surgical treatises and preserved thirty plates illustrating the Hippocratic therapy of bone dislocations, and sixty-three smaller woodcuts illustrating Soranos' method of bandaging. Niketas' collection of surgical illustrations was used by Italian medical schools (Florence, Bologna). Under the patronage of Emperor Constantine VII Porphyrogenetos, a medical handbook of nearly 300 chapters, attributed to Theophanes Theophilos Nonnos, was designed for everyday medical therapy and depends greatly on the work of Oreibasios¹⁰.

Medical education entered a new phase in the second half of the eleventh century along with the revival of classical learning. Michael Psellos and Symeon Seth are the best representatives of that century. Psellos wrote a dictionary of diseases, a work on medicine, another on baths, and embellished his *Didaskalia pantothape* (various teachings) with medical and physiological information. Symeon Seth's importance for Byzantine medicine lies in the compilation of many Oriental drugs, their translation into Greek for the first time, and the discussion of the healing powers of various foods that he provides in his *Lexicon of the Properties of Foods*¹¹.

Medical teaching in twelfth-century Byzantium is best understood in the light of the Hospital of the Pantocrator, a center for medical education built by John II Komnenos and his wife Irene. Michael Italikos and Nicholas Kallikles, both contemporaries, are described as *didaskaloi iatron* (instructors of physicians) there. Nepotism was not absent from the medical profession. We find that the children of the hospital's thirty-two physicians were trained in medicine. Women, too, were allowed to train in medicine. A well-disciplined system prevailed among the physicians, who were remunerated well for their services¹².

Medical studies in the Palaiologan era (1261-1453) were pursued with far greater vigor and a more considerable propensity for innovation than before. In no other scientific field is the Byzantine contribution greater than in medicine. In addition to the ancient legacy of Hippocrates and Galen, the masters of the early and the middle Byzantine periods, such as Oreibasios, Aetios of Amida, Alexander of Tralleis, Paulos of Aegina, and Ioannes ho Alexandreus remained the authorities for the study of the healing arts. But the period also produced some distinguished physicians of its own, namely Nicholaos Myrepsos, Demetrios Pepagomenos, and John Aktouarios. Myrepsos compiled 2,656 pharmaceutical recipes for numerous illnesses. He emphasized the application of mercuric ointments for skin problems and the use of common salt. His *pharmacopoieia* in a Latin translation remained the standard work on the subject in Western Europe, particularly Paris, until the seventeenth century¹³.

For illnesses like gout, Demetrios Pepagomenos, the personal physician to Emperor Michael VIII Palaiologos, was more original. He wrote *a very sensible treatise on gout*. The illness was diagnosed as *a diathesis caused by defective elimination of excreta*. In the mid-fourteenth century, John Aktouarios wrote *an excellent medical treatise, an unusually comprehensive treatise, and an unusually comprehensive treatise on urine*. The second work was extensively used. It has been described as an important contribution to medieval urology. Aktouarios is also credited with identifying a parasite of the human intestine called *trichocephalus dispar*, or whipworm. In addition to these contributions, Aktouarios, who served as court physician to Andronikos III (1328-1341), wrote a work dealing with psychopathology and pneumatism. He described the powers of the mind and their effects on the body and proposed rules for psychosomatic hygiene. Byzantine medicine was always concerned with both body and soul¹⁴.

John Bryennios expressed his distress and puzzlement at the decline of medicine after Aktouarios. Byzantine medicine passed on to other hands. Nevertheless, the advice of Byzantine physicians was followed in the Greek as well as in the Latin world for several centuries. Demetrios Pepagomenos' recommendations for the prevention of gout were repeated by John Choumnos, who prescribed a strict diet, eliminating salted and smoked food, fried fish, eggs, milk and milk products, and spices. He also urged moderation in drinking and emphasized physical exercise such as walking, horseback riding, and swimming. If advised by a physician, the patient should not refuse to undergo surgery for the removal of the damaged part¹⁵.

2. The medical profession in the Byzantine Empire was not limited to lay persons, and the contribution of churchmen to medicine cannot be overlooked. Throughout the Byzantine era we find many monks, priests, bishops, even patriarchs who had received a medical education and who practiced the profession. They should not be confused with popular healing saints such as Saint Therapon, Saint Panteleemon, the Saints Kosmas and Damianos, Kyros and Ioannes, Sampson and Diomedes, and

other heroes of popular piety, whose names are cited even to the present day in services of the Orthodox Church.

Church Fathers such as Basil the Great, the founder of a major complex of philanthropic institutions in the fourth century, Eusebios of Caesarea, Nemesios of Emesa, John the Eleemosynary, Patriarch of Alexandria, described epidemics such as smallpox, and diphtheria, and made important contributions to clinical medicine and physiology, including that of the nervous system. Many churchmen used their medical knowledge in establishing hospitals, leprosaria, and other philanthropic institutions¹⁶.

Physicians ordained clergymen were highly respected. For example the physician Pausikakos of Apameia in Bithynia (Asia Minor) was ordained a priest by Patriarch Kyriakos of Constantinople (595-606) in order to practice the art of healing on *bodies and souls*. Politianos, Patriarch of Alexandria in the eighth century continued to offer his medical expertise even as a patriarch. At the request of Harun al-Raschid, the Caliph of Baghdad, he traveled there in order to treat one of Raschid's wives. The famous Hospital of the Pantocrator in the twelfth century included physician priests among its medical staff. Byzantine medicine was concerned with the health of the whole human being and it extended its services to other aspects of daily life. A good illustration is Sampson, known as Xenodochos, who established his own clinic and spent his life in the service of the poor. Relief for the poor was the concern not only of conscientious physicians but also of individuals, churchmen, and members of the imperial court¹⁷.

Medical but also social welfare services were delivered not only from person to person but also through institutions. A physician might pay a visit to an ill person and *vice versa*, but physicians would also visit hospitals, *gerontocomeia*, *ptocheia*, *orphanotropheia*, the elderly at home, patients with psychiatric problems, and pregnant women and those in their time after childbirth¹⁸.

On the basis of the writings of some eighty physicians and writers on medicine of the Byzantine centuries whose names have been identified, we learn that Byzantine society was

plagued by a variety of illnesses that continue to afflict even modern societies the world over. It should not surprise us therefore, to find that clinics and hospitals existed in major cities, such as Constantinople, Antioch, and Alexandria; but also in provincial towns: Ephesos, Thessaloniki, Gortyn in Crete, Edessa, Jerusalem, Trapezous, and others.

Hospitals (*nosokomeia*), clinics (*iatreia*) or temples (*asklepieia*) dedicated to medical treatment existed in the ancient Greek world and, under the names *hospitalis*, *hospitalia*, in the Roman world¹⁹. Byzantium built upon its Greco-Roman inheritance, but under the influence of Christianity it went further than its predecessors. As in Greek and Roman antiquity, where the buildings adjacent to the temple of Asklepios or Aesculapius, the god of healing, became an early type of hospital, hospitals in Byzantium were erected next to churches or monasteries.

Either through the efforts of the government (usually the emperor, the empress, or some high official), Church leaders (patriarchs, bishops, monks), or pious individuals, hospitals were erected in Constantinople and other cities from the inception of the Byzantine Empire in 330 A.D. Known are the name and location, the founder and often the organization, as well as the size and the kind of services of several hospitals in Constantinople, Alexandria, Antioch, Jerusalem, Ephesos, Nicaea, Rhaedestos, Adrianople, Thessaloniki, Kastoria, Corinth, and other places. Two years before his death in 337, Constantine the Great, the first emperor of the Byzantine Empire, issued a decree by which hospitals were to be erected in Constantinople, Rome, Ephesos, and other cities²⁰. Several other emperors in later centuries, such as Justinian I (527-565), Justin II (565-578), Basil I (867-886), Alexios I (1081-1118), and John II Komnenos (1118-1143) issued decrees concerning the erection of hospitals. Churchmen (bishops, metropolitans, and patriarchs) became instruments for building hospitals in cities in their jurisdictions. For example, in 372 Basil, bishop of Caesarea in Cappadocia, was the first churchman to establish a complex of philanthropic institutions in the suburbs of Caesarea. It included a hospital proper, with special quarters for its staff (physicians, cooks, etc.). The complex became known as *Basileias*, in honor of its founder, and was supported by the income of the diocese as well as by the generosity of

pious individuals. As patriarch of Constantinople, John Chrysostom (398-404) introduced several reforms, including some affecting the erection and endowment of hospitals. John the Eleemosynary, patriarch of Alexandria (610-619), was credited with the establishment of seven hospitals in his see, and Bassianos, bishop of Ephesos, with one in his see. There were also hospitals erected neither by emperors nor by patriarchs and other high ecclesiastical dignitaries but by laymen. Markianos, a wealthy fifth-century layman, built a hospital in Constantinople. Philentolos, a prosperous seventh-century Cypriot, built hospitals in Cyprus. As indicated before, Sampson, the Xenodochos, a fifth-century physician, transformed his home into a clinic. Philaretos, a great magnate of Pontos, was credited with the erection and endowment of hospitals²¹.

Hospitals were built for as few as 25 patients and as many as 780. For instance, Justinian (527-565) built near Jerusalem a hospital for 200 patients, while Empress Eudokia, wife of Emperor Theodosios II (408-450) had built in Jerusalem a *royal* institution, which included a hospital for 780 indigents. Bishop Bassianos' hospital in Ephesos had 70 to 80 beds, and the seven hospitals of John III the Eleemosynary in Alexandria had 40 beds each²².

Byzantine sources do not provide much specific information about the kind of facilities and medical care delivered by Byzantine hospitals. The best description of a hospital in Constantinople is provided by the *typikon*, or charter, of the Pantokrator hospital attached to the monastery and church of the same name. It was built by Empress Irene with the cooperation of her husband, Emperor John II Komnenos (1118-1143).

The Pantokrator hospital, or Xenon of the Pantokrator, was built in 1136 and included sixty-one beds and several related institutions, such as a home for the aged, an outpatient service, and a hostel. The charter of the hospital provides information about the organization, kinds of illnesses, hygiene, diet, physical therapy, drugs, the activity of the physicians, and related subjects. The hospital had five main clinics or wards for surgery: ophthalmological, gynecological, emergency, and general pathological cases. The patient could have two baths every week, or more if prescribed by a physician. The diet was mostly vegetarian. For drink, wine was offered in small quantities, and mead.

The staff of the Pantokrator hospital was composed of thirty-five physicians, two chaplains, a pharmacist, three pharmacist's aides, two supernumeraries, a porter, cooks and their helpers, a miller, a baker, and a stable-boy for the doctor's horses. The gynecological ward was under the supervision of two female physicians. (Women were not excluded from the medical profession but they were usually trained as midwives.) Five physicians, four men and a woman, were on duty every night, and all physicians took turns each day, half serving one day and the other half the following day. The medical staff was under the direction of a professor of medicine known as the *archiatros*. A school of medicine was attached to the hospital.

The outpatient service, with four physicians on duty, handled many patients; they received as much attention as the regular inmates. Of all the patients in need of treatment, only the epileptics (those suffering from the *hiera nosos* – sacred disease) were confined in a special building adjacent to the institution for the aged. It is to be noted that institutions for the aged (*gerontokomeia*) as well as *xenones* or *xenodocheia*, homes set aside to receive strangers, pilgrims, and poor travelers, provided medical services, to such an extent that *xenon* (hostel, hospice) and *nosokomeion* (hospital proper) became synonymous terms²³.

According to the *typikon* of the hospital attached to the monastery of Lips, in Constantinople, in the last quarter of the thirteenth century the annual salary of a physician was 16 gold *nomismata*, the head nurse 14, other nurses 10, the pharmacist 12, and the salaries of the other personnel were between 10 and 4 *nomismata*²⁴.

Eyewitness accounts of the capture of Constantinople by the Ottoman Turks in 1453 relate that many hospitals and clinics along with other institutions were destroyed during the fall of Constantinople²⁵.

3. The poor and indigent were among the first to benefit from both the medical profession, and the Church and individuals of Byzantine society. The Byzantines considered the poor an integral part of their society and whether for religious or social rea-

sons had made some permanent provisions for them. To be sure, relief of the poor was one of the great responsibilities of the Church and the local community, but the obligation of physicians to relieve human suffering had become a well-established practice. Furthermore, the epidemics that had invaded the Empire had taught the medical profession that the causes of epidemics and their effects were as much social and economic conditions as they were of biological and physical origin. Living conditions determined the social welfare of society in general. Poverty is the cause of social unrest and civil wars, of social instability and disharmony, as Aristotle had taught²⁶. Influential thinkers of Greek antiquity like Aristotle and Hippocrates never disappeared from their native soil.

Relief to the poor was provided in two ways: the casual, *ad hoc* relief given in the form of alms, and organized relief provided by philanthropic institutions – orphanages, homes for the elderly, and especially the *ptocheia* or *ptochotropheia*, institutions or houses set aside for the poor. Emperors and empresses, bishops and clergy of all ranks, lay dignitaries, and ordinary pious people were involved in helping the poor. On special occasions, including days of coronation, anniversaries, victorious returns from war, the emperor disbursed among the poor large sums of money or coin; on the occasion of cold winters and natural catastrophes, emperors provided for the free distribution of bread and clothes. Many female members of the imperial court were actively involved in ministering to the poor, the sick, and widows. People of all ranks were expected to distribute to the poor as an act of love, in imitation of God's *philanthropia* (love) but also for the salvation of their soul after death²⁷.

The primary responsibility for the relief of the poor rested upon the Church. Every diocese and local congregation had set aside provisions for the poor (*ptochika*). In addition to casual relief or Sunday distribution of alms and bread, more generous contributions to the poor were made at Christmas, Easter, Pentecost, and the Dormition of the Theotokos by the local churches.

The Church received bequests, endowments, and donations from private individuals and from members of the government for its relief programs. From an early period, through imperial

edicts and ecclesiastical canons, the bishop was charged with the responsibility of trusteeship over the poor, including orphans, widows, and the elderly. The *oikonomos* (steward) of the diocese's property, acting in the name of the bishop, supervised the distributions. The deacons, deaconesses, the *parabolanoi* (nurses, in Alexandria) were the agents of the Church who delivered relief. There is evidence that certain bishops systematically compiled lists of the poor to receive regular assistance. In the last quarter of the fourth century the Church of Antioch had on its list 3,000 poor to receive relief from its treasury. The Church of Alexandria in the beginning of the seventh century had a list of 7,000 poor on relief. The cathedral of Hagia Sophia in the first quarter of the seventh century included on its clerical staff scores of deacons and deaconesses who delivered the Church's relief to the poor of Constantinople. Several other dioceses (Pontos, Galatia, and Cappadocia) and cities (Amaseia and Rhaedestos) are known for their splendid relief programs. Monastic communities, whether in cities or in isolated regions, were regular sources of relief for the poor. Monks were assigned to distribute alms at the monastery's gate on certain days of the week or every day. The monastery's *xenon* (hospice) was always open to poor travelers²⁸.

More important than the *ad hoc* relief described above was the work of philanthropic institutions, particularly the *ptocheion* (or *ptochotropheion*). Endowed philanthropy appeared very early in the Byzantine Empire, and a great number of endowed institutions grew up between the fourth and the sixth and between the ninth and the twelfth centuries. A *ptocheion* was a special house to shelter poor people unable to work because of ill health, incapacitation, or other reasons. Often it included a clinic or simply provided medical services; some were large enough for as many as 400 people and others for a few.

The erection of *ptocheia* was the work of emperors and empresses, bishops and clergymen of other ranks, and wealthy lay persons. Emperors and empresses who contributed to the establishment of *ptocheia* included Constantine the Great, Pulcheria, Eudokia-Athenais (sister and wife of Theodosios II), Justinian, Basil I, Michael IV, Alexios I Komnenos, Irene and her

husband John III Vatatzes. Some of the most renowned clergymen who looked after the poor were Basil the Great, Gregory of Nazianzos, John the Eleemosynary of Alexandria, and Petros of Argos. Lay persons deserve to be mentioned for their endowment or erection of homes for the poor, the deaconess Olympias and Michael Attaleiates, a land magnate of the twelfth century, whose *diataxis*, or charter, provides the best known information about a *ptocheion*. These institutions existed in Constantinople as well as in many provinces and towns, including Alexandria, Antioch, Jerusalem, Caesarea in Cappadocia, Sebasteia, Apameia, Rhaedestos, Thessaloniki, and Athens²⁹.

A *ptocheion* was administered by a *ptochotrophos*, who served under the supervision of his bishop. A *ptochotrophos* was an important public official, who could be raised to the highest Church rank. Andrew, bishop of Crete, and Patriarchs Euphemios (489-495) and Nikephoros I (806-815) of Constantinople were directors of *ptocheia* before their election to their respective positions³⁰.

In addition to the above relief measures, the Byzantine state provided public works for the healthy poor. It maintained a public officer, a *quaestor*, or *ereunetes*, whose responsibility was to find work for the unemployed poor. The poor and beggars who were in good health and refused to work were expelled from the capital. The beggar could even be condemned to slavery³¹.

Social medicine in Byzantium adopted not only therapeutic but also proleptic measures. Public hygiene required cleanliness, baths. Gregory of Nyssa in the fourth century, but also sources of the fourteenth and fifteenth centuries reveal that public baths in Constantinople were popular places. People would attend to clean themselves from the day's work but also to socialize. Furthermore, the first thing that members of the *Diakonniae*, the philanthropic organization which emerged in the fourth century and with some interruptions survived at least until the twelfth century, would do was to welcome visitors, pilgrims, and seamen and lead them to the public baths before they would assign them to *xenodocheia* for meals and lodging³².

Legislation, too, was used for purposes of a healthy society. Through legislation the Court endeavored to systematize the health knowledge of the times, to administer hospitals, and

through them to serve the public's needs. Physicians of the later centuries came to realize more and more and teach that illness is not just a divine punishment but the result of many and diverse natural causes. Illness may be the result of the body's constitution, violation of diet, neglecting to care for the physical needs of the body, lack of faith, or neglect of prescribed therapy. Human beings are subject to nature's dictates and medical science should not go contrary to nature. The Stoic principle *to kata physein zein* (to live in harmony with nature) had not been forgotten. In fact this might have been the basis for the longevity among monks, whose life emphasized simple diet, work, fasting, and simplicity.

Epilogue

Byzantine medicine was guided by Hippocratean principles and Christian theological precepts, all of which viewed the human being as a psychosomatic entity. Medical philosophy and Christian theology had achieved an alliance, and the well-being of the entire person was the central objective of both. Medicine was described by the ancient Greeks as the *philanthropotatē ton epistemon* and with some exceptions it continued to enjoy the same reputation throughout the history of medieval Christian Hellenism. In pagan Hellenism *even this branch of learning [medicine] had to be under the tutelage of something divine*, (Asklepios). In Christian Hellenism medicine had been placed under the tutelage of a *Philanthropos Christos*, the *physician of bodies and souls*. Along with pharmaceutical herbs and drugs, diet and baths, exercises and optimistic outlooks, Byzantine physicians whether laymen or clergymen, emphasized the need for religious faith and hope³³.

While a healthy life was medicine's major concern, because of its philosophical/religious principles, its social welfare concerns were extended to include thanatology (preparing people to face death). The fear of death was mitigated by the assurance that life is continuous and that a better life indeed exists beyond the grave.

Even though the *holy man* and his miraculous therapeutic powers were highly respected and sought after by the faithful, rationalism, appreciation of the power of logic, had never gone into a total eclipse throughout the Byzantine era. While in the

early centuries non-religious physicians were criticized and even condemned as lazy, incompetent, greedy, and far inferior to the powers of the holy man, natural medicine and the medical profession increasingly made their impact on Byzantine society. The restoration of health and the welfare of society through the gifts of nature, drugs, diet, moderation, exercise, work, clean water, and protection from the elements, was emphasized by leading physicians such as Nicholas Myrepsos, John Actouarios, Demetrios Pepagomenos and John Choumnos.

Perhaps it was the work of good physicians and their impact on the welfare of society that contributed to the high respect that medicine and physicians achieved after the ninth century. Nevertheless, the dialogue between *secular* medicine and *sacred* medicine, and the debate between secular and spiritual approaches to health and social welfare continued unabated in Greek society for several centuries after the fall of the Byzantine Empire.

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