

Purists, Pragmatists, and Most People: A Comparative Analysis of Therapeutic Hierarchies in
Alexander of Tralles and Barsanuphius and John of Gaza

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Abstract: Harold Remus insisted in a series of publications that we need to parse the social functions and ideological commitments of the categories “magic” and “miracle,” as well as the multiplicity of terms these categories typically encompass. With this admonition in mind, my paper will analyze the hierarchy of values expressed in the therapeutic approaches of Alexander of Tralles, a physician who compiled a compendium of therapies he found to be effective, and Barsanuphius and John of Gaza, monks who offered counsel to those who sought them out. In addition, my paper will situate their therapeutic approaches in what we can infer about the realities of seeking remedies for illness for most people in the sixth century CE, the period in which Alexander, Barsanuphius, and John were active.

Introduction

Harold Remus’s book on conflicting interpretations of “miracle” in the second century bears re-reading,¹ as I discovered when preparing this paper. It turns on a persistent problem in the study of contested terms and constructs in antiquity, particularly ones that have also been contested in modern scholarship, such as “magic,” “religion,” “pagan,” “Christian,” to name only a few that Harold himself tackled in various publications.² The problem is this: What criteria does one use to delimit the term and the construct, and on what bases do those criteria differentiate the term and the construct from associated terms and constructs? One measure of the complexity of this problem is its capacity to generate continuing debate. To take an example with which I am familiar, scholarly discussion of the term “magic” has oscillated from those who sought to define “magic” on evolutionary, functional, sociological, or phenomenological bases,³ to those who

¹ Harold Remus, *Pagan-Christian Conflict over Miracle in the Second Century*, Patristic Monograph Series 10 (Cambridge, MA: Philadelphia Patristic Foundation, 1983).

² Harold Remus, “Does Terminology Distinguish Early Christian from Pagan Miracles?,” *Journal of Biblical Literature* 101 (1982): 531–51; Harold Remus, “‘Magic’, Method, Madness,” *Method & Theory in the Study of Religion* 11 (1999): 258–98; Harold Remus, “The End of ‘Paganism’?,” *Studies in Religion/Sciences Religieuses* 33 (2004): 191–208.

³ The bibliography on this subject is large. For a concise summary, with ample references, see Robert L. Fowler, “The Concept of Magic,” in *Thesaurus Cultus et Rituum Antiquorum (ThesCRA)*, vol. 3 (Los Angeles: J. Paul Getty

argued that the term should be abandoned in favour of more specific, concrete descriptors because “magic” is inevitably invested with pejorative connotations issuing from socially constructed notions (past and present) of legitimate and illegitimate activity,⁴ to those who have argued that the term still has a heuristic value in denoting or demarcating cross-cultural or intra-cultural features of ritual alterity.⁵

To this problem, Harold brought an intelligence, discernment, method, and clarity that was so characteristic of him. It is his methodology that I wish in particular to note. Fully one half of his book is given over to setting out the terms on which Harold subsequently analyzed the discourse of his chosen authors. What is remarkable about these chapters is the precise manner whereby Harold elaborated his terms of analysis on the basis of concepts and attitudes articulated in Greco-Roman literature and on the basis of theories, current when he was writing, that investigated the social and cultural matrices of such concepts and attitudes. In this paper I will draw on three of Harold’s analytical terms: canons of the ordinary, ethics of belief, and popular cultic piety. It will be useful to summarize Harold’s exposition of these terms.

Museum, 2005), 283–86. Two useful overviews are Yuval Harari, “What Is a Magical Text? Methodological Reflections Aimed at Redefining Early Jewish Magic,” in *Officina Magica: Essays on the Practice of Magic in Antiquity*, ed. Shaul Shaked (Leiden: Brill, 2005), 91–124 at 91–115, and Kimberly B. Stratton, *Naming the Witch: Magic, Ideology, and Stereotype in the Ancient World* (New York: Columbia University Press, 2007), 4–15.

⁴ Jonathan Z. Smith, “Trading Places,” in *Ancient Magic and Ritual Power*, ed. Marvin Meyer and Paul Mirecki, *Religions in the Graeco-Roman World* 129 (Leiden: Brill, 1995), 13–27, has been especially influential. Recent statements of this view include Bernd-Christian Otto, “Towards Historicizing ‘Magic’ in Antiquity,” *Numen* 60 (2013): 308–47, and David E. Aune, “The Use of the Term ‘Magic’ as a Socio-Religious Category in the Study of the Greco-Roman World and Early Christianity,” in *To Set at Liberty: Essays on Early Christianity and Its Social World in Honor of John H. Elliot*, ed. Stephen K. Black and Alicia J. Batten, *The Social World of Biblical Antiquity*, Second Ser. 11 (Sheffield: Sheffield Phoenix Press, 2014), 15–26.

⁵ David Frankfurter, “Ancient Magic in a New Key: Refining an Exotic Discipline in the History of Religions,” in *Guide to the Study of Ancient Magic*, ed. David Frankfurter, *Religions in the Graeco-Roman World* 189 (Leiden: Brill, 2019), 3–20, and Joseph E. Sanzo, “Deconstructing the Deconstructionists: A Response to Recent Criticisms of the Rubric ‘Ancient Magic,’” in *Ancient Magic: Then and Now*, ed. Attilio Mastrocinque, Joseph E. Sanzo, and Marianna Scapini, *Potsdamer Altertumswissenschaftliche Beiträge* 74 (Stuttgart: Franz Steiner Verlag, 2020), 25–46.

Canons of the ordinary refers to the systems and sources of knowledge and belief that people use to distinguish ordinary events from extraordinary ones. What is considered to be rare and unusual will vary among people, and the explanations they give for such rare and unusual occurrences will also vary.⁶ Interpretations of extraordinary events are influenced by one's peer groups, received traditions, acquired knowledge, and habits of thought. But people invariably judge events to be extraordinary by comparing them, consciously or not, to what they consider to be ordinary—by their canons of the ordinary. In the case of events deemed to be miraculous in the Greco-Roman world, the canons of the ordinary included, for instance, what was seen to be usual among human beings, in flora and fauna, in nature or according to “natural law.”⁷

In applying their canons of the ordinary to events they observe, people may exercise an ethic of belief. This term, which Harold took from several papers published by Van Harvey,⁸ straddles the fields of philosophical epistemology and philosophical ethics.⁹ As used in Harold's study, it refers to the ethical obligation of those who were philosophically trained to explain events in accordance with the reasoning and knowledge into which they had been socialized. “The chief characteristic of this ethic,” according to Harold, was “the intention to look for orderly (often ‘natural’) causation both of ordinary and extraordinary phenomena.”¹⁰ “That [this habit of thought] is not unjustly construed as an ethic,” Harold continues, “is indicated by conception of it as a goal to be pursued..., by the judgments of value associated with it, and by the commitment it was expected to entail.”¹¹ From the writings left by such philosophically

⁶ Remus, *Pagan-Christian Conflict*, 8.

⁷ Remus, *Pagan-Christian Conflict*, 9–24.

⁸ Van A. Harvey, “Is There an Ethics of Belief?,” *The Journal of Religion* 49 (1969): 41–58; Van A. Harvey, “The Ethics of Belief Reconsidered,” *The Journal of Religion* 59 (1979): 406–20.

⁹ For more recent discussions of the concept, see the papers in Eugene Th. Long, ed., *Ethics of Belief: Essays in Tribute to D.Z. Phillips* (Dordrecht: Springer, 2008); Jonathan Matheson and Rico Vitz, eds., *The Ethics of Belief* (Oxford: Oxford University Press, 2014).

¹⁰ Remus, *Pagan-Christian Conflict*, 77.

¹¹ Remus, *Pagan-Christian Conflict*, 77.

minded writers, it is apparent that they varied in the degree to which they pursued this ethic. Some pursued it “rigorously”; some “with less persistence”; others “as far as they are able” before resorting to a divine explanation of the extraordinary; and yet others combining “explanations from philosophy and cultic piety.”¹²

As this last statement indicates, the main foil in the Greco-Roman world to philosophically conditioned explanations of events was what Harold called mainstream or popular cultic piety.¹³ Harold’s explanation of this phrase deserves to be quoted in full, not least for its neat avoidance of the conceptual pitfalls of “popular” and “religion”:

It is popular in the sense that it has statistically numerous representation; it is not necessarily *volkstümlich*, since educated and upper-class persons may also share in it.

“Mainstream” refers to this statistical datum as well as to the primacy and persistence of this tradition in Greco-Roman societies. It is cultic in the sense that it has to do with the deities and worships of the period. It possesses canons of the ordinary, but these tend to be unexamined, loose, and inconsistently applied. It cherishes the expectation that extraordinary phenomena could and would be worked by deities or their agents, and it is apt to ascribe to them puzzling, otherwise inexplicable phenomena. It is cross-cultural, found in a variety of pagan, Christian, Jewish, and other social groups and cultures of the Greco-Roman era (and since).¹⁴

In what follows I wish to draw on these constructs to elucidate a phenomenon that is analogous to the one that Harold analyzed in his book. Whereas he investigated what constituted a “miracle” in the second century, I will examine what constituted “medicine” in the sixth

¹² Remus, *Pagan-Christian Conflict*, 77.

¹³ Remus, *Pagan-Christian Conflict*, 74.

¹⁴ Remus, *Pagan-Christian Conflict*, 74.

century. My case study will necessarily be more limited. I will compare the ethics of belief of two rather different proponents in the later Roman era, Alexander of Tralles, on the one hand, and Barsanuphius and John of Gaza, on the other. Alexander, author of a medical compendium, serves as a representative of a pragmatic approach to the practice of medicine. While he was cognizant of the ideal of theory-based medical practice in the tradition of Galen, among other medical approaches, he was willing to include remedies that fell outside that ideal on the basis of his perception of their utility. Barsanuphius and John, monastic recluses who provided guidance to people in their monastery and environs, serve as representatives of a pragmatic approach to the use of medicine. While they themselves espoused an ideal of entrusting one's illness entirely to God and avoiding consultation with a physician, they endorsed the use of common therapeutic remedies in their monastery and permitted others to consult physicians if they were otherwise unable to sustain their illness.

My paper has three parts. In the first two parts I will elucidate the practice of these two proponents. In the third I will situate their practice in a broader social and cultural context, discussing the sorts of remedies most people in the later Roman era would have had access to or would have been inclined to seek.

Alexander of Tralles on popular remedies

Alexander of Tralles is known to us from his few surviving works and from a description of his accomplished family in Agathias's *Histories*.¹⁵ He was born in Tralles, a city in the Meander

¹⁵ Agathias, *Hist.* 5.6.3–6 (ed. Keydell, 171.6–28). For overviews of Alexander's life and work, see John Duffy, "Byzantine Medicine in the Sixth and Seventh Centuries: Aspects of Teaching and Practice," *Dumbarton Oaks Papers* 38 (1984): 21–27 at 25–27; John Scarborough, "The Life and Times of Alexander of Tralles," *Expedition* 39 (1997): 51–60; Alessia Guardasole, "Alessandro di Tralle," in *Medici Bizantini*, ed. Antonio Garzya et al. (Turin: Unione tipografico-editrice torinese, 2006), 556–73 (with a bibliographical note); Svetla Slaveva-Griffin, "Byzantine Medical Encyclopedias and Education," in *The Oxford Handbook of Science and Medicine in the*

Valley in western Anatolia; the year of his birth, often given as 525 CE, remains unknown, but he and his brothers were active during the reign of Justinian.¹⁶ Son of a physician, he himself trained as a physician, like his older brother Dioscorus. He travelled extensively during his long career, probably as a military doctor;¹⁷ his writings refer to stays in Armenia, Thrace, Corfú, Cyrenaica, Tuscia, Rome, Gaul, and Spain.¹⁸ (The suggestion that Alexander accompanied Belisarius on his military campaigns, amplified by Félix Brunet,¹⁹ while not implausible, remains speculative.) Agathias reports that honours took him to Rome.²⁰ Though the date of his death is commonly given as 605 CE on account of the length of his career,²¹ we cannot verify when and where he died.²²

Alexander was a keen observer of the properties of remedies he encountered during his career, adopting them when he found them to be effective. He composed his principal remaining work, *Therapeutics*, as well as an associated treatise *On Fevers*, toward the end of his life.²³ The

Classical World, ed. Paul T. Keyser and John Scarborough (Oxford: Oxford University Press, 2018), 965–86 at 974–77.

¹⁶ For Alexander's more prominent brothers, see John R. Martindale, ed., *The Prosopography of the Later Roman Empire, Volume III: A.D. 527–641* (Cambridge: Cambridge University Press, 1992), IIIA: 88–89, Anthemius 2; IIIB: 887 and 954, Metrodorus and Olympius 2.

¹⁷ Theodor Puschmann, ed., *Alexander von Tralles: Original-Text und Übersetzung nebst einer einleitenden Abhandlung; ein Beitrag zur Geschichte der Medicin*, 2 vols. (Vienna: Wilhelm Braumüller, 1878–1879), 1: 83.

¹⁸ Félix L. E. Brunet, *Oeuvres médicales d'Alexandre de Tralles, le dernier auteur classique des grands médecins grecs de l'antiquité*, 4 vols. (Paris: Paul Geuthner, 1933), 1: 14; Guardasole, "Alessandro di Tralle," 558. See Alexander of Tralles, *Therapeutics* 1.15 (ed. Puschmann, 1: 563.11–12, 565.1, 4, 16), 7.9 (ed. Puschmann, 2: 319.14–15).

¹⁹ Brunet, *Oeuvres médicales*, 1: 14–23.

²⁰ Agathias, *Hist.* 5.6.5 (ed. Keydell, 171.17–18).

²¹ Scarborough, "Life and Times," 55; Guardasole, "Alessandro di Tralle," 558.

²² Brunet, *Oeuvres médicales*, 1: 24, 28–29, argues that Alexander wrote his final treatises in Constantinople; Scarborough, "Life and Times," 55, maintains that he died in Rome.

²³ A remark in the *Therapeutics* stating that further explanation will be given in [the books on] the treatment of fevers (*Ther.* 7.8 [ed. Puschman, 2: 313.11–12]: ἐπὶ πλέον γὰρ ἐν ταῖς τῶν πυρετῶν θεραπειαῖς ῥηθήσεται) indicates that *On Fevers* was composed after the *Therapeutics*. Although Puschmann presented *On Fevers* and the dedicatory letter before the *Therapeutics*, in the manuscript tradition and in the *editio princeps* of the *Therapeutics*, *On Fevers* appears as the twelfth and final book. The dedicatory letter applies to the *Therapeutics*, not merely to *On Fevers*. See Guardasole, "Alessandro di Tralle," 560–61; cf. Alessia Guardasole, "Sur l'*editio princeps* d'Alexandre de Tralles," in *Lire les médecins grecs à la Renaissance: Aux origines de l'édition médicale*, ed. Véronique Boudon-Millot and Guy Cobolet (Paris: De Boccard, 2004), 323–37 at 336–37. In what follows I will accordingly cite passages from *On Fevers* after passages from the *Therapeutics*.

Therapeutics is a compendium in twelve books of practical instruction on the etiology, symptoms, diagnosis, and treatment of internal illnesses, intended, probably, for physicians with little experience. It records what Alexander had from long experience judged to be effective, written in plain language so that readers unfamiliar with medical vocabulary would be able to understand.²⁴

Although Alexander was widely read in the medical literature of his day, as his references to prior and contemporary authorities attest,²⁵ his governing principle as a physician was to assess treatments on the basis of his experience of their efficacy.²⁶ This leads him to include certain popular remedies, which he calls “natural remedies” (φυσικά),²⁷ in his treatments of several illnesses or conditions, typically as a last resort.²⁸ This feature of his therapeutics, which set Alexander apart from some (but not all) of his predecessors and contemporaries,²⁹ has often been noted in modern discussions of his work.³⁰ It is why I have selected him for this case study, for two reasons. Alexander’s justification for the use of selected popular remedies allows us to explore the ethics of belief of a medical pragmatist over against a medical purist. It also

²⁴ Alexander of Tralles, *On Fevers*, proem. (ed. Puschmann, 1: 289.12–14). See Guardasole, “Alessandro di Tralle,” 562.

²⁵ Brunet, *Oeuvres médicales*, 1: 45–46; see further below at n. 44.

²⁶ On this central principle for Alexander, see Petros Bouras-Vallianatos, “Clinical Experience in Late Antiquity: Alexander of Tralles and the Therapy of Epilepsy,” *Medical History* 58 (2014): 337–53.

²⁷ For differing interpretations of the meaning of φυσικά, which I along with others render as “natural remedies,” see Bouras-Vallianatos, “Clinical Experience,” 348 n. 74.

²⁸ For an analysis of this aspect of Alexander’s practice, see Alessia Guardasole, “Alexandre de Tralles et les remèdes naturels,” in *Mires, physiciens, barbiers et charlatans: Les marges de la médecine de l’Antiquité aux débuts de l’époque moderne*, ed. Franck Collard and Évelyne Samara (Langres: Dominique Guéniot, 2004), 81–99; cf. also Bouras-Vallianatos, “Clinical Experience,” 348–52; Petros Bouras-Vallianatos, “Modelled on Archigenes theiotatos: Alexander of Tralles and His Use of Natural Remedies (*physika*),” *Mnemosyne* 69 (2016): 382–96.

²⁹ For the views of ancient medical writers on popular remedies as opposed to medical ones, see Patricia Gaillard-Seux, “Sur la distinction entre médecine et magie dans les textes médicaux antiques,” in *Écrire la magie dans l’antiquité: Actes du colloque international (Liège, 13–15 octobre 2011)*, ed. Magali de Haro Sanchez, *Papyrologica Leodiensia* 5 (Liège: Presses Universitaires de Liège, 2015), 202–23.

³⁰ See, e.g., Brunet, *Oeuvres médicales*, 1: 41–44; Duffy, “Byzantine Medicine,” 26; Vivian Nutton, “From Galen to Alexander, Aspects of Medicine and Medical Practice in Late Antiquity,” *Dumbarton Oaks Papers* 38 (1984): 1–14 at 8; Vivian Nutton, “From Medical Certainty to Medical Amulets: Three Aspects of Ancient Therapeutics,” *Clio Medica* 22 (1991): 13–22 at 18–19; Scarborough, “Life and Times,” 55; Guardasole, “Alessandro di Tralle,” 567.

introduces us to some realities of popular healing practices, a variant on the concept of popular cultic piety that, like the latter, was statistically numerous, was espoused by both elites and non-elites, and encompassed a range of remedies and practitioners.

The foundation of Alexander's practice as a physician—his ethics of belief—is the Greco-Roman tradition of “rational medicine.” By this he understood a tradition of medical practice based on theory, principally Hippocratic-Galenic humoral theory whereby one treated a condition by applying remedies that would counteract accumulations of humours contrary to nature and support accumulations of humours in accordance with nature.³¹ He relies on this theory throughout the *Therapeutics* as he discusses the causes and symptoms of an illness, explains how to make a specific diagnosis, and recommends possible courses of treatment. This is what distinguishes a physician from other healers: a theoretical knowledge of the operation of the four humours in the physical world, and a practical ability to assess the indications of their accumulation in a person's body, condition, and circumstances (season, region, climate).

Alexander's knowledge and ability are based in his extensive familiarity with the medical literature available to him. His practice is not merely derived from books and learning, however. It is also an experiential one, as we have already noted. An essential aspect of Alexander's ethics of belief—the basis on which a physician can justify a given treatment for a patient—is the physician's responsibility to assess and verify the efficacy of a given treatment through observation.³² The treatments proposed in the *Therapeutics* are in fact the fruit of Alexander's life-long effort to do this. His observations lead him to modify pharmacological recipes or prescriptions found in the literature available to him and to create new pharmacological remedies

³¹ Alexander of Tralles, *On Fevers 7* (ed. Puschmann, 1: 409.17–21), discussed at Guardasole, “Alexandre de Tralles et les remèdes naturels,” 87–88; Guardasole, “Alessandro di Tralle,” 566.

³² Guardasole, “Alexandre de Tralles et les remèdes naturels,” 85–86; Bouras-Vallianatos, “Clinical Experience,” 341–42.

from ingredients he has tested for their effectiveness, sometimes iteratively.³³ In this experiential approach to treatment Alexander is manifestly independent and eclectic. He borrows elements from various medical schools of his days—Empiricists, Methodists, and Pneumatists³⁴—and does not hesitate to criticize his authorities—even Galen—when his experience leads him to depart from their prescriptions.³⁵

A further rationale for this experiential approach to treatment, in addition to ascertaining that a remedy is effective, is the physician’s responsibility to take the distress, discomfort, and pain of the patient into consideration when recommending an intervention. This, too, is an aspect of Alexander’s ethics of belief. It leads him to prefer pharmacological and dietetic interventions over invasive ones, given the pain and risks associated with surgery,³⁶ and to devise alternative pharmacological or dietetic interventions when a patient is unable or unwilling to support what might ideally or initially be proposed. It leads him, as well, to consider natural remedies in addition to treatments prescribed on the basis of “rational knowledge and medical method,”³⁷ particularly when a patient will not accept medical treatment or when such treatment have been unsuccessful.³⁸ Not to do so, according to Alexander, is “immoral” (ἀσεβής).³⁹

Alexander is aware of “purists” in the medical world who rejected natural remedies. After presenting many natural remedies in his chapter on epilepsy, he says, “I myself like to make use

³³ Scarborough, “Life and Times,” 59; Bouras-Vallianatos, “Clinical Experience,” 344–48.

³⁴ Bouras-Vallianatos, “Clinical Experience,” 347–48; Bouras-Vallianatos, “Modelled on Archigenes *theiotatos*,” 383.

³⁵ Brunet, *Oeuvres médicales*, 1: 38-39.

³⁶ Alexander of Tralles, *Therapeutics*, 1.15 (ed. Puschmann, 1: 575.6–9).

³⁷ Alexander of Tralles, *Therapeutics*, 1.15 (ed. Puschmann, 1: 571.22–24): καὶ δεῖ πανταχόθεν βοηθεῖν τὸν ἐπιστήμονα καὶ φυσικοῖς χρώμενον ἐπιστημονικῶ λόγῳ καὶ μεθόδῳ τεχνικῇ. Translations are my own unless otherwise stated.

³⁸ Alexander of Tralles, *Therapeutics* 7.9 (ed. Puschmann, 2: 319.4–8) for unsuccessful treatments; *Therapeutics* 8.2 and 12 (ed. Puschmann, 2: 375.10–15, 579.14–17) and *On Fevers* 7 (ed. Puschmann, 1: 435.28–437.4) for unwilling or unresponsive patients.

³⁹ Alexander of Tralles, *Therapeutics* 7.9 (ed. Puschmann, 2: 319.8–9); cf. Bouras-Vallianatos, “Modelled on Archigenes *theiotatos*,” 390.

of everything. But because many at the present time, being uninformed, censure those who use natural remedies, I have avoided continually using materials that act through their natural powers [i.e., natural remedies] and I have endeavoured to overcome illnesses by medical method.”⁴⁰

Natural remedies are a supplement to, not a substitute for, medical treatments.⁴¹ The latter are normally sufficient, in his view.⁴² But it is nevertheless right to aid the sufferer and conquer the illness by every means possible.⁴³

It is probably because natural remedies were suspect in the eyes of some practitioners that Alexander typically prefaces his presentation of them with an explanation as to why he uses them, mentioning the reasons we have just discussed. In these remarks he also refers to precedents in the medical literature, sometimes citing Galen, other times alluding to authorities in general. Only in the chapter on epilepsy does Alexander attribute individual formulations to specific medical writers; his attributions include authors that are well-known, little known, and even hitherto unknown.⁴⁴ Elsewhere he appeals simply to the fact that he has found the remedies to be effective in the course of his travels or practice.

Alexander’s use of natural remedies is, however, selective and occasional. It is instructive to review the profile of those he recommends, approximately seventy formulations in total. The largest number are in the chapter on epilepsy (25), followed by those in the chapter on gout (17). An equal number are given for hiccups and colic (9); fewer for quartan fever (5) and quotidian

⁴⁰ Alexander of Tralles, *Therapeutics* 1.15 (ed. Puschmann, 1: 573.1–4): ἐγὼ δὲ φιλῶ πᾶσι κεχρηῆσθαι. διὰ δὲ τοὺς πολλοὺς τοὺς ἐν τῷ νῦν χρόνῳ ἀμαθεῖς ὄντας καταμέμφεσθαι τοῖς χρωμένοις τοῖς φυσικοῖς, ἔφυγον συνεχῶς χρηῆσθαι τοῖς φύσει δρᾶν δυναμένοις καὶ ἔσπευσα τεχνικῇ μεθόδῳ περιγενέσθαι τῶν νοσημάτων. The “uninformed” are those who are unaware of the antipathetic and sympathetic properties of natural substances; see *Therapeutics* 8.2 (ed. Puschmann, 2: 375.18).

⁴¹ Alexander of Tralles, *Therapeutics* 7.9 (ed. Puschmann, 2: 319.26–28).

⁴² Alexander of Tralles, *Therapeutics* 8.2 (ed. Puschmann, 2: 375.9–10).

⁴³ Alexander of Tralles, *Therapeutics* 11.1 (ed. Puschmann, 2: 475.2–4); cf. *Therapeutics* 1.15 (ed. Puschmann, 1: 557.16–18); 12 (ed. Puschmann, 2: 579.16–17).

⁴⁴ See Guardasole, “Alexandre de Tralles et les remèdes naturels,” 92–93; Bouras-Vallianatos, “Clinical Experience,” 350.

fever (3). About half of the formulations use parts or matter from fauna: common mammals, birds, reptiles, insects, fish, and shells, in descending order of frequency. There is a “weirdness” to some of the ingredients: black and white stones found inside a swallow, liver from a weasel, excrement from a dog, urine from a wild pig, testicles from a chicken, worms that fall from a goat’s head when it sneezes, the cranium of an ass.⁴⁵ A smaller proportion of the formulations use plants (about twelve percent) or stones (about ten percent). There are a few formulations that use human fluids: blood from a slain gladiator or executed criminal;⁴⁶ the first menses of a young virgin.⁴⁷ There are also a few that use a nail from a crucifix or incorporate a nail or a cloth from a shipwreck.⁴⁸ Finally, there are a handful of inscribed stones, bracelets, and *lamellae* (metal foil), complete with a description of the image or the incantation.⁴⁹ Most of the formulations include instructions on how to assemble the materials. Sometimes the instructions specify that the materials should be gathered or assembled during the waning of the moon or when the moon is in a specific astrological phase.⁵⁰ The resulting product is often worn as an amulet, but it may also be ingested in a drink or applied to the skin.

Most of the remedies, whether worn, ingested, or applied, are made from natural materials. This accords with Alexander’s prevailing notion that the effectiveness of these remedies issues from the sympathetic and antipathetic properties of the materials, even if the

⁴⁵ These examples are taken from the chapter on epilepsy, Alexander of Tralles, *Therapeutics* 1.15 (ed. Puschmann, 1: 561.4–7, 561.17–563.2, 563.6–9, 565.2–3, 565.5–6, 569.18–571.2, 571.4–5); cf. Guardasole, “Alexandre de Tralles et les remèdes naturels,” 96.

⁴⁶ Alexander of Tralles, *Therapeutics* 1.15 (ed. Puschmann, 1: 565.8–10).

⁴⁷ Alexander of Tralles, *Therapeutics* 12 (ed. Puschmann, 2: 581.11–13); *On Fevers* 7 (ed. Puschmann, 1: 437.15–19).

⁴⁸ Alexander of Tralles, *Therapeutics* 1.15 (ed. Puschmann, 1: 567.12–13, 571.5–7, 11–13). Nails from crucifixions and shipwrecks were more commonly used in curse tablets; see Daniel Ogden, “Binding Spells: Curse Tablets and Voodoo Dolls in the Greek and Roman Worlds,” in *Witchcraft and Magic in Europe: Ancient Greece and Rome*, ed. Bengt Ankarloo and Stuart Clark (Philadelphia: University of Pennsylvania Press, 1999), 1–90 at 14.

⁴⁹ These entries are discussed below.

⁵⁰ Guardasole, “Alexandre de Tralles et les remèdes naturels,” 97–98.

working of those properties is not medically understood. This understanding of the properties of natural substances is, if you will, a “canon of the ordinary” for Alexander. In the section on gout, the correspondence between the remedy and the ailment is more apparent: several of the formulations involve tendons or extremities from animals and specify that material from the right extremities of the animal be applied to the right hand or foot of the person, and likewise that material from the left extremities of the animal be applied to the left hand or foot of the person.⁵¹ A rationale based on the sympathy and antipathy of material substances cannot apply, of course, to incantations. This may be why Alexander includes relatively few such remedies. It may also be why in his chapter on kidney stones he notes that Galen after a long period of dismissing incantations eventually came to recognize their efficacy,⁵² citing a passage from Galen’s works that is preserved only in the *Therapeutics*.⁵³

The incantations recorded by Alexander are not unusual. They are like other formulations that have survived from the Greco-Roman world, employing performative utterances that are commonly found in healing or protective amulets. For instance, a remedy against colic, with which Alexander says he has had much experience,⁵⁴ consists of an iron bracelet shaped in the form of an octagon and inscribed with an injunction commanding the ailment to flee: “Flee, flee, o bile, the lark has been searching for you.”⁵⁵ This “flee-formula” is routinely found on amulets from the Greco-Roman world,⁵⁶ as is the type of esoteric character that Alexander says should be

⁵¹ Alexander of Tralles, *Therapeutics* 12 (ed. Puschmann, 2: 579.20–32, 581.14–19, 583.14–29).

⁵² On the changes in Galen’s thinking about amulets and incantations, see Jacques Jouanna, “Médicine rationnelle et magie: Le status des amulettes et des incantations chez Galien,” *Revue des études grecques* 124 (2011): 47–77.

⁵³ Alexander of Tralles, *Therapeutics* 11.1 (ed. Puschmann, 2: 475.4–10).

⁵⁴ Alexander of Tralles, *Therapeutics* 8.2 (ed Puschmann, 2: 377.22).

⁵⁵ Alexander of Tralles, *Therapeutics* 8.2 (ed Puschmann, 2: 377.19–21): φεῦγε, φεῦγε, ἰοῦ χολή, ὁ κορυδαλὸς ἐζήτει. Alexander mentions two other natural remedies against colic that use a lark: Alexander of Tralles, *Therapeutics* 8.2 (ed Puschmann, 2: 375.27–29, 377.9–11).

⁵⁶ See Christopher A. Faraone, *The Transformation of Greek Amulets in Roman Imperial Times*, Empire and After (Philadelphia: University of Pennsylvania Press, 2018), 210–12.

added at the top of the bracelet.⁵⁷ The three incantations that Alexander records in his chapter on gout likewise are constituted in recognizable ways. One quite simple amulet consists of a gold *lamella* inscribed with a verse from Homer: “The assembly was in confusion, and the earth groaned beneath them.”⁵⁸ The use of Homeric verses in healing and protective amulets is well attested in the Roman period.⁵⁹ More remarkably, a gold *lamella* bearing this very verse has survived from the third century CE or later.⁶⁰ Such confirmation of a recipe in an applied object is rare. A more elaborate incantation, also to be written on a gold *lamella*, invokes a series of esoteric names to command the fashioned matter addressed by the incantation to remain as it was, just as the sun is also established and renewed each day by these same powerful names.⁶¹ The injunction is repeated in a different form—again a frequent occurrence in such incantations—and both injunctions conclude with a customary accelerating formula, “now, now, quickly, quickly” (ἦδη, ἦδη, ταχὺ, ταχύ).⁶² A third example consists of two incantations, the first longer than the second, to be recited in two rituals against gout or flux using the herb henbane (*hyoscyamus*).⁶³ Both incantations invoke the name of Iaôth Sabaôth—again, a common

⁵⁷ Alexander of Tralles, *Therapeutics* 8.2 (ed Puschmann, 2: 377.21–22). On esoteric characters (*charakêres*), see Richard Gordon, “*Signa nova et inaudita*: The Theory and Practice of Invented Signs (*charaktêres*) in Graeco-Egyptian Magical Texts,” *MHNH: Revista internacional de investigación sobre magia y astrología antiguas* 11 (2011): 15–44; Richard Gordon, “*Charaktêres* between Antiquity and Renaissance: Transmission and Re-Invention,” in *Les savoirs magiques et leur transmission de l’antiquité à la Renaissance*, ed. Véronique Dasen and Jean-Michel Spieser, *Micrologus’ Library* 60 (Florence: SISMEL - Edizioni del Galluzzo, 2014), 253–300; and David Frankfurter, “The Magic of Writing in Mediterranean Antiquity,” in *Guide to the Study of Ancient Magic*, ed. David Frankfurter, *Religions in the Graeco-Roman World* 189 (Leiden: Brill, 2019), 626–58 at 648–56.

⁵⁸ Alexander of Tralles, *Therapeutics* 12 (ed. Puschmann, 2: 581.22–25): τετρήχει δ’ ἀγορή, ὑπὸ δ’ ἔστοναχίζετο γαῖα; cf. Homer, *Iliad* 2.95.

⁵⁹ See Derek Collins, *Magic in the Ancient Greek World* (Oxford: Blackwell, 2008), 104–31.

⁶⁰ Marvin C. Ross, ed., *Catalogue of the Byzantine and Early Mediaeval Antiquities in the Dumbarton Oaks Collection*, vol. 2 (Washington DC: Dumbarton Oaks Research Library and Collection, 1965), no. 29, with plate XXV; see Collins, *Magic*, 121–22, for an explanation of the verse’s efficacy for gout.

⁶¹ Alexander of Tralles, *Therapeutics* 12 (ed. Puschmann, 2: 583.5–13). On esoteric names, often called *voces magicae*, see Frankfurter, “The Magic of Writing,” 635–43, with further bibliography at 636 n. 31.

⁶² On the Egyptian origins of this very common formula, see Jacco Dieleman, “The Greco-Egyptian Magical Papyri,” in *Guide to the Study of Ancient Magic*, ed. David Frankfurter, *Religions in the Graeco-Roman World* 189 (Leiden: Brill, 2019), 283–321 at 306.

⁶³ Alexander of Tralles, *Therapeutics* 12 (ed. Puschmann, 2: 585.5–22). Dioscorides, *Materia Medica* 4.68.3–4 (ed. Wellmann, 2: 226.4–14), mentions fluxes of various kinds and gout among the ailments that this herb may alleviate.

invocation in the Greco-Roman world⁶⁴—to arrest the flux in the feet and the hands of so-and-so. In the first instance the divine name is accompanied by a short narrative (*historiola*) relating how Iaoth Sabaoth made fast the earth, stopped the waters of the sea, and dried up Lot’s wife into a pillar of salt—all actions that by analogy are transferred to arresting the humours in the person suffering from gout.⁶⁵ Again, the inclusion of narratives such as this one, transferring power from one realm to another, was a common element in incantations.⁶⁶ Finally, to complete this catalogue, we should note that two engraved stones described by Alexander, each to be set in a gold ring, are inscribed with images known from other apotropaic gems and stones in antiquity. As a remedy against colic, a media stone is to be engraved with an image of Herakles standing and strangling a lion,⁶⁷ a power-bearing image of long standing in the Greco-Roman world.⁶⁸ And as a remedy against kidney stones, a node of copper is to be engraved with the image of a lion, a moon, and a star, encircled by the name of the animal,⁶⁹ again an arrangement of astrological images known from other examples in antiquity.⁷⁰

We may conclude this discussion of natural remedies in Alexander’s practice with a few observations that will be relevant later in this paper. First, it is important to note that Alexander never refers to natural remedies as μαγεία or γοητεία. It is not that he is unaware of a perceived

⁶⁴ In the second instance, the sequence is more complete: Iaoth, Sabaoth, Adonai, Eloi. On the use of these names (or this name) in incantations, see Gideon Bohak, *Ancient Jewish Magic: A History* (Cambridge: Cambridge University Press, 2008), 198–200.

⁶⁵ For discussion of this incantation, which probably originated in a Jewish milieu, see Bohak, *Ancient Jewish Magic*, 207–9.

⁶⁶ On *historiolae* and their operation, see David Frankfurter, “Narrating Power: The Theory and Practice of the Magical *historiola* in Ritual Spells,” in *Ancient Magic and Ritual Power*, ed. Marvin Meyer and Paul Mirecki, *Études préliminaires aux religions orientales dans l’empire romain* 129 (Leiden: Brill, 1995), 457–76.

⁶⁷ Alexander of Tralles, *Therapeutics* 8.2 (ed. Puschmann, 2: 377.6–7).

⁶⁸ Faraone, *Transformation*, 118–21.

⁶⁹ Alexander of Tralles, *Therapeutics* 11.1 (ed. Puschmann, 2: 475.16–24).

⁷⁰ Simone Michel, *Die magischen Gemmen im Britischen Museum*, 2 vols. (London: British Museum Press, 2001), 1: 156–58 (nos. 253–55), 2: Plates 36–37; Jeffrey Spier, *Late Antique and Early Christian Gems*, *Spätantike, frühes Christentum, Byzanz; Reihe B, Studien und Perspektiven* 20 (Wiesbaden: Reichert, 2007), 94–95 (no. 566), 112–13 (nos. 646–647), Plates 71, 89. See also Faraone, *Transformation*, 359 n. 19.

opposition between “magic” and “medicine.” Commenting on the speed with which a buildup of gas in the intestines is relieved by a large cupping glass applied in the region of the navel, he remarks that some believe it to be due to μαγεία rather than medical reasoning.⁷¹ But he himself refers to the popular remedies we have reviewed as “natural” (φυσικά) and “attached” (περίαπτα), referring to the fact that many of the remedies are meant to be worn in some way.

Second, we may suppose that Alexander dealt with a cross-section of the population in his practice. Some clients were wealthy, as he mentions when discussing colic.⁷² They would have been able to afford amulets consisting of inscribed gold metal strips or engraved stones set in gold rings. Many clients, presumably, would have had less means, but would not have been very poor, since they were still able to pay a physician’s fees.⁷³ For them remedies made of materials from animals and plants would have been more affordable. But there would have been segments in the population who did not fall under Alexander’s purview, especially those who could not afford to consult a physician, who did not have access to a physician, or gravitated, culturally or socially, to other types of healers and healing.

Finally, Alexander does not register any views about the astrological and cultic aspects of the remedies he uses. As we have noted, the formulation of a remedy may include instructions to gather or prepare materials when the moon is waning or is in a specific phase of the zodiac. These instructions are simply reported, as are the formulations incorporating cultic images or names—Herakles; Iaôth, Sabaôth, Adônai, Elôî. It is noteworthy that there are no Christian cultic references in Alexander’s formulations. The explanation could lie in the slowness with which

⁷¹ Alexander of Tralles, *Therapeutics* 8.2 (ed. Puschmann, 2: 361.23–26): ὀνίνησι δ’ αὐτοὺς μάλιστα καὶ σικύα περι τὸν ὄμφαλον εὐμεγέθης τεθεῖσα, ὥστε θαυμάσαντάς τινας τὸ τάχος τῆς θεραπείας μαγεία τινὴ καὶ οὐ λόγῳ τέχνης ἐπινοῆσαι τὴν ἀνωδυνίαν αὐτοῖς ἐπιγίνεσθαι.

⁷² Alexander of Tralles, *Therapeutics* 8.2 (ed. Puschmann, 2: 375.11–14).

⁷³ See n. 141 below.

local traditions change. But we must remember that only a few of Alexander's remedies incorporate cultic references of any kind. This is probably more significant than the specific references themselves.

Barsanuphius and John of Gaza on medical treatment

Barsanuphius and John were revered hermits belonging to the monastic settlement at Tabatha while Seridus was its abbot,⁷⁴ a period of roughly twenty years beginning in the reign of Justin I (518–527 CE) and extending into the reign of Justinian (527–565 CE).⁷⁵ The settlement was located about ten kilometres south of Gaza, a few kilometres inland from the coast just south of Wadi Ghazza (Nahal Bezor).⁷⁶ Like other settlements in the region, it consisted of a coenobium surrounded by hermits' cells. During Seridus's tenure the settlement grew to a sizeable complex. Sources from the time report that Seridus purchased land needed for church and a guesthouse and authorized the construction of an infirmary.⁷⁷ Archaeological remains from what was likely the site comprise an area of about 14,000 m².⁷⁸ In the southern sector of that site there were

⁷⁴ For an introduction to Barsanuphius and John and their correspondence, see Jennifer L. Hevelone-Harper, "The Letter Collection of Barsanuphius and John," in *Late Antique Letter Collections: A Critical Introduction and Reference Guide*, ed. Cristiana Sogno, Bradley K. Storin, and Edward J. Watts (Oakland, CA: University of California Press, 2017), 418–32. Recent studies of their ethos and practice include Jennifer L. Hevelone-Harper, *Disciples of the Desert: Monks, Laity, and Spiritual Authority in Sixth-Century Gaza* (Baltimore: Johns Hopkins University Press, 2005); Brouria Bitton-Ashkelony and Aryeh Kofsky, *The Monastic School of Gaza*, Supplements to *Vigiliae Christianae* 78 (Leiden and Boston: Brill, 2006); Rosa Maria Parrinello, *Comunità monastiche a Gaza: Da Isaia a Doroteo (secoli IV–VI)*, *Temi e Testi* 73 (Rome: Edizioni di storia e letteratura, 2010); Kyle A. Schenkewitz, *Dorotheos of Gaza and the Discourse of Healing in Gazan Monasticism*, American University Studies Series VII, Theology and Religion 357 (New York: Peter Lang, 2016).

⁷⁵ For chronological indications in the correspondence of Barsanuphius and John, see François Neyt and Paula de Angelis-Noah, "Introduction," in *Barsanuphe et Jean de Gaza: Correspondance, Volume 1: Aux solitaires, Tome 1: Lettres 1–71*, ed. François Neyt and Paula de Angelis-Noah, trans. L. Regnault, Sources Chrétiennes 426 (Paris: Les Éditions du Cerf, 1997), 32–34.

⁷⁶ Yizhar Hirschfeld, "The Monasteries of Gaza: An Archaeological Review," in *Christian Gaza in Late Antiquity*, ed. Brouria Bitton-Ashkelony and Aryeh Kofsky, *Jerusalem Studies in Religion and Culture* 3 (Leiden: Brill, 2004), 61–88 at 76.

⁷⁷ Barsanuphius and John, *Letter 570c* (SC 451: 742.57–82); *Life of Saint Dositheus 1* (SC 92: 122.12–17).

⁷⁸ The site is described in René Elter and Ayman Hassoune, "Le monastère de Saint-Hilarion à Umm-el-'Amr (bande de Gaza)," *Comptes rendus de l'Académie des Inscriptions et Belles-Lettres* 148/1 (2004): 359–82 at 362; René Elter and Ayman Hassoune, "Le monastère de saint Hilarion: Les vestiges archéologiques du site de Umm el-

multiple phases of a church with a baptistery, a refectory, and ancillary buildings (granary, kitchen, latrines). In the northern sector there were baths and a hostel. A water system (well and channels) demarcated the two sectors.

While Seridus was responsible for the direction of the settlement, particularly the coenobium, he regularly sought the advice of Barsanuphius and John, as did other monks in the settlement, including other hermits.⁷⁹ The stature of Barsanuphius and John as spiritual authorities was such that they came to be known as the “Great Old Man” and the “Other Old Man,” respectively. Although they had retreated into solitude as hermits, they received requests for counsel not only from other members of the settlement but also from laity and clergy in the region.⁸⁰ Seridus served as intermediary, relaying the questions, which were often given orally, and writing down the replies, also given orally.⁸¹ Sometime after the deaths of Seridus and John and the withdrawal of Barsanuphius into absolute solitude,⁸² a disciple compiled a collection of the replies.⁸³ The questions survive only in a summary form, but the answers have been preserved in full. Because the questions and answers address the particular concerns of individuals at specific moments in their lives, they are an extraordinary resource for understanding what preoccupied different sorts of people at the time.

‘Amr,” in *Gaza dans l’antiquité tardive: Archéologie, rhétorique et histoire*, ed. Catherine Saliou (Salerno: Helios, 2005), 13–40 at 22. However, the attribution of the monastery to Hilarion is incorrect; see the review by Leah Di Segni, “Late-Antique Gaza: Hilarion, Choricus, Giraffes, Mimes and Ecphrasis,” *Journal of Roman Archaeology* 20 (2007): 643–55 at 647–50, accepted by Joseph Patrich, “Recent Archaeological Research on Monasteries in Palæstina Byzantina: An Update on Distribution,” in *La vie quotidienne des moines en Orient et en Occident (IV^eX^e siècle)*, ed. Olivier Delouis and Marie Mossakowska-Gaubert, 2 vols., Bibliothèque d’étude 163 (Le Caire: Institut français d’archéologie orientale, 2015), 2: 77–105 at 81.

⁷⁹ See Hevelone-Harper, *Disciples*, 44–55.

⁸⁰ Seeking and following the advice of a spiritual father was central to Gazan monasticism at this time; see Lorenzo Perrone, “The Necessity of Advice: Spiritual Direction as a School of Christianity in the Correspondence of Barsanuphius and John of Gaza,” in *Christian Gaza in Late Antiquity*, ed. Brouria Bitton-Ashkelony and Aryeh Kofsky, *Jerusalem Studies in Religion and Culture* 3 (Leiden: Brill, 2004), 131–49.

⁸¹ On the immediacy conveyed by this orality, see Neyt and de Angelis-Noah, “Introduction,” 50–52.

⁸² Cf. Barsanuphius and John, *Letter 599b* (SC 451: 800.1–802.29)

⁸³ See Hevelone-Harper, *Disciples*, 18–21.

One of those concerns was illness. The two Old Men routinely receive questions from monks asking for relief from illness or guidance on how to cope with illness.⁸⁴ Some exchanges, such as the series with an old hermit named Andrew, carry on for quite some time.⁸⁵ As Andrew Crislip has observed,⁸⁶ illness was disturbing for monks at several levels: it brought physical pain, weakness, and disorientation; it prevented monks from maintaining their usual ascetic and meditative practices; it entailed an unwelcome dependence on others; and it gave rise to questions about the reason for or the meaning of the affliction. The support and guidance the two Old Men offer such monks issue from their encompassing understanding of the end and means of the ascetic way of life. That understanding constitutes the ethics of belief that shapes, in fundamental ways, the advice they give about the sort of medical treatment people, particularly monks, should seek.

Jonathan Zecher has drawn out elements of this ethics of belief—not his phrase—in a recent article, usefully comparing the diagnostic and therapeutic responses of the two Old Men to those of Galen and Basil of Caesarea.⁸⁷ After reviewing studies that highlight a prevailing ambivalence towards illness in early Christian thought—viewing it on the one hand as a debilitating experience to be cured medically or miraculously, and on the other hand as a beneficial experience to be endured patiently—Zecher turns to the question of how spiritual authorities differentiated between these two situations.⁸⁸ Like Basil of Caesarea, the two Old Men distinguish between diseases which come naturally, either because of one’s lifestyle or

⁸⁴ Bitton-Ashkelony and Kofsky, *Monastic School*, 190–93, summarizes the evidence; Schenkewitz, *Dorotheos*, 50–55, describes many of the exchanges.

⁸⁵ Barsanuphius and John, *Letters 72–123* (SC 427: 346–462); cf. *Letters 214–219* (SC 421: 664–70), 506–533 (SC 451: 632–76).

⁸⁶ Andrew T. Crislip, *Thorns in the Flesh: Illness and Sanctity in Late Ancient Christianity*, *Divinations: Rereading Late Ancient Religion* (Philadelphia: University of Pennsylvania Press, 2013), 28–30.

⁸⁷ Jonathan L. Zecher, “Medical Art in Spiritual Direction: Basil, Barsanuphius, and John on Diagnosis and Meaning in Illness,” *Journal of Early Christian Studies* 28 (2020): 591–623.

⁸⁸ Zecher, “Medical Art,” 595–98.

because of the body's infirmity, and those which come unnaturally, either as a trial from God or as an attack by demons. The former are amenable to medical treatment broadly conceived: changes in diet or sleep, medications, or even surgery. The latter are more complicated because they may entail a "mixed etiology"—Zecher's term for demonic onslaughts that exploit natural habits or weaknesses. In such cases the illness is not simply to be endured patiently—as is necessary when an illness is a trial sent from God—but is to be combatted by both natural and spiritual means.⁸⁹

This approach to illness is embedded in the ascetic vision and program of the two Old Men. As Zecher explains, for a monk the body is simply a tool to help the soul focus its attention in prayer and contemplation on God.⁹⁰ The purpose of an ascetic regime is to weaken the desires of the body so that they do not distract the soul in this effort. In its ideal form this regime is exemplified by the monk who is wholly unaware of the needs of the body, "neither eating nor drinking nor wearing clothes...since his food and drink and clothing are the Holy Spirit."⁹¹ Such a monk speaks with God in perfect prayer, gathering up all one's thoughts and sensations without distraction.⁹² Achieving this ideal is, however, a life-long struggle for most monks, as the questions from even experienced hermits like Andrew reveal.⁹³ In this struggle, illness can in fact substitute for a monk's usual ascetic regime, weakening a body that otherwise would need to be deprived of food and sleep to achieve the same effect. As Zecher remarks, "Insofar as it prepares and aligns the body for spiritual activities illness can be ascetic 'health.'"⁹⁴

⁸⁹ Zecher, "Medical Art," 617–20.

⁹⁰ Zecher, "Medical Art," 615–16; cf. Barsanuphius and John, *Letter* 518 (SC 451: 654.14–19). For more detail, see Schenkewitz, *Dorotheos*, 119–26.

⁹¹ Barsanuphius and John, *Letter* 149 (SC 427: 534.24–31): μή τρύγων μή πίνων μή ἐνδύμενος ἰμάτια...ή τροφή γάρ αὐτοῦ καί ἡ πόσις καί τὸ ἐνδυμα, τὸ Πνεῦμα τὸ ἅγιόν ἐστιν.

⁹² Barsanuphius and John, *Letter* 150 (SC 427: 536.15–27)

⁹³ For a sensitive reading of the exchanges with Andrew, see Crislip, *Thorns*, 138–65.

⁹⁴ Zecher, "Medical Art," 616.

In the two Old Men’s advice about whether to seek medical treatment, there is a hierarchy based on this ethics of belief. It emerges, for instance, in a series of exchanges with a monk about illness (among other things).⁹⁵ Ideally, if one is able to do so, one should endure illness patiently and trust in God.⁹⁶ Although it is not a sin to consult a physician,⁹⁷ it is a sign of spiritual weakness.⁹⁸ Those who are more perfect in faith will trust entirely in God,⁹⁹ who is able to heal, if he wishes, and does what is best for the individual.¹⁰⁰ Such people will also forgo medical treatments or dietary regimes.¹⁰¹ Nevertheless, if a monk needs to alter his diet because of illness, eating more food or avoiding certain foods, God will not condemn him, provided he does so out of weakness and necessity and not out of indulgence or desire.¹⁰²

There was precedence for this attitude—relying on God alone to heal—in the ascetic tradition that informed Barsanuphius’s and John’s practice.¹⁰³ However, one gets a sense of how profoundly important this attitude was in the ethics of belief of the two Old Men from a long answer John gives when the monk asks a second time about consulting a physician. The monk asks:

Since, as you have said, making use of a doctor in the name of God is not to be rejected, although leaving everything up to God with faith and humility is even better, my thought tells me: “If some physical illness comes upon you, you should show it to a doctor; for

⁹⁵ Barsanuphius and John, *Letters* 506–533 (SC 451: 632–76).

⁹⁶ Barsanuphius and John, *Letter* 525 (SC 451: 662.11–664.20); cf. *Letter* 72 (SC 427: 346.6–17).

⁹⁷ Barsanuphius and John, *Letter* 508 (SC 451: 634.7–8).

⁹⁸ Barsanuphius and John, *Letter* 770 (SC 468: 216.12–15).

⁹⁹ Barsanuphius and John, *Letter* 532 (SC 451: 670.15–672.16); cf. *Letter* 529 (SC 451: 668.5–6).

¹⁰⁰ Barsanuphius and John, *Letter* 525 (SC 451: 662.17–18).

¹⁰¹ Barsanuphius and John, *Letter* 529 (SC 451: 666.1–668.6).

¹⁰² Barsanuphius and John, *Letters* 510, 518, 525 (SC 451: 638.22–25; 654.10–17; 662.5–11).

¹⁰³ On monastic attitudes about seeking or avoiding medical intervention, see Peregrine Horden, “The Death of Ascetics: Sickness and Monasticism in the Early Byzantine Middle East,” in *Monks, Hermits, and the Ascetic Tradition*, ed. W. J. Sheils, *Studies in Church History* 22 (Oxford: Blackwell, 1985), 41–52; Andrew T. Crislip, *From Monastery to Hospital: Christian Monasticism and the Transformation of Health Care in Late Antiquity* (Ann Arbor: University of Michigan Press, 2005), 21–28.

being healed without medicines is beyond your measure.” Then again, it tells me not to make use of these, but instead to use the holy water of the saints and be content with that alone. I entreat you, compassionate father, tell me to which of these I should adhere.¹⁰⁴

John replies that the monk’s second thought is better than his first, for it manifests perfect faith toward God and an endurance leading to hope.¹⁰⁵ John is not content, however, simply to state this—unlike, for example, a similar answer given to a layperson.¹⁰⁶ John carries on with a long catalogue that evokes in multiple binary pairs how it is better for the monk not to consult a physician.¹⁰⁷ He also explains that he himself has never consulted a physician, since he is apprehensive of traveling to towns or villages and being a burden and a bother, and because he is mindful that he will have to give an account for his actions “at the expected hour.”¹⁰⁸ In addition, John recalls, with shame as a man, the example of women in the gospels who, like Job, endured their bodily suffering and trusted entirely in God.¹⁰⁹

Although the two Old Men hold out this ideal for themselves and others, they are also prepared to accommodate what other people—most people, in fact—may require out of weakness or necessity. Thus, it is permitted to consult a doctor,¹¹⁰ to receive medication from a doctor,¹¹¹ and to follow a doctor’s instructions about bathing.¹¹² It is not a sin to do this, whereas

¹⁰⁴ Barsanuphius and John, *Letter 532* (SC 451: 670.1–10): Ἐπειδὴ τὸ κεχρηῆσθαι ἰατρῶ ἐν τῷ ὀνόματι τοῦ Θεοῦ, καθὼς εἶπατε, οὐκ ἔστιν ἀπόβλητον, καὶ πάλιν τὸ μετὰ πίστεως καὶ ταπεινοφρονσύνης ἔἶσαι τὸ πᾶν τῷ Θεῷ κάλλιον ἔστι, λέγει δέ μοι ὁ λογισμὸς ὅτι Ἐὰν συμβῆ σοι σωματικὸν πάθος, ὀφείλεις δεῖξαι αὐτὸ ἰατρῶ, οὐκ ἔστι γὰρ τῶν μέτρων σου ἐκτὸς φαρμάκων θεραπευθῆναι. Καὶ πάλιν λέγει μοι μὴ τούτοις χρῆσασθαι, ἀλλὰ τῷ ἀγιάσματι μᾶλλον τῶν ἀγίων, καὶ αὐτῷ μόνῳ ἀρκεσθῆναι. Παρακαλῶ Πάτερ οἰκτῆρμον, εἰπέ μοι τί μᾶλλον τούτων κρατήσω; trans. John Chryssavgis, *Barsanuphius and John: Letters*, 2 vols., Fathers of the Church 113-14 (Washington, DC: Catholic University of America Press, 2006–2007), 2: 122.

¹⁰⁵ Barsanuphius and John, *Letter 532* (SC 451: 670.14–672.18).

¹⁰⁶ Barsanuphius and John, *Letter 770* (SC 468: 216.12–17).

¹⁰⁷ Barsanuphius and John, *Letter 532* (SC 451: 670.14–672.41).

¹⁰⁸ Barsanuphius and John, *Letter 532* (SC 451: 672.42–674.48).

¹⁰⁹ Barsanuphius and John, *Letter 532* (SC 451: 674.48–68).

¹¹⁰ Barsanuphius and John, *Letter 225* (SC 450: 140.18–21), referring to someone who specializes in eye ailments.

¹¹¹ Barsanuphius and John, *Letter 508* (SC 451: 634.1–11).

¹¹² Barsanuphius and John, *Letter 770* (SC 468: 214.1–216.19).

it is wrong to seek out an enchanter or a diviner.¹¹³ The guidance that Barsanuphius gives Dorotheus regarding his duties in the monastery's infirmary,¹¹⁴ which served people from the surrounding area as well as monks in the community,¹¹⁵ is consistent with this position. Dorotheus should attend to his duties as others do their manual labour,¹¹⁶ in humility and obedience, and he should be assured that his service in the infirmary constitutes "being mindful of God."¹¹⁷ Moreover, in his role it is appropriate to take instruction from medical books, provided he does so trusting in God, who ultimately is the one who heals, whatever the means.¹¹⁸ The medical treatments that Dorotheus applies are, in that sense, a complement to the more common adjustments in diet and sleep that the two Old Men frequently prescribe for monks who are struggling to maintain their ascetic regime when they are ill.

Barsanuphius's and John's attitude toward medical treatment has been characterized as "inconsistent" or "bifurcated."¹¹⁹ I prefer to see their advice, as I have already intimated, as an expression of a hierarchy of values that, while it adheres to an ideal, nevertheless accommodates those who, being weaker, fall short of that ideal.¹²⁰ If Alexander of Tralles may be characterized as a medical pragmatist who was aware of medical purists, Barsanuphius and John may be characterized as ascetic purists who were nevertheless willing to be pragmatic. Alexander and the two Old Men are alike one another in that they each operate out of an ethics of belief that is fundamental to their practice. Alexander of Tralles's ethics of belief gives primacy to the

¹¹³ Barsanuphius and John, *Letters* 753–755 (SC 468: 196–98).

¹¹⁴ For an overview, see Hevelone-Harper, *Disciples*, 65–67; Schenkewitz, *Dorotheos*, 27–29.

¹¹⁵ Barsanuphius and John, *Letter* 313 (SC 450: 306.1–3); cf. *Letter* 570c (SC 451: 742.80–82), explaining that the guesthouse Seridus proposed to build (see n. 77 above) was needed to receive guests who came to the monastery in search of care.

¹¹⁶ Barsanuphius and John, *Letter* 327 (SC 450: 326.22–24).

¹¹⁷ Barsanuphius and John, *Letter* 328 (SC 450: 328.6–8, 19–22): μνημονεῦσαι τοῦ Θεοῦ... μνήνη Θεοῦ.

¹¹⁸ Barsanuphius and John, *Letter* 327 (SC 450: 326.14–21).

¹¹⁹ Schenkewitz, *Dorotheos*, 50; Zecher, "Medical Art," 614–15.

¹²⁰ My view is more akin to that of Bitton-Ashkelony and Kofsky, *Monastic School*, 191.

theoretical and empirical tradition of Greco-Roman medicine, with its system of rational knowledge and medical method. Though Alexander would prefer to prescribe only treatments belonging to this system, he is prepared to accommodate requests for natural remedies, unlike medical purists. But he does so only on the terms of this system, presenting natural remedies that he has found to be effective in accordance with his principle of therapeutic testing and experience. Barsanuphius's and John's ethics of belief gives primacy to the theoretical and practical tradition of Egyptian Christian asceticism, in which human experience and conduct is oriented, finally, toward an unimpeded intellectual contemplation of God. In their own practice this orientation motivates them to eschew any medical interventions and endure whatever illness may entail as a spiritually therapeutic process. In certain circumstances they instruct other monks to do the same. But in many other circumstances they permit medical interventions—seeing a physician, receiving treatments, adjusting diet—provided that the person's receipt of such interventions does not compromise the basic principles of their spiritual orientation: humility, obedience, governance of mind and body, and trust in God.

Most people

How do the outlooks of Alexander of Tralles and Barsanuphius and John of Gaza fit into the broader context of healing, care, and remedies for the ill in Late Antiquity? Are the outlooks representative of what many people—if not most people—would have done? The question is worth asking if only to help us step outside of the parameters of the two outlooks and thereby become more aware of their assumptions. Vivian Nutton sketched out this broader context thirty years ago in a seminal paper on the social history of ancient medicine.¹²¹ At the time he warned

¹²¹ Vivian Nutton, "Healers in the Medical Market Place: Towards a Social History of Graeco-Roman Medicine," in *Medicine in Society: Historical Essays*, ed. Andrew Wear (Cambridge: Cambridge University Press, 1992), 15–58 at

against wide generalizations, observing that too much remained—and might remain—unknown.¹²² Since then our knowledge of the options available to people in some regions of the Roman Empire has been filled out in much more detail, particularly for Egypt, where the extensive record of documentary papyri offers a robust complement to literary, epigraphic, and archaeological evidence.¹²³ Although Egypt had its peculiarities, especially in its administrative arrangements and its cultic landscape, the picture emerging from its documentary record probably applies to the area around Gaza as well, since it was comparable in population density, socioeconomic development, and administrative stability.¹²⁴

Alexander and the two Old Men both assume that people will seek out a physician when they are ill. For Alexander, this assumption is implicit in his entire practice. For the two Old Men, it is apparent from images they evoke as analogies to spiritual care. Despite their personal diffidence about seeing a doctor, the two Old Men routinely compare the process of spiritual care, received from the “great doctor” Jesus or from monastic guides, to that of medical care. A monastic guide will refer his disciple to a more gifted guide if necessary, “just as someone who has a sick son takes him straight away to a doctor, and not only this, but also pays the fees for him.”¹²⁵ Those who seek out their spiritual doctor, like those who visit a medical doctor, must follow the doctor’s instructions exactly in order to be healed.¹²⁶ Someone who is sick is

52–57. The later Roman empire receives fuller treatment in Vivian Nutton, *Ancient Medicine*, 2nd ed. (Milton Park, Abingdon: Routledge, 2013), 299–317.

¹²² Nutton, “Healers,” 57–58.

¹²³ See especially Marguerite Hirt Raj, *Médecins et malades de l’Égypte Romaine: Étude socio-légale de la profession médicale et de ses praticiens du I^{er} au IV^e siècle ap. J.-C.*, Studies in ancient medicine 32 (Leiden: Brill, 2006), and Jane Draycott, *Approaches to Healing in Roman Egypt*, BAR International Series 2416 (Oxford, England: Archaeopress, 2012).

¹²⁴ On generalizing from Egypt to the rest of the Roman Empire, see Draycott, *Approaches*, 9–11; cf. Roger S. Bagnall, *Reading Papyri, Writing Ancient History* (London: Routledge, 1995), 2, 11–12.

¹²⁵ Barsanuphius and John, *Letter* 504 (SC 451: 628.9–630.13): ὡς ἄνθρωπος ἔχων υἱὸν ἀρρωστοῦντα καὶ μετὰ σπουδῆς λαμβάνων αὐτὸν εἰς ἰατρόν, οὐ μόνον δέ, ἀλλὰ καὶ μισθοὺς ὑπὲρ αὐτοῦ παρέχων.

¹²⁶ Barsanuphius and John, *Letters* 59, 61 (SC 426: 290.43–45, 302.43–45).

enormously reassured when they recall the experience of their doctor.¹²⁷ This attitude is echoed, moreover, in a question from a pious layperson, who says that “it is right for the sick to seek out the presence of doctors.”¹²⁸

What might this scenario have looked like in reality? Most towns would have had several private doctors—as distinguished from public and military doctors—and even villages may have had one,¹²⁹ as John’s allusion to travelling to towns or villages to see a doctor suggests.¹³⁰ Doctors often practiced out of their own homes, sometimes out of a small room set aside for that purpose, where they offered a variety of services: consultation; care of minor illnesses, breaks and wounds; preparation and sale of medications.¹³¹ They also travelled to provide care in people’s home or simply to widen their pool of clients.¹³² The training and skill of the average doctor varied widely;¹³³ there was no formal assessment of qualifications. Most acquired their knowledge and skill through apprenticeship.¹³⁴ Some doctors owned medical books, but many more copied out recipes or prescriptions on single or reused sheets of papyrus for their own use.¹³⁵ Only in large cities, such as Gaza, would one find medical specialists, which perhaps explains why Barsanuphius speaks of happening to come across a specialist in eye ailments.¹³⁶ Doctors were paid for their services in coin or in kind, or were remunerated with gifts.¹³⁷ Many doctors supplemented their income from medical practice (chiefly provision of care and

¹²⁷ Barsanuphius and John, *Letter 374* (SC 450: 404.9–10).

¹²⁸ Barsanuphius and John, *Letter 457* (SC 451: 546.9–10): “Ἴδιον γὰρ τῶν ἀσθενούντων τὸ ἐπιζητεῖν τῶν ἰατρῶν τὴν παρουσίαν; cf. *Letter 454* (SC 451: 536.1).

¹²⁹ Draycott, *Approaches*, 44.

¹³⁰ See n. 108 above.

¹³¹ Hirt Raj, *Médecins*, 158–60; Draycott, *Approaches*, 28.

¹³² Hirt Raj, *Médecins*, 159.

¹³³ Hirt Raj, *Médecins*, 28–31; Draycott, *Approaches*, 20.

¹³⁴ Hirt Raj, *Médecins*, 32–37.

¹³⁵ Draycott, *Approaches*, 30–32.

¹³⁶ See n. 110 above. On medical treatment of eye ailments, see Draycott, *Approaches*, 66–68.

¹³⁷ Hirt Raj, *Médecins*, 78–89.

preparation of remedies) with income from agricultural activities on land they leased or owned.¹³⁸

But would most people have sought out a doctor when they were will? From her examination of the range of evidence for healing practices in Egypt—not only Greco-Roman medicine, but also medical services associated with Egyptian temple complexes, the services of other ritual healers, home care, and folk remedies—Jane Draycott argues that they did not.¹³⁹ Draycott first reviews several possible reasons for not consulting a doctor:¹⁴⁰ fear of medical incompetence or dishonesty, both often denounced in literary sources; unavailability of doctors or lack of easy access to them, though there is evidence countering this; and the cost of doctors and medications, which could be substantial, also a common complaint in literary sources.¹⁴¹ Draycott then considers other reasons, unassociated with the conditions of medical practice, for not consulting a doctor. Chief among these is that many people cared for sick members of their household at home. This was true even of the wealthy, who could afford to see a doctor.¹⁴² The home was the only place where one might tend a chronic illness or recover from an injury, and family and friends were the only people likely to be around to assist in daily care and activities.¹⁴³ This was true of the monastic community at Tabatha as well; monks who were ill often received care from other monks, perhaps a junior disciple (a source of ongoing vexation, as it happens, for the monk Andrew).¹⁴⁴ Moreover, in that domestic context people would have

¹³⁸ Hirt Raj, *Médecins*, 187–210.

¹³⁹ Draycott, *Approaches*, 40–60.

¹⁴⁰ Draycott, *Approaches*, 42–45.

¹⁴¹ On such complaints, measured against physician's fees and incomes, see Norman Underwood, "Medicine, Money, and Christian Rhetoric: The Socio-Economic Dimensions of Healthcare in Late Antiquity," *Studies in Late Antiquity* 2 (2018): 342–84 at 345–61.

¹⁴² Draycott, *Approaches*, 45.

¹⁴³ Draycott, *Approaches*, 40.

¹⁴⁴ On Andrew's complaints about the brother attending to him, see Crislip, *Thorns*, 158–64.

been familiar with “folk remedies”—“medicine originating from beliefs, cultures and customs of ordinary people”¹⁴⁵—and had access to materials for these remedies or providers of them.¹⁴⁶

As the above definition indicates, however, “folk remedies,” encompassed more than salves, poultices, brews, and dishes passed on through families, by friends, or in the community. It would also have included amulets of all sorts (organic, engraved, or inscribed). It could also have included incantations, oracles, horoscopes, and other forms of divination, as John of Gaza mentions in a stereotypical evocation of ritualists of “the world.”¹⁴⁷ These remedies probably entailed the services of a specialist, as in the case of the person who asks the two Old Men whether it is alright to cast incantations over their sick animal or what they should do if their sick slave goes to a chanter of incantations.¹⁴⁸ But some ritual procedures could have been performed by friends and family; the recipes for inscribed amulets in Alexander’s compendium indicate that such formulations could circulate more widely.

In addition, people may have supplemented remedies applied at home, whether by family and friends or by specialists, with visits to cultic figures or healing sites. In Christian circles the former would have included a cleric who could offer prayer and anointing or a holy man or woman who could do the same, as, again, we see in the letters of the two Old Men.¹⁴⁹ The latter may have been a pool or shrine or monastery, as was likely the case for visitors who came to the monastery at Tabatha in need of care.¹⁵⁰ They could have done so for a mix of reasons: on account of the church dedicated to Hilarion, a founding figure in Palestinian monasticism,

¹⁴⁵ Draycott, *Approaches*, 40.

¹⁴⁶ Draycott, *Approaches*, 45–50.

¹⁴⁷ Barsanuphius and John, *Letter 532* (SC 451: 674: 60–61): τοὺς ἀνθρώπους τοῦ κόσμου, τοὺς γοήτας, τοὺς ἐγγαστριμύθους, τοὺς μάντις.

¹⁴⁸ Barsanuphius and John, *Letter 753* (SC 468: 196.1–2): Ἐπειδὴ τὸ ἄλογόν μου ἀσθενεῖ, μὴ ἄτοπόν ἐστι τὸ ποιῆσαι τινα ἐπιλαλῆσαι αὐτῷ; *Letter 754* (SC 468: 196.1–2): Ἐὰν δὲ ἐμὸς οἰκέτης ἔχων ἀσθένειαν ἀπέλθῃ ἐκτός μου πρὸς ἐπιλαλοῦντα, μὴ τοῦτο ἐμοὶ λογόζεται ἁμαρτία;.

¹⁴⁹ Barsanuphius and John, *Letters 80–82* (SC 427: 368–70); *Letter 211* (SC 427: 658.10–14).

¹⁵⁰ See n. 115 above.

reputed for his healing power;¹⁵¹ to seek the prayers of revered hermits such as the two Old Men; and to receive care in the monastery's guesthouse or infirmary, where dietary and medical treatments, including surgical ones,¹⁵² were administered. All these avenues toward healing would have been available to people in the region of Gaza, as Megan Nutzman's recent study of healing practices in Palestine during the Roman period has shown.¹⁵³ This range of materials, sites, and personnel are attested in sources and evidence from Jewish, Samaritan, and Christian contexts, as well as, of course, Greco-Roman ones. Moreover, as Nutzman notes throughout her study, people did not necessarily limit themselves to avenue associated with their cultic or cultural affiliation.

As I have noted, many of these non-medical options figure, if at times only obliquely, in the outlooks of Alexander of Tralles and Barsanuphius and John of Gaza. So in that regard, their outlooks and those of other people overlapped. What differentiated their outlooks from those of other people was the hierarchy or sequence of remedies. For Alexander of Tralles, "natural remedies" were a last resort or an accommodation of a patient's wishes. In reality, this was probably not necessarily the case, especially for people with few means. Many people would have started with remedies they or their family could confect and apply. The two Old Men might be more accurate on this point: physicians were called in when an illness lingered or became serious. But other scenarios invoked by the two Old Men are probably less accurate. To support his attitude toward doctors, for instance, John of Gaza draws on the trope, recurrent in Christian hagiography from the region,¹⁵⁴ of a person seeking healing from a saint or from God after they

¹⁵¹ Di Segni, "Late-Antique Gaza," 648–50.

¹⁵² See Jonathan L. Zecher, "The Meaning of κλύστας and the Value of a μαχαίριον: *Vita Dosithei* (BHG 2117) and Healthcare in Gazan Monasteries," *Analecta Bollandiana* 136 (2018): 43–55.

¹⁵³ Megan S. Nutzman, *Contested Cures: Identity and Ritual Healing in Roman and Late Antique Palestine*, Edinburgh Studies in Religion in Antiquity (Edinburgh: Edinburgh University Press, 2022).

¹⁵⁴ See Nutzman, *Contested Cures*, 159–60, 161–62, on stories from Jerome's *Life of Hilarion* and Cyril of Scythopolis's *Lives of the Monks of Palestine*.

have exhausted other avenues. In his telling, embellishing the biblical account, the woman with an issue of blood spent all she had on “physical doctors” (οἱ σωματικοὶ ἰατροί) before turning to Jesus (cf. Matt 9: 20–22), and the Canaanite woman hastened to Jesus after she realized that the art of the “the sorcerers, the ventriloquists [speakers of oracles], the seers” (τοὺς γοήτας, τοὺς ἐγγαστριμύθους, τοὺς μάντεις) was useless and demonic (cf. Matt 15: 22–28).¹⁵⁵ The reality was likely more variegated. Some people probably never went further than home care and folk remedies, including amulets and incantations, because it was what they trusted in, what was available to them, and what they could afford. One suspects that this was why having an incantation spoken over a sick animal was a preferred route:¹⁵⁶ it would have been easier and cheaper than finding and paying for an animal doctor. It is noteworthy that, while recommending the latter, the two Old Men added a relatively inexpensive Christian equivalent: water that had been blessed by a cleric or a holy person (ἀγίασμα).¹⁵⁷ Christians may have in fact turned to such ritual sources of healing—prayers and blessings—while they were giving care or being cared for at home: home care and ritual care were concomitant. If a healing site was within easy reach, or if people had means to travel, they may have gone there, as they evidently did at Tabatha, looking for a mix of dietary, medical, and spiritual remedies. We know too little of the particulars of individual cases to be able to create a complete profile. Presumably where one lived (Gaza or the countryside), the circles one moved in (educated, artisanal, enslaved), and the gendered aspects of illness, care, and networks would have had an effect.

¹⁵⁵ Barsanuphius and John, *Letter 532* (SC 451: 674.53–64).

¹⁵⁶ See n. 148 above.

¹⁵⁷ Barsanuphius and John, *Letter 753* (SC 468: 196.6–8).

Conclusion

In his explanation of popular cultic piety, which I quoted at the outset of this paper, Harold Remus stated that “it possesses canons of the ordinary, but these tend to be unexamined, loose, and inconsistently applied.”¹⁵⁸ Thinking now of popular healing practices, I wonder whether it would be fair or accurate to make such a claim. Most people, clearly, would not have been governed by an ethics of belief akin to that of either Alexander of Tralles, for whom remedies validated by medical theory and experience take precedence, or the two Old Men, for whom it is better to endure an illness sent from God than to seek the care of a physician. But there would nevertheless have been a logic to people’s behaviour in the event of illness, particularly an acute or protracted illness. They would have started with care and treatment vouched for by family and friends. Their courses of action would have been influenced by what was familiar, available, and affordable to them. They probably would have been guided by a desire to ease pain, recover strength and function, and avoid excruciating interventions. If more than one approach was available, they may have been applied concomitantly: there was nothing to be lost by doing so, and possibly much to be gained. These are all rational choices, especially in an environment where medically treatments did not necessarily work and where folk remedies or cultic actions appeared to heal. It is a testament to logic of this kind that it was accommodated by both Alexander and Barsanuphius: Alexander in agreeing to provide natural remedies when patients refuse medical treatment and Barsanuphius in approving the building of an infirmary staffed by a monk with medical knowledge.

¹⁵⁸ See n. 14 above.