

CHRISTIAN HISTORY

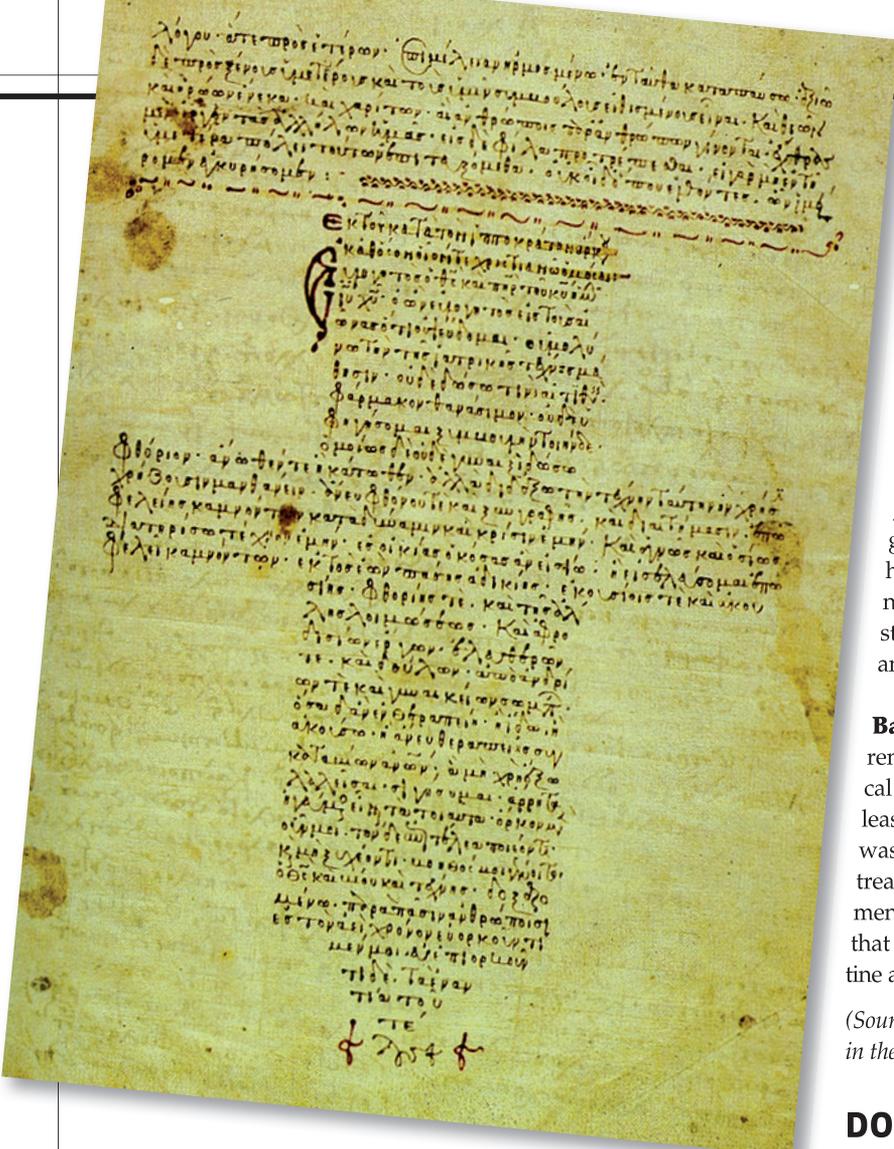
Issue 101

Healthcare and
hospitals in the
mission of the church



*“Whatever you did for
one of the least of these,
you did for me.”*

Early Christians took these
words of Jesus to heart as
they served the sick.



HIPPOCRATES COMES TO CHRIST

This 12th-c. Byzantine manuscript renders the Hippocratic Oath in the form of a cross, reflecting the longstanding acceptance of pagan medical knowledge among Christians.

Origen, in a homily on Numbers, quotes Ecclesiasticus 19:19—“All wisdom is from God”—and a little later asks, if all knowledge is from God, what knowledge could have a greater claim to such an origin than medicine, the knowledge of health? Just as God causes herbs to grow, so also did he give medical knowledge to men. God did this in his kindness, knowing the frailty of our bodies and not wishing for us to be without succor when illness strikes. Thus Origen can call medicine “beneficial and essential to mankind.”

Basil also regarded all the arts as God’s gift, given to remedy nature’s deficiencies. Accordingly, the medical art was given to relieve the sick, “in some degree at least.” *Gregory of Nyssa* records that, when his sister was ill, their mother had begged her to let a physician treat her, arguing that God gave the art of medicine to men for their preservation. *John Chrysostom* also writes that God gave us physicians and medicine, and Augustine attributes the healing properties of medicine to God.

(Source: Darrel Amundsen, *Medicine, Society, and Faith in the Ancient and Medieval Worlds*.)

DON YOUR “SICK SUIT”

By the Middle Ages, long-term residents of hospitals received clothes, in many cases a uniform with a distinctive badge. Black, white, dark brown, blue, and gray were popular uniform colors. Badges might consist of crosses or of an image related to the patron saint of the hospital or to the name or heraldic device of its founder. Distinct styles of uniform might also be worn by staff to distinguish them from patients. Finally, uniforms could prove helpful in keeping tabs on hospital residents in cases where they were allowed to leave the hospital (if, for example, they were not violently ill, or if they were poor or elderly but not infirm).

IT’S BEDLAM IN HERE!

The priory of St. Mary of Bethlehem in London was founded in 1247 and specialized in mental illness. Its name in colloquial speech was pronounced “Bedlam,” and it became notorious in later years for its substandard treatment of patients (which included allowing the public in to look at them for a small admission fee). Its notoriety eventually gave a general word for “chaos” and “uproar” to the English language.

Did You Know?

WHAT THE EARLY CHRISTIANS REALLY THOUGHT ABOUT MEDICINE AND HEALING



IN THE EARLY YEARS of the faith, pagans and Christians shared similar attitudes toward medicine and healing, but the church fathers believed God created the material world for the use of humankind, and this influenced their views of medicine:

Clement held that, within God’s created order, understanding is from God, and many things in life arise from the exercise of human reason, although its kindling spark comes from God. Health obtained through medicine is one of these things that has its origin and existence as a consequence of divine Providence as well as human cooperation. . . .

MEDICAL SAINTS

Saints in the early and medieval church whose influence would be specially sought by the ill included **Luke** (the Gospel writer and noted physician) and **Michael** (the archangel), along with the following “specialist saints”:



SAINT ANTHONY

Anthony (251–356) for “St. Anthony’s fire,” which meant ergotism or erysipelas. The disease got its name when, around 1095, the son of the nobleman Gaston of Valloire was cured from it by the relics of St. Anthony the Great in the church of St. Anthony at La-Motte-Saint-Didie. In gratitude,

Gaston and his son founded the lay order of the Hospital Brothers of St. Anthony to care for pilgrims to the shrine at the church and for the sick, especially those with St. Anthony’s fire.



SAINT CHRISTOPHER

Christopher (third century?) for epilepsy. St. Christopher was said to be seven and a half feet tall; legend has him bearing Christ across a dangerous river. He was often pictured with the inscription “Whoever shall behold the image of St. Christopher shall not faint or fall on that day.”

Roche or Roch (1295?–1370) for plague. He was supposedly born with a cross marked on his chest and as an adult cured many plague sufferers with the sign of the cross. A cessation of plague in Constance after his death was associated with prayers and processions that were ordered in his honor.

Blaise (d. 316?) for throat diseases. One of the legends of St. Blaise tells of him curing a boy who was choking because of a fishbone in his throat.

Lawrence (d. 258) for backache. St. Lawrence was martyred by being roasted on a gridiron.

Bernadine (1380–1444) for lungs. St. Bernadine was a famous and powerful preacher.



SAINT VITUS

Vitus (fourth century?) for St. Vitus’s dance, or chorea. St. Vitus was supposedly a young boy whose father tortured him to make him renounce the faith, and since St. Vitus’s dance affects children, an association may have sprung up.



COSMAS AND DAMIAN, 3rd-c. healers from Asia Minor, became the patron saints of medicine and of barber-surgeons. They were famous for accepting no payment for their services and were said to have performed the first transplant, amputating the leg of a Caucasian man and replacing it with the leg of a dead African patient. They were martyred under Diocletian, supposedly enduring crucifixion, stoning, and being shot full of arrows before finally dying by decapitation.



SAINT APOLLONIA

Apollonia (d. 248–249) for toothache; she was a virgin martyr who was killed by having all her teeth removed.

Margaret of Antioch (fourth century?) for women in labor. St. Margaret was martyred both for her refusal to renounce Christianity and for her refusal to submit to the advances of a Roman bureaucrat.

In the later Middle Ages some new saints became popular patrons for the sick, and hospital chapels were also dedicated to them; these included **Anne** (grandmother of Jesus), **Ursula** (a legendary virgin martyr), and **Elizabeth of Hungary** (see “The charitable revolution,” p. 33).



THE ART OF HEALING
 Artworks celebrating caring and healing often adorned the walls of medieval hospitals, like this 15th-c. fresco from a hospital in Siena, Italy.

TOP LEFT, CARING FOR THE SICK, 1440-41 (Fresco) by Domenico di Bartolo (c. 1400-47), Ospedale di Santa Maria della Scala, Siena, Italy; ALINARI THE BRIDGEMAN ART LIBRARY
 BELOW: COLLECTION RIJKSMUSEUM, AMSTERDAM. PURCHASED WITH THE SUPPORT OF THE VERENIGING REMBRANDT AND THE COMMISSIE VOOR FOTOVERKOOP.

HOSPITALS

Though most European hospitals were small, serving on average 10–30 patients at any time, the **Pantokrator** monastery hospital in Constantinople consisted of five wards of 10 beds each, plus an old-age home with space for 24, a leper house, and an outpatient drug dispensary. What really

set this model institution apart, however, was its trained staff. Along with an extensive roster of physicians and surgeons, the Pantokrator was served by the following:

- five pharmacists
- one teacher for children in residence (orphans and foundlings)
- one usher
- five laundry women
- one “kettle keeper”
- two cooks
- one groom
- one porter
- one purser
- two general priests
- one “funeral priest”
- two lectors (readers)
- two bakers
- four pallbearers
- one latrine cleaner
- one miller
- a specialist in hernia surgery
- and funding for a craftsman to repair surgical instruments



Deel mitdelich den armen
 oec sal u weder outfarren

Van lyppe ewe dranc in dit leven
 Julentfour sal u weer weder begeven

moen even mensche sijn ierckheit mit verken
 op dat god mit doe naver liden iercken

Ussndri dooden te bedrauen loep leven
 waer thobial van oec naver leven

"I GAVE AT THE OFFICE"
 Before the high-medieval proliferation of *leprosaria*, lepers had to rely on the kindness of strangers to stay alive.

Hospitals were seen as centers of study as well as charity. Many of the larger ones had good libraries; it was from the medical texts in these libraries that the *infirmarius* would gain some of his or her medical training (see "The hospital experience," p. 24). They were also well-stocked with prayer books and other necessities for worship. Hospital staff were encouraged to spend time in the library in study, and books were often read aloud during mealtimes. By the 1200s some hospitals in England were also helping to feed and in some cases provide rooms for poor scholars. Some hospitals paid for tutors in addition to room and board, and some sponsored the scholars for ordination to the priesthood when they grew older.



LEPROSY

In the twelfth and thirteenth centuries a leprosy epidemic spread through Europe, and many leper houses were built. By 1225, there were somewhere in the neighborhood of 19,000 leper houses in Europe. Later, many of them served as hospitals for victims of the bubonic plague.

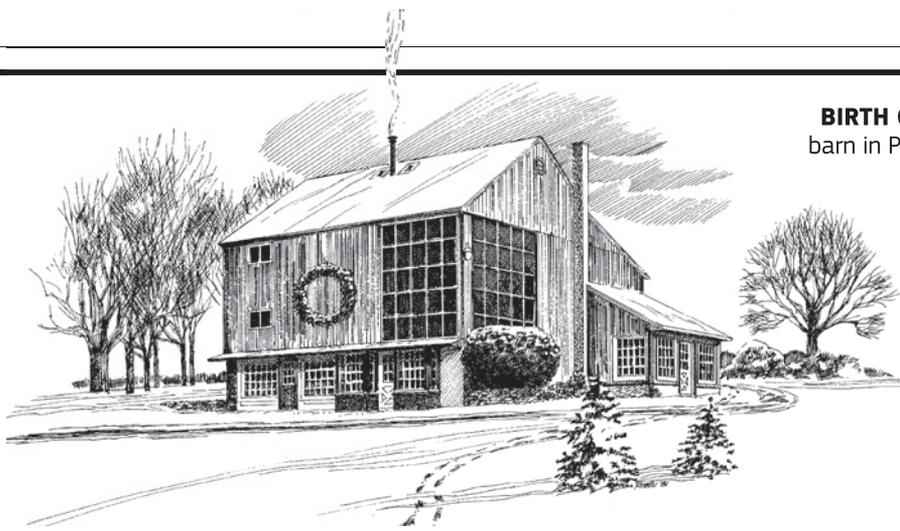
The decision on whether any given person had leprosy and should therefore be admitted to a leper house was usually made by a panel from the parish, consisting of both clergy and laity. Lepers from a nearby leper house would sometimes be included as well. The panel would study the physical symptoms, including checking for the presence of

a red nose and face, skin rashes, and hoarseness, and then render one of three judgments: healthy, leper, or suspected leper (with examination to occur again in one year). In cases where the person protested the diagnosis, he or she would usually be examined again by a panel made up fully of lepers. According to historian Guenter Risse, these panels often had to take an oath to reach a fair judgment, keep no secrets, and not accept gifts or bribes. (Some applicants would do anything to avoid being placed in a leper house even if they were lepers; others found the idea of secure housing and food for the rest of their lives attractive.)



SEPARATING THE SHEEP FROM THE GOATS

A tradition of the "seven works of corporal [that is, bodily] mercy" arose in the early church and was systematized by medieval theologians. The panels in this early 16th-c. Dutch painting show the works of mercy in this order: feed the hungry, give drink to the thirsty, clothe the naked, bury the dead, shelter the traveler, comfort the sick, and free the imprisoned. The list is based on the parable of the sheep and the goats, in Matt. 25:31–46, with the mercy of burying the dead being added from the Book of Tobit.



BIRTH OF A VISION Left: The Vision Video barn in PA, where *Christian History* was born. Below: Dr. Kenneth Curtis, founder, *Christian History* magazine.



Editor's note

Christian History's founder, the late Dr. Kenneth Curtis, thought and wrote a lot about what our faith has to say to those who suffer illness and those who care for them. As the magazine returned to the red barn in Pennsylvania in 2010, Ken made several lists of topics he hoped the revived *Christian History* could address in future issues. At the very top was this one: the church's role in the history of healthcare. I resonated with this topic from the start, but I did wonder, What kind of story is there to tell here? As it turns out, quite a powerful one.

As I began studying the topic I discovered two unexpected things: first, the church was much more influential in the history of healthcare than I had expected; and second, the modern hospital can be traced directly back to ancient and medieval Christian institutions.

Something else struck me: far from the stereotype of shriveled ascetics who hated the body, early Christian teachers valued the body and the medical arts necessary to heal it as good gifts from God (see "Did you know," inside front cover). Balancing this was another positive value: that of being in relationship with a loving God. Doctors are good, but the Great Shepherd is better; whatever happens in our bodies, the real prize is not physical health or a prolonged life, but rather the eternal enjoyment of our relationship with him.

These twin values played out in the amazing reaction of the early Christians to the plagues that ravaged their world. Experts tell us we are still at risk of global pandemic. In such an event, would we respond as the early Christians did, who cared for plague victims heedless of risk? (See "A new era in Roman healthcare," p. 6.) Would we put God's love for others above even our lives, as they did?

So many challenging stories emerged as the editorial team researched and the authors wrote this issue: Stories of wealthy Christian women who gave up all this world's comforts to care for those suffering the most repellant illnesses. Of popes and bishops who poured the church's resources into founding proto-hospitals

to aid the sick poor. Of monks who learned the medical arts to help both their own communities and needy visitors. Of friars who lived in leper colonies, serving the lepers and kissing their faces.

It's hard to remember, walking the gleaming halls of today's secular hospitals, how this institution grew up in the midst of the church. Hard to remember in the world of the HMO how the first hospitals were founded on the belief that all people, no matter how poor, are made in the image of God and deserve care.

Although historically hospitals were often founded and funded by religious orders or through the beneficence of Christian donors (see "The charitable revolution," p. 33), today the secular, publicly funded hospital is the rule, with even the many and important Catholic hospitals now under secular administration.

The clock is unlikely to be turned back on this trend, but perhaps the stories told here of early faith-based *xenodocheia* and medieval hospices (see "From poorhouse to hospital," p. 16) can still help us toward new answers: How can healthcare workers bring their faith to bear within today's secular institutions? How can family members and ministers help patients to negotiate the maze of the twenty-first-century healthcare system while keeping a sense of God's presence in the process of healing? How should the church respond to the devastating epidemics of the new "global village"? As in so many areas, there is still much to learn from our forebears.

Christian History thanks Dr. Gary Ferngren, who served as this issue's topic advisor, and Dr. Darrel Amundsen, who also read manuscripts and gave advice during the issue's preparation. Of course, they are not to be blamed for any errors that may be found in our presentation of the topic, but the issue has been immeasurably strengthened by their contributions.

Dr. Chris R. Armstrong
Managing Editor

CHRISTIAN HISTORY

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A new era in Roman healthcare

HOW THE EARLY CHURCH TRANSFORMED THE ROMAN EMPIRE'S TREATMENT OF ITS SICK

Gary B. Ferngren

ROMAN ROADS, PUBLIC BATHS and gymnasia, Hellenistic high culture, the beginnings of democracy, the military muscle to ensure peace—the Roman Empire in the second century after Christ may have looked like a golden age. For the healthy, perhaps it was. But woe unto you if you got sick. *Then* the shining Roman city showed its dark underbelly.

Compassion was not a well-developed virtue among the pagan Romans; mercy was discouraged, as it only helped those too weak to contribute to society. In the cramped, unsanitary warrens of the typical Roman city, under the miserable cycle of plagues and famines, the sick found no public institutions dedicated to their

care and little in the way of sympathy or help. Perhaps a family member would come to their aid, but sometimes even close relatives would leave their own to die.

The Roman Empire in the first centuries of the church ruled over tens of millions. Many no doubt thanked their gods they lived in the “civilized world” found within the empire’s well-defended boundaries and not the “barbarian world” outside. And indeed, in many ways Rome’s material culture was not equaled until the nineteenth century.

The empire’s greatest pride was its cities—more than 5,000 of them. In its eastern half Rome boasted many ancient metropolises: Athens, Corinth, Ephesus, Antioch, Jerusalem, Alexandria. After the conquest of the empire’s western half, Rome also included hundreds of new cities in North Africa, Spain, Gaul, and Britain. These became the chief means of spreading Roman civilization, much of which Rome had borrowed from the illustrious Greeks.



“GO AND DO LIKEWISE” Few New Testament passages shaped early Christian medical philanthropy more powerfully than the parable of the Good Samaritan.

come into the city seeking work, or slaves who had been recently freed. Without a family, you simply had no support system: no one to take care of you when you were sick, no one to help with food or rent when you couldn't work, no one to bury you when you died.

Destitute families lacking any resources to help sometimes even abandoned the chronically ill to die. In Rome, sick or elderly slaves were routinely left to waste away on Tiber Island. Unwanted children were often left to die of exposure. If a father decided that the family couldn't afford to feed another child, that child would be abandoned on the steps of a temple or in the public square. Almost without exception defective newborns were exposed in this way.

Female infants were exposed much more often than males because a girl not only added another

mouth to feed, but she also couldn't (according to Roman social customs) work to support the family. Besides, the father knew he would eventually have to bear the added burden of furnishing a dowry for each daughter's marriage.

The classical world possessed no religious or philosophical basis for the concept of the divine dignity of human persons, and without such support, the right

to live was granted or withheld by family or society almost at a whim. As a result, the chronically ill could be seen everywhere in the streets, baths, and forums—many of them homeless and begging. Some turned to the temples of healing gods, such as Isis and Serapis, who were believed to heal supernaturally.

Most famous of these gods was Asclepius, who was worshiped in hundreds of temples and shrines throughout the Roman Empire. The sick would come as pilgrims to the temples. Here they would offer a small sacrifice, so humble that even the poor could afford it, then sleep overnight in the *abaton*, or sacred enclosure, where they believed that the god might appear to them, sometimes in a dream, to heal them. Those who most often sought help were either

In the second century B.C., as in our own day, many people began moving from the countryside to the city in search of jobs and amenities. Once in the cities, however, migrants found themselves living in tenement buildings lacking basic sanitary facilities. The support of family and village now gone, they eked out an often lonely urban existence. In the face of daily alienation or in times of trouble, they could expect no social support beyond occasional free grain and entertainment such as gladiatorial games (“bread and circuses”).

Worse still, should they sicken, no clinics or hospitals existed to provide healing or even basic nursing care. True, one could find physicians. But their fees were too steep for most. Some towns did hire a public physician, but institutional health care was unheard of. So *hoi polloi* (commoners) were left to rely on folk healers and sellers of herbs, amulets, and quack remedies.

In a world of gods not renowned for their compassion, Roman culture simply did not encourage a felt responsibility to assist the destitute, sick, or dying. Individuals were expected to care for their own health in any way they could. Many lacked even the safety net of family—discharged soldiers, peasants who had

Unwanted children were often abandoned on the steps of a temple or in the public square



HOW THE OTHER HALF LIVED Public Roman buildings such as the baths (above) or the forum (right) may have been grand and spacious, but the overwhelming majority of Romans lived in cramped, unsanitary urban tenements that bred disease.



suffering from chronic or hopeless diseases or were very poor. Some were healed, according to temple inscriptions. By the second century A.D., physicians were available at some temples to offer advice on medical regimens. But pilgrims came for healing, not for long-term medical care, which was not provided. In fact, the dying were not allowed in the temple precincts, since their death would pollute the sanctuary.

A NEW MORAL CULTURE

By the first century A.D., however, a new culture began penetrating the classical Roman world: the culture of the Christians, revolutionizing morality and behavior. Palestine couldn't hold the new faith long, and within a century, it was already spreading rapidly across the empire.

The spread was never easy or unimpeded: starting with Nero's campaign of brutality in A.D. 64, the supposed unpatriotic beliefs of Christians attracted the hostility of Roman authorities, who responded with local and empire-wide persecutions. Nonetheless, by the middle of the second century, Christian churches had sprung up in most major cities and many smaller ones.

During this time, in spite of great danger to themselves, these churches carried on an active ministry of philanthropy that included the care of the sick. Christian medical philanthropy found its basis in the biblical concept of the *imago Dei*, the belief that human beings are created in God's image. At the beginning of Genesis, Christians could read:

Then God said, "Let us make man in Our image, according to Our likeness; let them have dominion over the fish of the sea, over the birds of the air, and

over the cattle, over all the earth and over every creeping thing that creeps on the earth." So God created man in His own image; for in the image of God He created him; male and female He created them. (Genesis 1:26–27, NKJ.)

God's creation of human beings in his image (rationally, spiritually, morally, volitionally) implied that human life is precious and must be protected. In Genesis 9:6 Yahweh tells Noah, "Whoever sheds man's blood, by man his blood shall be shed; for in the image of God He made man."

The *imago Dei* provided the foundation for the Hebrew concept of human personhood, and certain practices common among other ancient Near Eastern societies were forbidden by the Torah: child sacrifice, exposure of infants, infanticide, and castration.

In the New Testament the doctrine of the Incarnation extended and deepened the implications of the *imago Dei*: "And the Word (*logos*) became flesh (*sarx*) and dwelt among us" (John 1:14a). Early Christians believed that the motivation for charity should be God's self-giving love (*agape*) to us, which reflected his nature (1 John 4:8). God loved the human race enough to send Christ in human flesh, to die on a cross for our sins (John 3:16).

AGAPE VS. STOICISM

Christians responded by demonstrating Christ's love to their brothers and sisters, who bore God's image (John 13:34–35). The weaker and more helpless the neighbor, the greater the need to show them the compassion of Christ. Hence early Christians showed special concern for the protection of unborn and newborn life. This sort of practical morality departed radically from the social



Who you gonna call?

While the Romans supplicated their gods and blamed the Christians, believers ministered to their persecutors

THE ROMAN WORLD in the early Christian era was frequently troubled by plagues; the most famous and destructive of these broke out in 250 and lasted 15 years. Epidemics of plague are reported in a number of cities in the second through fourth centuries. In at least some cases, they were diseases brought back by Roman troops returning from far-flung campaigns. Some may have been versions of smallpox or measles.

Frequently, shrines and oracles of the Roman gods were consulted in efforts to learn what would stop the plagues. Some shrines, like the one to Apollo at Didyma, were established to thank a god for saving a city from plague. Things that terrified the populace, says historian Robin Lane Fox, made “excellent business for Apollo.”

Christians were often blamed for causing epidemics because they refused to do pious acts appeasing the gods. Tertullian famously wrote (around 196) in his *Apology*: “If the Tiber rises as high as the city walls, if the Nile does not send its waters up over the fields, if the heavens give no rain, if there is an earthquake, if there is famine or pestilence, straightway the cry is, ‘Away with the Christians to the lion!’” In

THE OLD WAYS *Above:* In this 5th-c. B.C. Greek marble, a family sacrifices a bull to Asclepius, the god of health, and his daughter, Hygieia.

around 270, says historian Steven Walton, Porphyry blamed a plague in Rome “on the fact that the temple of Aesculapius [Asclepius, the god of medicine and healing] had been abandoned for the Christian churches.”

Eusebius reported on a plague during the reign of the emperor Maximinius II (303–313): “A great rural population [was] almost entirely wiped out; nearly all being speedily destroyed by famine and pestilence . . . Some, chewing wisps of hay and recklessly eating noxious herbs, undermined and ruined their constitutions. And some of the high-born women in the cities, driven by want to shameful extremities, went forth into the market-places to beg.”

In the crisis, the Christians knew what to do. Eusebius reported proudly on his fellow believers’ response: “Then did the evidences of the universal zeal and piety of the Christians become manifest to all the heathen. For they alone in the midst of such ills showed their sympathy and humanity by their deeds. Every day some continued caring for and burying the dead, for there were multitudes who had no one to care for them; others collected in one place those who were afflicted by the famine, throughout the entire city, and gave bread to them all.”

ethics of classical paganism and laid the foundation for Christian philanthropy.

The pagan idea of *philanthropia* (“love of mankind”) not only did *not* provide an impulse for private charity, but actively discouraged it. In Greek and Roman society beneficence (providing assistance to the needy) existed only on the community level; civic philanthropy was exercised by rulers and the wealthy on behalf of the entire community, rich and poor alike. There was no particular reason to found charitable institutions. The stoic philosophy of many in the ruling class discouraged beneficence motivated by pity because it was based on emotion rather than on reason.

By contrast, God’s love demanded from Christians a response that would demonstrate his love to others, especially the unlovely. James defines “religion that is pure and undefiled before God” in part as caring for “orphans and widows” (James 1:27)—biblical shorthand for all those without protectors and in need.

Christian beneficence went further than Jewish charity, which required only that the Jewish community help its own. To find a new, broader mandate of care Christians needed to look no further than to the parable of the Good Samaritan, Luke 10:25–37. Here Jesus shocked his Jewish hearers when he stated that it was the despised Samaritan who proved himself a neighbor, having compassion on the wounded man and giving him medical aid when even priests and Levites of his own religious community passed him by.

This new ethic also surpassed the Stoic concept of human brotherhood: it was compassionate love (*agape*), not to the deserving, but to the despised, indeed to enemies. God loved us while we were sinners: Jesus commanded his hearers to “go and do likewise.”

VOTIVE RELIEF DEPICTING A FAMILY SACRIFICING A BULL TO ASCLEPIUS, THE GOD OF HEALTH AND HIS DAUGHTER, HYGIEIA, GREEK, 5TH CENTURY BC (MARBLE) BY LOUVRE, PARIS, FRANCE/ THE BRIDGEMAN ART LIBRARY

CONGREGATION-BASED HEALTHCARE

Christian theology thus birthed a personal and corporate charity surpassing any previously known. Church leaders encouraged all Christians to visit the sick and help the poor, and each congregation also established an organized ministry of mercy.

Presbyters (priests) and deacons added benevolent ministry to their sacramental roles. They collected alms each Sunday, distributed by deacons. Widows and deaconesses provided a ministry of mercy to women. Despite persecution and their small numbers, Christians maintained an extensive ministry to those in need.

By the third century the number of those receiving aid from the hands of the church had grown considerably, especially in large cities. Congregations created addition-

al minor clerical orders, such as subdeacons and acolytes, to assist deacons in benevolence as well as liturgy.

In 251 Cornelius, bishop of Rome, wrote to Fabius, bishop of Antioch, reporting that the church in Rome in that year supported 46 priests, 7 deacons, 7 subdeacons, 42 acolytes, and 52 exorcists, readers, and doorkeepers. The church had divided Rome into seven districts, each of which was under the care of a deacon, who was assisted by one subdeacon and six acolytes.

Altogether the church in Rome ministered to 1,500 widows and others in need. It has been estimated that the Roman church spent annually between 500,000 and 1,000,000 sesterces—an enormous sum—on benevolent work.

Deaconesses

On the front lines of care in the early church

WHO WERE DEACONESSSES in the early church? They served important roles both liturgically and practically. Since catechumens (candidates for baptism) were stripped naked and anointed with oil before the ceremony, during which they wore a clean white robe, someone of the same gender was needed to help them in their preparations. Deaconesses not only prepared women before baptism, but also instructed them afterward. Says the *Didascalia Apostolorum*, a third-century Syrian book of church laws:

And when she who is being baptized has come up from the water, let the deaconess receive her, and teach and instruct her how the seal of baptism ought to be [kept] unbroken in purity and holiness. For this cause we say that the ministry of a woman deacon is especially needful and important. For our Lord and Saviour also was ministered unto by women ministers, Mary Magdalene, and Mary the daughter of James and mother of Jose, and the mother of the sons of Zebedee, with other women beside.

The fourth-century *Apostolic Constitutions* instruct deaconesses to guard the door during the service and to maintain order among women attending the services.

Deaconesses, like deacons, also min-

istered to the sick and poor. The *Didascalia* lists among the roles of deaconesses visiting the sick, ministering to the needy, and bathing those recovering from sickness. The rationale for having this special class of church workers to care for the sick was simple: "If then our Lord did thus, will you, O deacons, hesitate to do the like for them that are sick and infirm, you who are workmen of the truth, and bear the likeness of Christ?"

The order of deaconesses overlapped the order of widows, who were also seen as having special responsibility for the poor and sick (according to the *Apostolic Constitutions*, they were to "care for nothing else than to pray on behalf of those who give and the whole church"). Widows normally were to be over the age of 60 so there was less likelihood they would leave the order to marry again, and were to have distinguished themselves by their good works, godly demeanor, and offers of hospitality to strangers.

In the East, deaconesses were ordained (similar evidence has not survived from the West). The *Apostolic Constitutions* direct: "O Bishop, thou shalt lay thy

hands upon her with all the Presbytery and the deacons and the deaconesses and thou shalt say: Eternal God, the Father of Our Lord Jesus Christ, the creator of man and woman, that didst fill with the Spirit Mary and Deborah, and Anna and Huldah, that didst not disdain that thine only begotten Son should be born of a woman . . . Do thou now look on this thy handmaid, who is appointed unto the office of a Deaconess and grant unto her the Holy Spirit . . . that she may worthily accomplish the work committed unto her, to thy glory and the praise of thy Christ."



PARMA (EMILIA-ROMAGNA, ITALY), BAPTISTRY - BATTISTERO (BUILT FROM 1196-2280). - THE SEVEN WORKS OF MERCY: FEEDING THE HUNGRY. - FRESCO. 14TH CENTURY. PHOTO: AKG-IMAGES / TRISTAN LAFRANCHI

GRACE UNDER PRESSURE

The churches' program of benevolent care soon expanded, owing to an unfortunate cause. A devastating epidemic began in 250 and spread from Ethiopia across North Africa, then to Italy and the Western Empire. It lasted 15 to 20 years, and at one point in Rome 5,000 people died in one day.

Beyond offering supplications to the gods for relief, public officials did nothing to prevent the spread of the disease, treat the sick, or even bury the dead. This is not surprising, since the pagans believed that nothing effective could be done in a time of plague other than appeasing the gods.

By 251 the plague swept into Carthage in North Africa. Piles of the dead rotted in the streets, where they had been abandoned by their families. The pagans, casting about for causes, fingered the Christians, and a severe empire-wide persecution erupted. The emperor Decius ordered all Christians to sacrifice to the gods on pain of death. Carthage's bishop, Cyprian, enjoined the city's Christians to give aid to their persecutors and to care for the sick. He urged the rich to donate funds and the poor to volunteer their service for relief efforts, making no distinction between believers and pagans. Under Cyprian's direction, Christians buried the dead left in the streets and cared for the sick and dying. For five years he stood in the breach, organizing relief efforts, until he was forced into exile.

The plague of Cyprian, as it has come to be called, marked a new chapter in early Christian medical charity. For the first time, Christians extended their medical care to pagans as well as Christians. To provide even basic care for large numbers of the sick, Cyprian probably hired unemployed men to carry out work that had grown beyond the resources of Christian volunteers. These may have included grave diggers and perhaps an ambulance corps.

Much later, in Alexandria, Egypt, in about 416, the Christian patriarch of that city organized a corps of men recruited from the poor classes to transport and nurse the sick. They were called the *parabalani*, the "reckless ones," because they risked their lives by exposing themselves to contagion while assisting the sick. Already in 312, during a widespread plague, Christians in many Eastern cities were performing similar tasks. In the face of epidemics, they seem often to have formed ambulance corps, making up for municipal authorities' failure to help the sick and dying.

Such large-scale organized emergency efforts did not emerge from nowhere. For centuries Christians had been developing infrastructure in their own churches to help the sick. The diaconal (deacon-led) care that the churches offered the sick was usually palliative, since it was administered for the most part by people with little or no medical training or experience. But we know today that in the absence of professional expertise and even medications, a basic regimen of nursing care

"We learn not to fear death."

THE PLAGUE OF 251 roused the Christians of Carthage to action under the leadership of their bishop, Cyprian. Pagan authorities blamed the Christians for triggering the displeasure of the gods, and Emperor Decius pronounced the death penalty on those who would not bow before the imperial gods. But Cyprian implored his flock to minister to the physical needs of their oppressors, regardless of the danger posed to themselves by both persecution and contagion:

"But nevertheless it disturbs some that the power of this disease attacks our people equally with the heathen, as if the Christian believed for this purpose, that he might

have the enjoyment of the world and this life free from the contact of ills; and not as one who undergoes all adverse things here and is reserved for future joy.

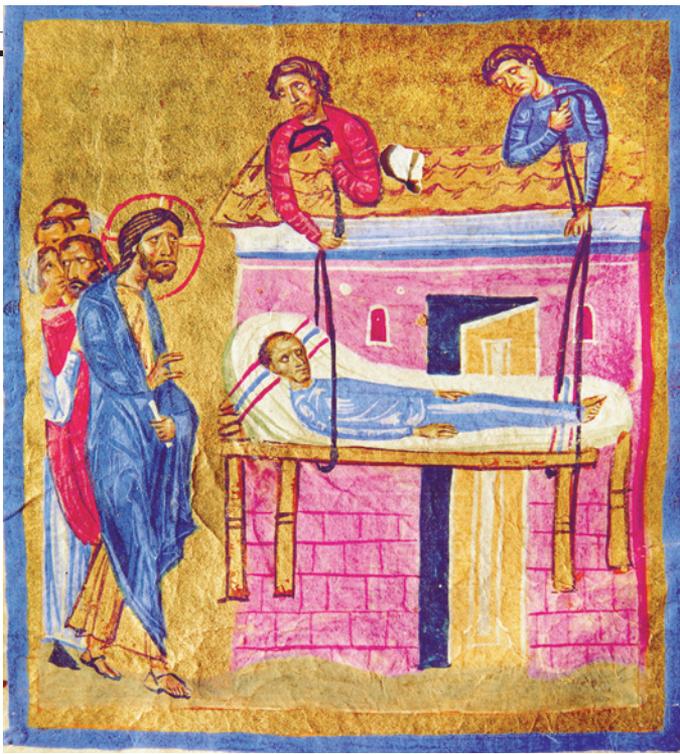
"[F]urther, beloved brethren, what a great thing is it, how pertinent, how necessary, that a pestilence and plague which seems horrible and deadly,



searches out the righteousness of each one, and examines the minds of the human race, to see whether they who are in health tend the sick; whether relations affectionately love their kindred; whether masters pity their languishing servants; whether physicians do not forsake the beseeching patients; whether the fierce suppress their violence; whether the rapacious can quench the ever insatiable ardor of their raging avarice even by the fear of death; whether the haughty bend their neck; whether the wicked soften their boldness; whether, when their dear ones perish, the rich, even then bestow anything, and give, when they are to die without heirs.

"Even though this mortality conferred nothing else, it has granted this benefit to Christians and to God's servants, that we begin gladly to desire martyrdom as we learn not to fear death. These are trainings for us, not deaths: they give the mind the glory of fortitude; by contempt of death they prepare for the crown."

Cyprian, *On Mortality*, chs. 8,16 adapted. Translated by Ernest Wallis. www.ewt/ANF5-15.txt



“DO AS I DO” Of course, the most obvious and powerful Christian model of caring for people’s bodies was Jesus himself. (“Lowering of the Paralytic through the Roof,” 12th-c., Mount Athos Monastery, Greece.)

including food, water, and rest can cut mortality during epidemics by two-thirds or even more.

Christianity did not promise the miraculous healing that the Greek cult of Asclepius did (though such healings were certainly reported throughout the ancient period). But it regularly provided something that was less spectacular and more permanent: care of the sick and the dying by those who demonstrated compassion.

The sick looked to Asclepius, who was called “the most philanthropic of the gods,” for supernatural healing, but not for long-term care. One scholar has termed him a “god of emergencies.” But there was no place for the dying in his sanctuaries. The ministry of medical care in early Christianity began as a church-based diaconal, not professional, ministry. It was provided by unskilled, ordinary people with no medical training. Yet the church created in the first two centuries of its existence the only organization in the Roman world that systematically cared for its destitute sick.

In the early fourth century, lay Christian orders began to appear in the large cities of the Eastern Roman Empire. The two best known were the *spoudaioi* (“the zealous ones”) and (in Egypt) the *philoponoi* (“lovers of labor”). The mission of these groups, drawn mostly from the lower classes, was to reach out to the indigent sick in cities such as Alexandria and Antioch. These cities had a large population of homeless sick and dying on the streets. The *philoponoi* would distribute food and money to them and take them to the public baths, where their basic hygienic needs could be met and they could find warmth in winter. None had medical training, but they were motivated by compassionate concern. Over time they became an intermediate order between clerical orders and laymen, and in the sixth and seventh cen-

turies they were attached to large churches in the major cities of the Byzantine Empire and continued the long tradition of church-centered diaconal care of the sick.

CONTINUING TO BEAR FRUIT

Many movements in the history of Christian philanthropy have drawn on the legacy of early Christian medical care. Roman Catholics have excelled in organizing and institutionalizing medical charities, including hospitals, most of them maintained by religious orders of women. The Sisters of Charity, founded by St. Vincent de Paul (1580–1660), became a major force in caring for the sick.

The nineteenth century saw a further explosion of Christian efforts on behalf of the sick poor: In Holland, a Mennonite deaconess movement cared for the ill, and in England the Quaker Elizabeth Fry revolutionized care for prisoners and the sick. Taking cues from both of these, Pastors Theodore Fließner and Wilhelm Loehe pioneered in their native Germany a Lutheran deaconess movement that soon spread throughout Europe. Among the later trainees at the movement’s base in Kaiserswerth was the famous Florence Nightingale, who took what she learned there to England, where she founded a school of nursing.

Medical missions have constituted another important branch of Christian medical philanthropy. Missionaries to European colonial possessions often established medical facilities where none had previously existed, and much of their work was invested in the founding of hospitals, leprosaria (treatment facilities for lepers), and other health-related institutions. Many of the leading hospitals in cities throughout the world today are the products of Christian medical or missionary charity.

Prominent historian of medicine Henry Sigerist once wrote that Christianity introduced the “most revolutionary and decisive change in the attitude of society toward the sick,” giving sick people a “preferential position” in society that they retain to this day. Christians saw the suffering of others as an opportunity to provide compassionate care in the name of Christ. This was Christianity’s novel contribution to healthcare, providing the foundation for the whole tradition of Western medical philanthropy. By the fourth century it led to the creation of the hospital as a uniquely Christian institution. But the hospital would never have succeeded without an earlier long tradition of medical philanthropy integral to the ministry of the early church. ☒

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THEOLOGY AT WORK

For his work in solidifying trinitarian doctrine after the Council of Nicea, Basil of Caesarea is honored as one of the “Three Holy Hierarchs” of the Eastern Orthodox Church. But Basil was also one of the early pioneers of a new Christian institution: the hospital. (Shown: the three hierarchs, left to right: Basil, John Chrysostom, and Gregory of Nazianzus; kneeling: a donor.)

Basil’s house of healing

HOW A FOURTH-CENTURY MONK
PIONEERED THE HOSPITAL

Timothy S. Miller

WE HAVE HEARD OF THE early monastics: the demon-battling desert father Antony of Egypt; Simeon the Stylite perched atop his pole for year upon year; the brilliant, passionate Augustine; and the austere, irascible Jerome. Their lifestyles of severe self-denial may seem to pull against the truth that God made us human beings and called us “very good”—bodies and all.

But if monastics really thought of the body as evil, then how is it that some of the greatest strides in the history of healthcare arose within monasticism? Monks cared for the ill in Benedictine monasteries, Franciscan leprosaria, the institutions of the monastic “hospitalers,” the many hospitals of the Augustinians, and so on throughout the history of monasticism.

Nowhere are our myths of body-hating monks more decisively dispelled than in the fourth-century story of Bishop Basil of Caesarea (“the Great”). For here was a consummate monk who founded what many historians consider the very first hospital.

In A.D. 379, Bishop Gregory of Nazianzus delivered a funeral oration in honor of his friend and fellow bishop Basil of Caesarea. Gregory praised Basil especially for giving to Caesarea an institution of mercy Gregory called, in his friend’s honor, the *Basileias*: “Go a little

way outside the city to see a new city, the treasury of piety, a common treasure room of those who have possessions where superfluous wealth . . . is stored. . . . In this institution diseases are studied, misfortune made blessed, and sympathy put to the test.”

Gregory compared the *Basileias* to the Seven Wonders of the ancient world. But whereas the pyramids of Egypt and the Colossus of Rhodes had brought only worldly glory to those who had constructed them, Basil’s philanthropic foundation offered generous Christians an opportunity for spiritual blessings.

Basil’s institution has gained a reputation as “the first hospital” not only because diseases were studied within its confines, but also because physicians and nurses treated sick patients there.

FROM ARISTOCRAT TO URBAN MONK

Basil was born around 330 into a Christian family from Cappadocia in Asia Minor (central Turkey). His grandfather had suffered a martyr’s death during Emperor Diocletian’s persecution (303–305). Nonetheless, by the time Basil came along, his family commanded both wealth and prestige. His father owned estates in several cities and served as a professor of oratory (public speaking), the highest-status academic field in Greco-Roman society. As a result, Basil



TOWN OF BEDROCK! In the millennium after Basil, his monastic style was often practiced in Cappadocian cave monasteries.

received the best education possible in classical rhetoric.

Although raised in a Christian home, Basil wandered from the faith. A career-minded young man, he planned to rise in society by teaching oratory like his father and then pursuing a political career. But it was not to be. As he later wrote, "I had wasted much time on follies and spent nearly all of my youth in vain labors, and devotion to the teachings of a wisdom that God had made foolish. Suddenly, I awoke as out of a deep sleep. I beheld the wonderful light of the Gospel truth, and I recognized the nothingness of the wisdom of the princes of this world." Gregory and other friends convinced him to be baptized and return to the church.

Like many serious Christians of his day, Basil decided to pursue the path of asceticism, devoting himself to prayer and fasting away from the temptations of urban life. He toured the Eastern provinces of the Roman Empire in order to visit centers of Christian monasticism. In Egypt, Syria, and Palestine, he met austere hermit monks and saw coenobitic (community) monasteries in action. Basil finally decided to found his own monastic community in the Pontic mountains, north of Caesarea.

A NEW KIND OF MONASTERY

The young man did not remain long in isolation, however. In 365 Basil was ordained a priest (presbyter) for Caesarea, and a scant five years later he was elected bishop. Now this dedicated monk saw his opportunity: he would create a new type of Christian monastery—one focused not only on the salvation of its inmates, but also on the physical care of the sick and poor.

On his "monastic tour," Basil had encountered an influential monk from Asia Minor, Eustathios, who con-

vinced Basil that a true Christian monk should give up food, drink, and luxurious living not just to pray and contemplate God, but also to serve others. Eustathios founded communities of urban monks throughout Asia Minor and even in Constantinople. Unlike the hermits of Egypt who fled the world to dwell in the desert, Eustathios's monks sought out towns where they could assist the poor, sick, homeless, and even lepers.

Basil was captivated, and he worked out the principles of Eustathios's urban monasticism in his own monastery and philanthropic complex at Caesarea. The community of men and women at the Basileias dedicated themselves both to worshiping God and to assisting the sick (whom Basil's physicians attempted to heal) and travelers needing a clean, safe place to stay.

Such pioneering ways roused resistance. Basil had to write to the governor of Cappadocia to defend his actions: "Whom do we harm when we establish hospices for strangers, both those who are visiting on a journey and those who are in need of some care because of illness? For these people we have set up the necessary help: those to nurse the sick and those who practice medicine, beasts of burden and guides."

Perhaps the most radical aspect of Basil's community was its service to a particularly abject and hated class. As Gregory said, these unfortunates were "dead before death and have already perished in most parts of their bodies. They are driven from cities, homes, market places, and sources of water, even from their best friends. They are recognized by their names rather than by their bodily appearance." These sickest of the sick, the Basileias's most numerous patients, were likely lepers. Greek physicians had no idea how to cure them, but Basil felt they still deserved care. So alongside the beds for those with acute illnesses and the hospice for needy travelers, the bishop made a place for the lepers as well.



HUMORING THE PATIENT Left: Melancholic, sanguine, choleric, phlegmatic: Galen’s “four humors” ruled ancient and medieval medicine (from *Guild Book of the Barber Surgeons of York*). Above: Doctor diagnosing patient (from the 14th-c. *Ouvres de Gallien* by Claudius Galenus).

Basil also tried to convince his fellow Christians that medical science was not opposed to God’s will but was God’s gift. From Hippocrates to Galen, Greek physicians had developed a sophisticated science (*logos*) of health based on observation, anatomical studies, and drug experiments. Modern scientists sometimes ridicule the ancient Greek system based on the four humors, but they overlook Galen’s masterful description of the muscles, tendons, and bones of the human hand.

THE BALM IN GILEAD

Some Christians, however, were uncomfortable with Greek medicine. First, it was associated with the cult of Asclepius, the healing god symbolized by a snake. The devotees of Asclepius hailed their god as *savior*, the same title Christians gave to Christ. Second, Christians were suspicious of medicine because it put its faith in human *logos* rather than in the Divine Logos, Christ.

Basil countered these arguments by asserting in his monastic rules that medicine was a gift from God: “The prophetic writings, furthermore, utter this remonstrance to those who have not received admonition: ‘Is there no balm in Gilead? or is there no physician there? Why then hath not the health of the daughter of my people gone up?’” Basil argued that God gave the exiled Adam and Eve agriculture to feed their families, weaving to clothe their nakedness, and the *logos* of medicine to heal their diseases. For every

illness God created a plant, mineral, or sea animal to heal it, and then he gave human beings intelligence to find these remedies.

When a physician heals with medicines, insisted Basil, we experience a miracle of God’s creation no less wonderful than those of the Bible. But he stressed that all healing ultimately comes from God: “God sometimes cures us . . . without visible means when he judges this mode of treatment beneficial to our souls; and again He wills that we use material remedies for our ills . . . to provide an example for the proper care of the soul.”

During his time as bishop, Basil helped to create the Christian hospital by uniting the urban monastic movement to an institution that included hospital care and a staff of physicians and nurses. He also played a significant role in convincing Christians that medical science was a gift from God, not a pagan deception. By purifying medicine of pagan associations, Basil removed doubts that bishops or wealthy Christians harbored about supporting institutions that provided medical care. His work both as patron of the Basileias and as a theologian justifying Greek medicine encouraged the foundation of many Christian hospitals throughout the Greek-speaking provinces of the Roman Empire, where thousands found a balm in Gilead indeed. ☒

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From poorhouse to hospital

HOW THE CHRISTIAN HOSPITAL EVOLVED FROM A HOUSE OF CHARITY THAT CARED FOR THE POOR TO THE MEDICAL INSTITUTION WE KNOW TODAY

Timothy S. Miller

THE MODERN WEST owes much to ancient Greece and Rome, including the building blocks of constitutional law and the traditional categories of academic disciplines. Even our scientific terms derive from Greek or Latin. The pagan Greco-Roman world did not give modern Western civilization hospitals, however. These institutions first appeared in the fourth century A.D., organized by Christian churches in the Greek (eastern) half of the Roman Empire.

Ancient Greece had centers to cure the sick—the temples of Asklepios (spelled “Asclepius” by the Latins), the god of medicine—where the seriously ill came for miraculous divine healing. Rome organized infirmaries for legionary soldiers. Christians, however, were the first to open public hospitals—institutions designed to offer room, board, and therapeutic care, based on scientific medicine, to anyone who needed such assistance. These hospitals evolved from earlier Christian welfare institutions known in Greek as *xenodocheia* or *xenones* (hospices or hostels).

PIONEERING PUBLIC WELFARE

In 312 the emperor Constantine converted to Christianity, and that faith began its climb to dominance in the Roman Empire. Bishops assumed civic leadership roles, often while remaining true to Christ’s command (Matthew 25) to feed the hungry, shelter the homeless, and visit the sick.

While the fourth-century church grew, population surged in rural areas of the eastern Roman Empire. And as families in the countryside grew larger, younger children migrated from villages to cities in search of jobs. Their immune systems were not prepared to resist the new diseases that they encountered in urban areas. Among the worst of these was leprosy, which also increased during the fourth century. The need was great: with Christianity’s new prominence, people were increasingly seeking

help from the churches. And the bishops responded, establishing *xenodocheia* as a new type of welfare institution capable of providing material assistance to far more people than ever before.

Christian *xenodocheia* began as poorhouses where homeless men and women could find clean beds, nourishing meals, and new clothes. These poor houses also supported local residents who had homes but were unable to feed their families. As these instruments of public charity grew to serve more and more needy people, fourth-century bishops found that their expensive services could not be financed solely through donations from the faithful at Sunday services. Thus they pleaded with wealthy Christians to donate estates as endowments for the *xenodocheia*. Some even managed to convince emperors to assign tax revenues to cover expenses.

Christian *xenodocheia* grew so successful that when an emperor came to the throne who was not a Christian—Julian the Apostate (361–63)—he was embarrassed at the obvious inferiority of pagan charity and sought to establish a network of pagan *xenodocheia* to compete with Christian welfare agencies. This was a canny proselytizing move, as the emperor realized that many followers of the traditional gods were turning to Christianity precisely because of such agencies. In a letter to a pagan high priest, Julian claimed: “It is disgraceful that, when





METAMORPHOSIS *Left:* The path from this Roman hospice to full-blown hospitals was long. *Below:* Lepers such as this beggar contributed to the shift.



nonetheless needed food, shelter, and baths for their oozing sores. Meanwhile, *xenodocheia* began to specialize in serving other categories of needy people. Alongside those that offered long-term care for lepers, others arose with a special mission to shelter poor homeless people. A third type of *xenodocheion* concentrated on curing treatable diseases. The transformation from poorhouse to hospital was underway.

CHRYSOSTOM: “HONOR CHRIST; FEED HIS POOR!”

Around 390, John Chrysostom, the virtuoso preacher who was then serving as priest at Antioch (Syria), described two separate charitable facilities maintained by Antioch’s Christians. One was a leprosarium for lepers and people with incurable cancer. The other he called a *xenon* (synonym for *xenodocheion*). Here one could see patients

no Jew ever has to beg, and the impious Galileans [Christians] support not only their own poor but ours as well, all men see that our people lack aid from us.”

With growth in Christian social services came specialization. During the 350s the Christian monastic leader Eustathios from Sebasteia and his communities of urban monks developed a new type of *xenodocheion* that served that most socially visible class of the sick: the lepers. Eustathios founded a leprosarium outside Sebasteia in 355, providing care for these sufferers for whom medicine offered no cure but who

with “every cause of illness, strange forms of disease and many different types of suffering.” Chrysostom did not mention physicians, but later, as bishop of Constantinople, he built two institutions which he called *nosokomeia* (places for the sick). Over these he appointed clergymen as supervisors, and he staffed them with physicians and urban monks who worked as nursing attendants. Even the cooks he hired for these houses of healing served a medical purpose: in Greek medicine, diet was considered a vital part of curing illness. *(Continued on page 20)*

F.127 MUSIC SHEET WITH A DRAWING OF A LEPER, C.1400 (VELLUM) BY ENGLISH SCHOOL (15TH CENTURY), BRITISH LIBRARY, LONDON, UK © BRITISH LIBRARY BOARD. ALL RIGHTS RESERVED/ THE BRIDGEMAN ART LIBRARY

Healthcare and hospitals in the mission of the church

100

300

600

900



BASIL OF CAESAREA

— **Early 2nd century:** Christians by this time have developed church infrastructure to assist the sick. This assistance is usually led by deacons and deaconesses and focuses on palliative care.

— **Late 2nd century: Galen** (c. 131–201) practices as a physician and publishes the medical treatises that will form the basis of Western medicine for centuries.

— **250–51:** Devastating **plague** spreads throughout the Western Roman Empire, causing the church to expand its program of benevolence. The church at Rome is said to minister to 1,500 widows and others in need, spending annually an estimated 500,000 to 1,000,000 sesterces.

— **4th century:** Bishops in the eastern half of the empire begin to establish *xenodocheia* as Christian welfare institutions for the sick and poor.

— **330: Basil of Caesarea** (c. 330–379) is born into a Christian family from Cappadocia in Asia Minor (central Turkey).

— **360:** Basil founds his hospital in Cappadocia; he is ordained bishop in 370.

— **The decades after 370:** In Constantinople, Alexandria, and throughout the Eastern empire, many hospitals are founded on the example of Basil's great "Basileum."

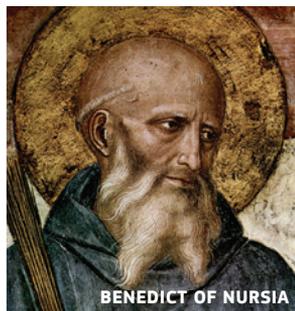
— **Late 4th century: John Chrysostom** (c. 349–407) tells us that the Great Church in Antioch, Syria, supported 3,000 widows and unmarried women, as well as the sick, the poor, and travelers.

— **Late 4th century: Fabiola** (d. 399?) establishes first Roman hospitals.

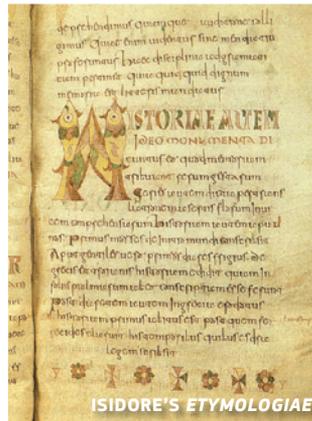
— **540:** The **Nestorians**, having been forced to flee after the Council of Ephesus (431) declared them heretics, found a hospital at Gondishapur on the Persian Gulf which becomes a center of medical knowledge from a number of traditions: Persian, Alexandrian, Greek, Jewish, Hindu, and Chinese.

— **526: Benedict of Nursia** (c. 480–c. 530) founds his monastery at Monte Cassino. His *Rule* emphasizes hospitality to the stranger.

— **541–749:** Repeated waves of bubonic plague strike and devastate the Eastern empire.



BENEDICT OF NURSIA



ISIDORE'S ETYMOLOGIAE

— **549–580:** First hospitals founded in France and Spain.

— **7th century:** Isidore of Seville (c. 560–636) publishes *Etymologiae*, an encyclopedia of classical learning that includes a lengthy guide to Greek medicine.

— **7th century: The Venerable Bede** (c. 672–735) collects and publishes medical writings.

— **9th century: Medical School at Salerno** founded.

— **937:** First hospital built in England.

— **9th–10th centuries:** Benedictine monks in the West preserve ancient medical science during a time of unrest as they copy medical manuscripts, maintain herb gardens, and experiment with elixirs to cure diseases. Hospitals enter period of decline, lack of funds, and in some cases destruction, but many bishops and clergy still work to do what they can for the poor.

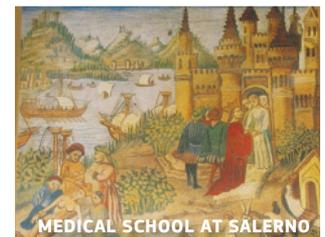
— **9th–10th centuries: Jerusalem Hospital** founded by a community of Augustinians.

— **1099:** First Crusade arrives in Jerusalem and new building erected for the Jerusalem Hospital, funded by donations of grateful and wealthy crusaders.

— **By 11th century:** a succession of Benedictine monks at the **Medical School at Salerno**, in cooperation with Jewish translators, have translated many Greek and Arabic medical texts into Latin, re-introducing them to the West. The most popular translated texts are known as the *Articella* (*Little Art of Medicine*) and include Hippocrates and Galen.

— **12th century:** Religious orders devoted to the care of the sick begin to arise, most of them following the **Rule of St. Augustine** (based on writings of St. Augustine of Hippo [354–430] although not traceable directly to him).

— **12th century:** Observers describe the hospital in Jerusalem as capable of housing around 1,000 patients in as many as 11 wards. Muslim and Jewish patients are welcome too, and are fed chicken in place of pork.



MEDICAL SCHOOL AT SALERNO



From its roots in the early church to the Reformation and beyond, the Christian effort in medical philanthropy grew and took on an increasingly “medical” character.

1100

1200



CROSS OF THE KNIGHTS HOSPITALLER

- **Early 12th century:** Franciscan order of mendicant (“begging”) brothers arises from the life and work of **Francis of Assisi** (1182–1226). Franciscans and other similar orders (Dominicans, Carmelites) originally own no property, and emphasize works of mercy and identification with the poor.
- **1113:** Brothers of Hospital of St. John, later **Knights Hospitaller**, established as first international religious order.
- **12th century:** **Master Raymond du Puy** (1120–1160) instructs the **Knights Hospitaller** on “How our Lords the Sick should be received and served.”
- **12th century:** Full development of the doctrine of purgatory out of earlier ideas of the necessity of doing penance for sins. This provides further impetus for Christian almsgiving.



THE DANCE OF DEATH

- **1136:** Construction begins on the Pantokrator, the greatest of Byzantine hospitals.
- **c. 1145–early 13th century:** Augustinian brothers from Montpellier in France organize hospitals dedicated to the Holy Spirit, first in France and then (1204) in Rome. The order and the hospitals founded by them spread widely throughout Europe.
- **1157:** **Cistercians** (a reform movement of Benedictines) forbid monk physicians to treat laypeople. (This is in part to prevent them from developing lucrative and distracting private businesses.)
- **1187:** **Saladin** captures Jerusalem and forces Knights Hospitaller to leave. They found other hospitals in the Holy Land.
- **1191:** **Teutonic Order** founded in the Holy Land as a brotherhood devoted to the service of the sick; later moves its base of operations to Germany.
- **12th–13th century:** The rise of the mendicants and devotion to the Passion radically increases the number of hospitals founded in Western Europe. Hundreds of leprosaria are also built to deal with an epidemic of leprosy.

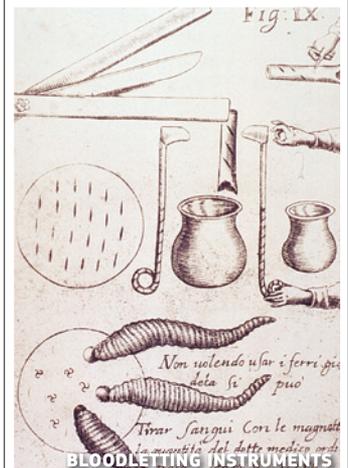


SALADIN'S ARMY



THE BLACK DEATH

- **Early 13th century:** **Pope Innocent III** (1160–1216, made pope 1198) promotes the new outpouring of piety among the mendicant orders.
- **1207:** **Innocent III** adds “burying the dead” to the six works of mercy noted in Matthew 25 (feeding the hungry, giving drink to the thirsty, giving shelter to strangers, clothing the naked, visiting the sick, visiting the imprisoned); these became known as the **Seven Comfortable Works**.
- **13th century:** **Elizabeth of Hungary** (1207–1231) becomes a symbol of Christian charity; widowed at 20, she gives her wealth to the poor and builds hospitals.
- **13th century:** *Regimen Sanitatis Salernitanum* is compiled, one of the most famous of medieval “regimens”; it supposedly originates at the **Medical School at Salerno**.
- **13th century:** Earliest known contracts for public physicians (employed by towns and cities) in Italy. This system spreads throughout Europe by the early 16th century.
- **13th–16th centuries:** Over 150 hospitals founded in Germany.
- **14th century:** **Black Death** (probably bubonic plague) ravages Europe. **St. Roche** (1295?–1370) becomes known for his miraculous cures of many plague sufferers.
- **14th–15th centuries:** Guilds of surgeons, barbers, and physicians begin to develop in Europe.
- **16th century:** **Order of St. John of God** begins building hospitals for the insane in Spain.



BLOODLETTING INSTRUMENTS

CROSS OF THE KNIGHTS HOSPITALLERS: WIKIPEDIA/PUBLIC DOMAIN; THE DANCE OF DEATH: WIKIPEDIA/PUBLIC DOMAIN; SALADIN'S ARMY: WIKIPEDIA/PUBLIC DOMAIN; THE BLACK DEATH: WIKIPEDIA/PUBLIC DOMAIN; BLOODLETTING INSTRUMENTS: VINTAGE PRINTABLE/PUBLIC DOMAIN



LEADING LADIES Jerome could not stop singing the praises of such wealthy women as Paula and her daughter Eustochium, who spent their wealth founding monasteries and helping the poor. One such woman was hospital founder Fabiola.

In one of his sermons, Chrysostom explained the rationale for Christian work with the poor and sick: “Do you wish to honor the body of Christ? Do not ignore him when he is naked. Do not pay him homage in the temple clad in silk, only then to neglect him outside where he is cold and ill-clad. He who said: ‘This is my body’ is the same who said: ‘You saw me hungry and you gave me no food,’ and ‘Whatever you did to the least of my brothers you did also to me.’ What good is it if the eucharistic table is overloaded with golden chalices when your brother is dying of hunger?”

If you hear a note of rebuke in these words, you catch a common theme in Chrysostom’s preaching: frustration at wealthy congregants who did nothing while the poor suffered.

A few years after Chrysostom opened these hospitals, Neilos of Ancyra in Asia Minor wrote a letter using a hospital as a metaphor for the world and its spiritually sick inhabitants. Like a hospital physician, Christ examines each patient to determine the right medicines and diet to restore spiritual health: “Many are the sick people in the hospital of this present age. The same medicine does not fit them all, nor is the same diet right for all. The physician (Christ) assigns the medicines and diet appropriate for each patient.” By the end of the fourth century, everyone knew what a Christian hospital was.

After 400 the Roman Empire split in two. The Greek half survived as the Byzantine Empire, but the Western half, where Latin predominated, was overrun by Germanic tribes. In the Byzantine Empire, hospitals continued to develop. From the seventh century we have a fascinating description of a sophisticated hospital, the Christodotes *Xenon*, in the Byzantine capital of Constantinople.

According to this account, an official working under the bishop of Constantinople governed the financial and legal side of the hospital, but two chief physicians supervised patient care, alternating every other month in overseeing medical procedures. Every day the chief physician on duty visited each patient to monitor treatment—just as Christ had made his rounds in Neilos’s metaphor. Under these chief physicians were trained medical assistants who carried out basic procedures such as minor surgery. Below them came servants who cleaned the beds and kept the lanterns lit at night.

Despite repeated Muslim attacks after 638, the Byzantine Empire continued to support hospitals until its collapse in 1453. The emperors themselves financed some of the biggest hospitals, located in Constantinople.

FABIOLA: ANGEL TO THE SICK POOR

In the Western, Latin half of the Empire—Rome and Italy, Gaul (France), Britain, and the Rhineland—it took much longer for medical hospitals to emerge.

The first Western Christian charitable institutions were founded in Rome, not by the Roman bishop but by an immensely wealthy Christian widow named Fabiola. Jerome (he of the Latin Vulgate) said:

Fabiola [was] the praise of the Christians, the marvel of the gentiles, the sorrow of the poor, and the consolation of the monks. Whatever point in her character I choose to treat of first, pales into insignificance compared with those which follow after. Shall I praise her fasts? Her alms are greater still. Shall I commend her lowliness? The glow of



THE BODY-SPIRIT CONTINUUM These monks, disfigured by plague, seek the blessing of a priest. Such scenes were duplicated in many Christian hospitals.

her faith is yet brighter. Shall I mention her studied plainness in dress, her voluntary choice of plebeian costume and the garb of a slave? . . . To change one's disposition is a greater achievement than to change one's dress. It is harder for us to part with arrogance than with gold and gems.

Jerome's description of Fabiola's first "hospital" sounds like an early leprosarium. The patients were suffering from truncated limbs, oozing sores, and turgid blood (leprosy was caused by a thickening of the blood with black bile, said the Greeks). Fabiola and her companions carried the lepers back to the asylum, washed their sores, and fed them:

She was the first person to found a hospital, into which she might gather sufferers out of the streets, and where she might nurse the unfortunate victims of sickness and want. Need I now recount the various ailments of human beings? Need I speak of noses slit, eyes put out, feet half burnt, hands covered with sores? Or of limbs dropsical and atrophied? Or of diseased flesh alive with worms? Often did she carry on her own shoulders persons infected with jaundice or with filth. Often too did she wash away the matter discharged from wounds which others, even though men, could not bear to look at. She gave food to her patients with her own hand, and moistened the scarce breathing lips of the dying with sips of liquid.

Jerome compared her to those who practiced a more distant benevolence:

I know of many wealthy and devout persons who, unable to overcome their natural repugnance to such sights, perform this work of mercy by the agency of others, giving money instead of personal aid. I do not blame them and am far from construing their weakness of resolution into a want of faith. While however I pardon such squeamishness, I extol to the skies the enthusiastic zeal of a mind that is above it. A great faith makes little of such trifles.

Monasticism had not yet arrived in Rome from the eastern provinces, so we cannot yet describe Fabiola as a nun. She worked in the tradition of the early Christian widows and deaconesses.

Shortly after Fabiola's death (400?), Germanic tribes overran the Western provinces, cutting short any widespread movement to imitate Fabiola's philanthropic institutions. From the sixth and seventh centuries, however, comes evidence that bishops in Gaul did establish welfare institutions in their cities. Were they inspired by Jerome's descriptions of Fabiola? Most of these houses of charity were leprosaria and *xenodocheia* for the poor. At least one was a hospital. Bishop Praeiectus of Clermont built a *xenodocheion* for his city sometime before 676, staffing it with physicians.

The desire for cures in the hospital at Clermont, however, was an exception. Most Frankish *xenodocheia* aimed primarily at offering a place to stay, food, and perhaps some medical treatment for sick travelers. Around 800, Bishop Theodulf of Orleans (author of the hymn "O Come, O Come, Emmanuel") summed up the services of Western *xenodocheia* in these words: "Here let the tired receive support, the languishing medicine, and the sorrowful joy."

MONASTIC GUEST HOUSES

During the fifth and sixth centuries, organized monasticism grew up in the West, patterned on the large ascetic communities organized by Saint Pachomius in Egypt. The most significant Western monastic leader was Saint Benedict, who founded Monte Cassino in 526. For this monastery he wrote the *Rule* that later became the handbook for Western monasticism. Unlike Eustathios and Basil, Benedict strove to keep his monks separated from the world and away from cities, but he required them to welcome guests (*hospites*) and maintain a guest house (*hospice*): "All



LASTING LEGACY: *Left:* The Hotel-Dieu hospital in Paris, today. *Above:* Patients and nuns in the Hotel-Dieu, 15th c.

arriving guests should be welcomed like Christ, for He Himself will say, 'I was a stranger and you welcomed me.'"

Benedict also took special measures to care for sick monks. He assigned them brother monks who waited on them and comforted them in their illnesses. But nowhere did his *Rule* mention medical care for sick guests. As a result, the Benedictine monasteries that spread from Italy throughout Western Europe never maintained hospitals, in the sense of institutions primarily dedicated to medical care. Their *xenodocheia* (called hospices in Latin) always remained simple guest houses, though many did provide basic nursing care for the sick when the need arose.

From 850 to 1000 as Vikings, Huns, and Muslim raiders hammered Europe from every direction, Benedictine abbeys copied medical manuscripts, maintained herb gardens, and experimented with elixirs to cure diseases (the origins of many modern liquors). They kept alive ancient medical science, but they did not support hospitals. In 1157, the Cistercians (a reform movement of Benedictines) forbade monk physicians to treat laymen. Thus, the rebirth of hospitals in Western Europe had to wait for the intersection of two distinct Christian movements: a new form of monasticism and the Crusades.

This new form of monastic life began in the eleventh-century towns of Europe. During 500–1000 A.D., populations fell, cities shrank, and trade almost ceased. But at the start of the second Christian millennium, Genoa and Venice began to win victories against Muslim naval forces in the Mediterranean. Christian traders prospered, and towns expanded. With growth, however, came the same demographic problems that had faced the fourth-century East: more and more rural folk were moving into the big city—and catching big-city diseases.

THE CANONS TAKE OVER

Benedictine monasticism had no solution for this problem of urban illness. First, they were rooted in rural areas. Second, their focus tended to be inward rather than outward to the larger society. And third, some Benedictine houses had declined from the original hospitable ideals of Benedict. But what they couldn't do, a new sort of ascetic community could. Often founded by a new breed of monks called Augustinian canons, these communities organized themselves to help people outside the cloister.

Some Benedictine abbots realized the importance of this new movement. Abbot Wilhelm (1069–91) of Hirsau entrusted his monastery's hospice to a group

TOP LEFT: WIKIPEDIA/PUBLIC DOMAIN
TOP RIGHT: PATIENTS AND NUNS AT THE HOSPITAL OF HOTEL DIEU IN PARIS; FROM 'LE LIVRE DE VIE ACTIVE DE L'HOTEL DIEU' BY JEAN HENRY, C.1482 (VELLUM) BY FRENCH SCHOOL (15TH CENTURY), MUSEE DE L'ASSISTANCE PUBLIQUE, HOPITAUX DE PARIS, FRANCE/ ARCHIVES CHARMET/ THE BRIDGE-MAN ART LIBRARY



of brothers who were organized according to the new Augustinian rule. These brothers remained independent of the Benedictine monastery but were employed by its abbot to provide hospice services. These new communities insisted, as Eustathios and Basil had done, that authentic Christian ascetic life be rooted in service to others.

In 1095 Pope Urban II demanded that warring knights and barons stop fighting each other and march eastward to liberate Jerusalem from the Muslims. Thousands heeded the call, and in 1099 a motley group of Western warriors without an acknowledged commander conquered the Holy City. When the Crusaders entered Jerusalem, they found a community of Augustinian brothers already there caring for Western pilgrims in a *xenodocheion*. Here visitors

from Western lands such as England and France had been able to find a bed, food, and medical care if they fell ill.

Under the Christian kings of Crusader-era Jerusalem, this hospital expanded rapidly—first, because many more pilgrims flocked to the Holy City now that it was in Christian hands, and second, because some of these visitors were great lords in Europe. When these powerful pilgrims returned home, they donated huge tracts of land to the Jerusalem hospital.

THE KNIGHTS RIDE IN

During the twelfth century, the Jerusalem Hospital increasingly hired physicians and surgeons to give medical care to the sick, probably because so many pilgrims fell seriously ill in a new environment from bacteria and viruses against which they had no defenses. And the brothers of the hospital became a new order: The Knights of Saint John, or Hospitallers (see “Our lords the sick,” p. 31).

The Knights not only expanded the healthcare services at their Jerusalem Hospital, they also built smaller hospitals throughout Europe. In the late twelfth century, one community of Augustinian brothers opened a hospital in Montpellier (South France), modeled on the Jerusalem Hospital. In 1204, the Montpellier brothers organized a hospital in Rome dedicated to the Holy Spirit. From here they spread throughout Western Europe, founding Holy Spirit hospitals in many towns.

Although the rules of this new order did not mention physicians, the brothers from each community were to search their town for people incapacitated



TO WALK WHERE JESUS WALKED The earliest hospitals often started as inns for tired and sick pilgrims. (Pilgrims en route to the Holy Land, Italian School, 14th c.)

by disease and carry them to the hospital. The brothers were also to provide medicinal baths for patients.

The Hospitallers and the brothers of the Holy Spirit personally cared for patients as part of their ascetic discipline. Holy Spirit sisters worked in the tradition of the early deaconesses, dedicating their lives to serving the sick. During the thirteenth century, such nursing nuns became a familiar sight in the wards of Christian hospitals. One late medieval writer described their labors in the hospital at Tournai (Belgium): “You will have to get up when you want to sleep, rise when you are exhausted and want to rest, work when you long for recreation.”

With time, hospitals devoted more and more resources to curing the sick. By the fifteenth century, Florence’s premier hospital, staffed by Augustinian sisters and brothers, hired the six leading physicians in the city to supervise patient care.

Traveling to Rome in 1510, Martin Luther visited some of the famous Italian medical hospitals. He praised Italian hospitals like the one in Florence for their excellent food, diligent nursing care, and expert physicians. As the Reformation spread, the leading reformers agreed with their forebears that Christians ought to make every effort to heal the ill: “(Jesus) sent them out to preach the kingdom of God and to heal the sick” (Luke 9:2). Or in Bishop Theodulf’s words, “Here let the tired receive support, the languishing medicine, and the sorrowful joy.” ☒

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The hospital experience

WHAT WOULD IT HAVE BEEN LIKE TO RECEIVE CARE IN A MEDIEVAL HOSPITAL?

Jennifer L. Woodruff Tait

IT IS THE MIDDLE AGES, and you are sick or injured. You are not wealthy enough to afford the luxury of being treated by a doctor in your home. Or you are traveling from one village to another and need a place to lodge for the night. Or you are a monk or nun who has become ill and needs special care within the monastery or convent. Or, perhaps, you have received from a panel of experts in your parish the dreaded diagnosis—leprosy. What will you do? Where will you go? How

will you be taken care of? For all of these conditions, the answer was the same—and to some degree, so was the care received—in that developing institution known as the *hospital*.

Medieval hospitals varied widely in their size, location, and staffing; what follows is a composite picture of what your experience might have been as a patient—beginning with whether you would be able to become a patient at all. Although some hospitals welcomed all comers, including travelers and beggars to whom they gave alms, many others had restrictions: common restrictions included refusals to admit the insane, epileptics, those with contagious or incurable diseases, pregnant women (especially if unmarried), and lepers.

THE SICK IN A MONASTERY INFIRMARY. FROM THE ANGLI-CATALAN PSALTER, CA. 1340–1350. MS.LAT. 8846. F. 106. BIBLIOTHEQUE NATIONALE, PARIS, FRANCE. ART RESOURCE, NY.



CROSSING OVER The sick in a monastery infirmary could expect to be surrounded with prayer throughout their illness and until death (from a 14th-c. psalter).

ner as modern retirement facilities. While some hospitals did admit patients for free, others charged fees, particularly leper houses. One method was to buy a title to a bed, which then became one's private property and could be used by friends and family members. (Also, it was cheaper than endowing an entire hospital.) Travelers seeking hospitality frequently faced restrictions as to how long they could stay. Overnight hospitality with food was the norm. Some hospitals permitted longer stays and some also gave food for the road. At St. Paul, Norwich, the rules said that departing guests should be given "as much bread as seemed right to the steward."

One major way in which your experience would be different from that of a modern hospital was in the size of the institution. Although some famous hospitals, especially in the East, were large endeavors—the Pantokrator *xenon* in Constantinople had fifty beds, an old-age home with space for twenty-four residents, a leper house, and an outpatient drug dispensary—it was more likely that, if admitted, you would find yourself in a setting with fifteen to thirty other patients.

These would largely be adults, although some hospitals did take in abandoned babies and orphans. The wealthiest sick people were usually cared for at home in their illnesses, but nearly all other classes might be represented.

LITTLE HOSPITAL IN THE SUBURBS

In another difference from modern hospitals, the hospital would probably be outside the center of town or outside the town altogether, especially if it was a leper house. There were several reasons for this. The desire of many towns to exclude the sick and infirm was one, but founders of hospitals often chose such sites themselves because land was cheaper, there was more space for buildings and gardens and more quiet for prayer and contemplation, and the building could be situated along a main road, where it was easier to welcome travelers and solicit donors. Situating a hos-

On the other hand, some institutions specialized in care for one or another of these categories. Leper houses were the most famous, but large urban hospitals would often admit blind, crippled, and otherwise long-term infirm patients. Some even cared for single mothers. St. Bartholomew in London was described as being a place of comfort "in specialty unto young women that have misdome, that are with child," and at St. Thomas, Southwark, the merchant Richard Whittington endowed "a new chamber with eight beds for young women that had done amiss, in trust of a good amendment." The Hospital of St. John in Jerusalem provided "cradles for the babies born in the House, so that they may lay separate and that the baby in its own bed may not be in danger from the restlessness of the mother."

Elderly patients, whether sick or not, could buy a place in an almshouse, with the promise that they would be fed, clothed, and housed until death, in a similar man-



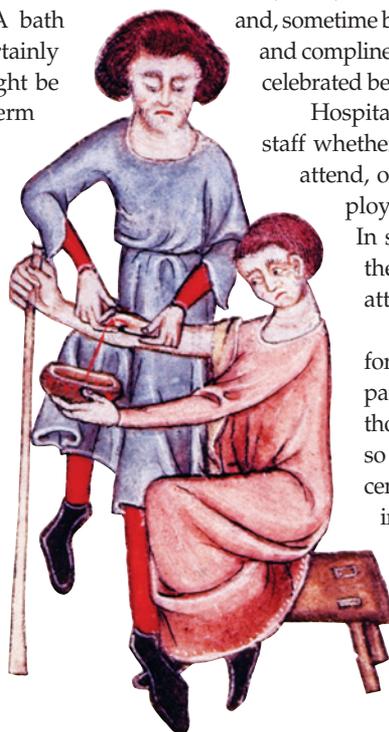
THE CLOISTER REACHES OUT Benedict's *Rule* mandated hospitality to the needy stranger (Benedict feeding the poor).

pital by a stream not only provided the obvious usefulness of running water, but also meant that the hospital could draw income from tolls on the associated bridge.

Upon entering the hospital, the first thing that happened to you would be a service of prayer and confession, possibly involving footwashing. This was intended to address any evils in the soul which might be causing evils of the body. If, as was probably the case, your clothes were dirty or infected with vermin, they would be removed. A bath might be given, and clean clothes certainly would be. (Your original clothes might be deloused and returned, or for long-term patients clothes might be provided. In the later Middle Ages, and in leper houses, this often took the form of a religious habit.)

According to the rule of St. Benedict, guests, whether sick or not, were to be greeted with the kiss of peace, welcomed by the monastic superior in person, be given water to wash and have their feet washed by the community, and received with a short liturgy. In the Hospital of St. John in Jerusalem, the rule was as follows: "When the sick

"THIS WON'T HURT A BIT" Regular blood-letting was practiced even into the 18th c., when a blood-letting cure killed George Washington.



man shall come there, let him be received thus, let him partake of the Holy Sacrament, first having confessed his sins to the priest, and afterwards let him be carried to bed . . . also on every Sunday let the Epistle and the Gospel be chanted in that House, and let the House be sprinkled with holy water at the procession."

After admission ceremonies, you would be given a bed—in some cases a bed of your own, in other cases one shared with another patient. Likely, there would be a small place for stowing personal belongings—some monastic infirmaries featured a small chest of drawers, also outfitted with a tray for taking meals in bed. Men and women were housed in separate spaces, and if the institution was large enough there would be separate wards for more seriously ill patients as well. At the Pantokrator, separate sections were established for wounds and fractures versus diseases of the eyes and stomach. Colder air circulated in the Pantokrator's infectious disease wards, as this was seen as a guard against future infections.

Most important, though, was the location of the beds in conjunction with worship spaces, because the round of worship in a medieval hospital was considered to be one of its most important functions. All seven of the daily prayer offices were observed, and mass was usually said every morning as well, provided the hospital had a priest on staff (most did).

BATHED IN PRAYER

The schedule began with matins at midnight; at 3 a.m. you would participate in lauds (morning prayer), possibly followed by a mass of the Virgin Mary or private masses. Between 6 and 10 in the morning would be the "little hours" (prime, terce, sext, and none—literally "first, third, sixth, and ninth"), ending with a mass of the day and, sometime before 11 a.m., the morning meal. Vespers and compline (two forms of evening prayer) would be celebrated between 11 and 5, followed by dinner.

Hospital personnel—monks, nuns, and lay staff whether volunteer or paid—were expected to attend, or to say the office at their place of employment if they could not be in worship.

In some cases, the hospital also served as the parish church and would regularly be attended by members of the community.

But worship was also to be observed for the spiritual benefit it would give the patient. Some smaller hospitals, especially those within monasteries, were designed so that the patients' beds actually faced a central worship space in the same building. In others, the infirmary was located very near the chapel, so that you could hear and see as much of the service as possible—including being able to see the Host even if you could not receive it due to your condition. If your illness allowed it, you would be

TOP LEFT: BERGOGNONE, ORIGIN AMBROGIO DA FOSSANO; C.1455. C.1629. "SAINT BENEDICT FEEDING THE POOR"; C.1490. (BENEDICT OF NURSIA, FOUNDER OF THE ORDER, C.480–547). ON WOOD, MUSEO D'ARTE ANTICA, PINACOTECA, MILAN, CASTELLO SFORZESCO. PHOTO: AKG-IMAGES / ELECTA. BOTTOM: ADD.42130.FOL.61 BLOOD-LETTING. FROM THE LUTTRELL PSALTER, C.1325–35 (VELLUM) BY ENGLISH SCHOOL (14TH CENTURY), BRITISH LIBRARY, LONDON, UK © BRITISH LIBRARY BOARD. ALL RIGHTS RESERVED. THE BRIDGEMAN ART LIBRARY



expected to attend services. Religious art and relics would surround you, and a confessor might visit occasionally to discuss the state of your soul and the meaning of your illness, and to administer confession and absolution.

At the Hospital of St. John, each patient was sprinkled with holy water at the end of the day, accompanied by the following words: "You, Our Lords the Sick! Pray for yourselves and for all Christians who are ill in the world, that Our Lord will give them health."

"OUR LORDS THE SICK!"

Once you had been adopted into the daily round of hospital life, what sort of medical care might you receive? In many cases, as historian Martha Carlin comments, "the treatment most likely to have been available . . . was bed rest, warmth, cleanliness and an adequate diet." For the poor and homeless in particular, this level of care in itself would have improved at least your spirits and possibly your health as well. If you were going to remain in the hospital for any length of time, you would be assured of a daily allowance of food, as well as clothes and in some cases money.

Hospital diets varied by time and place, but in many cases sound more appetizing than the institutional food of our own day. In early Byzantine hospitals, the sick were given bread, wine, and vegetables with olive oil; sick monks received dispensations from fasting. (At the Pantokrator, patients were allotted each day bread, oil,

DOCTOR, DOCTOR, GIVE ME THE NEWS The diagnostic knowledge of the medieval West was handed down in many guidebooks. ("Twelve Ailments," from *Chirurgia* by Rogier de Salerno, 1300–1310.)

two onion heads, and a money allowance to purchase additional food and wine.) Later English hospitals served variations on the typical British diet: you would have eaten bread, meat or fish, pottage, and plenty of cheese and butter. Ale (brewed from barley malt) was particularly important as a source of nutrition; French hospitals served wine instead.

Vegetables and fruits for the hospital kitchens came from the hospital gardens, as did medicinal herbs and plants. One hospital, at St. Giles, Norwich, included on its grounds an ornamental garden, a "great garden" for fruit trees and vegetables, a pond, a piggery, and a kitchen garden. The hospital sold its leftover apples, pears, onions, and leeks for profit, and produced saffron, garlic, hemp, and henbane for medicines. The garden at St. Gall is known to have produced roses, lilies, sage, rosemary, fennel, iris, opium, watercress, pepperwort, and mint.

If your condition required, you might be given a herbal bath with ingredients deemed appropriate to your particular illness. Herbs were also used in mixing medicines to be taken by mouth and in aromatic mixes to freshen and purify the air. If able, you might walk in the gardens yourself for rest and recuperation.



CARE, CURE, AND COMFORT In this typical medieval Italian hospital, doctors tend their patients with basic nursing care and food as well as surgical intervention.

Two concepts governed medical treatment. One, inherited from the medical practice of the ancient Greeks, was that the body was composed of four humors—black bile, yellow bile [choler], phlegm, and blood—and that illness occurred when an individual’s “blend” of these humors became unbalanced. Then the body would try to heal itself by driving out the offending substance, in a variety of ways—bleeding, sneezing, vomiting, voiding, and developing skin rashes. Caregivers might hurry the body’s own process along through bloodletting, diuretics, expectorants, cauterization, and irritating the skin.

In addition, treatment proceeded according to what was known as the *regimen sanitatis*, or “healing regimen.” This focused on the prevention and treatment of illness through proper management of the “non-naturals:” air, food and drink, sleeping and waking, motion and rest, excretions and retentions, and dreams and the passions of the soul. Wealthy patients could commission their own personal “regimen” from a doctor, but general principles were available to all through popular medical tracts. One of the most famous of these was the *Regimen Sanitatis Salernitatum* from the Medical School of Salerno, Italy (see “Prescription for health,” p. 29).

Part of this regimen might involve the use of music. This was particularly true in the Byzantine context, which was influenced by the extensive culture of music therapy in Islamic hospitals, but even Western hospitals provided a round of liturgical music to soothe your soul, and in some cases other music as well. A rulebook from St. Augustine’s Abbey in Canterbury prescribed music to raise the spirit of a depressed patient, who “may be led into the chapel by the *infirmarius*, or carried there in some manner, so that, the door being closed, a stringed instrument may be sweetly played before him by any brother, or by any reliable and discreet servant, without blame.” Other monasteries provide evidence that patients might be distracted with music while being bled.

When might you see a doctor? And what kind of doctor would it be? Not all hospitals had physicians. The Pantokrator, which had an overall capacity of perhaps 200 patients, had an amazing (for its time) 21 physicians, some specializing in medicine and some in surgery, as well as 46 nursing assistants and 6 pharmacists who compounded medicines. However, this was unusual. A small hospital might have few or no doctors, although in times of need—complicated illnesses or traumatic accidents—physicians or barber-surgeons could be brought in.

This did not mean that you would not receive care from someone knowledgeable in medicine. In many hospitals, this was the *infirmarius*, a monk or nun with a calling to the work of attending the sick, and who had acquired informal medical training through extensive

reading and practice. An *infirmarius* usually visited twice a day; he or she might deliver food and change bedding, but would also diagnose illnesses—chiefly through examination of your urine, one of the major medieval diagnostic tools—as well as preparing prescriptions and discussing with you the state of your soul and body.

In one famous story, Henry I of Bavaria tested the diagnostic skills of Notker II, the abbot of St. Gall, by providing urine from a chambermaid instead of his own; Notker not only uncovered the deception but correctly diagnosed the chambermaid's pregnancy as well.

Women as well as men served as medical practitioners, including as licensed physicians; many specialized in the treatment of women's conditions or (as at the Pantokrator) would be assigned to women's wards.

What if, in the end, all of this was not enough, and you found yourself facing death? Then it would be most important that you died well, free of sin and ready to meet your Lord. You might be put in a separate room; you would certainly make your confession and receive absolution, with the holy oil placed on the sense organs and other parts of your body that were suffering. The whole community would pray for you in the round of services, and staff would keep vigil by your bedside, talking, praying, and reading the Bible to you.

The point of this, as historian Guenter Risse says, was "to ensure 'proper passing'; nobody should be left to die alone." When death came near, the whole community would gather at your bedside to pray and sing; as Risse notes, music was thought to "unbind" your pain and ease suffering. Once you had died, nurses would wrap your body in a shroud; a special funeral mass would be celebrated and you would then be borne, with ceremony, to the hospital cemetery. In death as in life, you would be surrounded by the prayers of the faithful who had done their best to care for your soul and body, and who now knew that you rested in the arms of the Great Physician himself. ☒

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A DOCTOR diagnoses a patient by viewing his urine.

Prescription for health

Founded in the ninth century within a monastery's "dispensary" (clinic and pharmacy), by the tenth the Medical School at Salerno had begun to gain widespread fame for the unrivaled expertise of its medical practitioners. The school's twelfth- to thirteenth-century Regimen Sanitatis Salernitatum, printed in over 300 editions in many languages, drew from Islamic and classical Greek medical knowledge preserved for centuries at the Benedictine monastery of Monte Cassino. Like many "regimens," this one gave advice on food and drink, exercise, and cleanliness, and explained the characteristics of the four humors and the diet and medical treatments appropriate to each:

76.
 Rise early in the morn, and straight remember,
 With water cold to wash your hands and eyes,
 In gentle fashion reaching every member,
 And to refresh your brain when as you rise,
 In heat, in cold, in July and December,
 Both comb your head, and rub your teeth likewise:
 If dined, to stand or walk will do no harm.
 Three things preserve the sight: Grass,
 Glass, and Fountains,
 At Even springs, at Morning visit Mountains

86.
 Six things, that here in order shall ensue,
 Against all poisons have a secret power,

Pear, Garlic, Radish-roots, Nuts, Rape [the rapeseed plant], and Rue,
 But Garlic chief; for they that it devour,
 May drink, and care not who their drink do brew:
 May walk in airs infected every hour.
 Sith [since] Garlic then hath powers to save from death,
 Bear with it though it make unsavory breath:
 And scorn not Garlic, like to some that think
 It only makes men wink, and drink, and stink.

91.
 If in your drink you mingle Rue with Sage,
 All poison is expelled by power of those,
 And if you would withal Lust's heat assuage,
 Add to them two the gentle flower of Rose:
 [Who] would not be sea-sick when seas do rage,
 Sage-water drink with wine before he goes.
 Salt, Garlic, Parsley, Pepper, Sage, and Wine,
 Make sauces for all meats both coarse and fine.
 Of washing of your hands much good doth rise,
 'Tis wholesome, cleanly, and relieves your eyes.

—From the seventeenth-century English translation by Sir John Harington (spelling modernized by Robert Richmond)

The despised class?

LEPERS AND THE CHURCH IN THE MIDDLE AGES



THE LEAST OF THESE The early Franciscans often lived and served in “lazars” or leper houses. Francis taught his “friars minor” to find in the lepers Jesus, who was himself born among the poor and died naked and shunned.

WHAT WAS LEPROSY? We are inclined, as were early and medieval Christians, to assume that leprosy in our world is equivalent to the disease translated as “leprosy” in modern Bibles (*sāra’ath* in Hebrew). Though biblical leprosy was also some type of skin disease, it is not at all clear that it was the same disfiguring disease which began to be described as “*lepra*” or “*elephantiasis*” by Greek and Roman physicians in the first and second centuries.

“Experts” have also told us that, as with biblical leprosy, medieval lepers were completely segregated from and despised by the rest of society. True, leprosy was often used as a metaphor for individual and communal sin, but the sin was seen as the much deeper problem. As historian Carole Rawcliffe com-

ments, “There were, in fact, many leprosy: of bodies and souls, of saints and sinners, of men and metals, of animals and plants.” And though such famous figures as Francis of Assisi were terrified of lepers, the response of the church as a whole was not to cast these sufferers “outside the gates,” but rather to elevate them to special spiritual status.

During the Middle Ages, lepers came to be seen as called by God to a life of meritorious suffering and prayer. Most people did believe that lepers were being punished for their sins (especially sins of the flesh), but they were not viewed as being beyond redemption or cut off from the life of the non-leperous. In fact, the purification they achieved through their suffering was seen as redeeming not only their own sins but

also the sins of others, both living and dead. This was one reason wealthy people founded leper houses, since the inhabitants of the houses would be expected to pray for the founders’ souls. Francis, once he had recovered from his initial fear, came to love lepers and in fact started to live among them with his early followers, as a special way to be closer to God.

Jesus Christ was believed to be especially concerned for lepers, and a tradition that associated leprosy with the stories of his friends Lazarus and Mary Magdalene reinforced this. Medieval theologians emphasized that Christ had rejected Old Testament law, including the many restrictions placed on Old Testament lepers. Furthermore, Christ himself was considered to be *quasi leprosus*, “like a leper,” in his torments and crucifixion. This frequent metaphor derived from Jerome’s use of “leper” in translating Isaiah 53:4, as a way of emphasizing the severity of Christ’s beating and wounding: “...and we took him for a leper, stricken by God and humiliated.” Or, as Gregory the Great commented in a homily, “What can be more abject in the flesh of man than the flesh of the leper, harrowed by swollen sores and suffused with nauseous exhalations? But see that He has appeared in the aspect of a leper; and He who is revered above all has not scorned to appear despised beneath all.”

This meant that when Christians served lepers, they were serving Christ, and refusals to show compassion were refusals to recognize Christ. Stories, sermons, and devotional poems repeatedly encouraged the faithful to care for lepers, especially to wash them—as Mary Magdalene had washed the feet of Christ with her tears—and to kiss them. As a biography of St. Hugh of Lincoln put it, on so doing, the smell of decay and death which accompanied leprosy would be transformed in the believing heart into the “sweet perfume of Christ.”



“Our lords the sick”

THE STORY OF THE HOSPITALLERS

Theresa M. Vann

MADE WHOLE IN THE HOLY LAND Knights staffing hospitals? It all started here, near the Holy Sepulchre.

IMAGINE A REASONABLY well-off farmer living in twelfth-century Europe. All his life he has heard about the brave crusading knights who rescued Jesus' tomb from the infidels. Now he is going to Jerusalem to see the tomb himself.

But the journey is long and arduous, the ship crowded and filthy. When he arrives at the Church of the Holy Sepulchre, he is weak, ill, and far from home. He collapses in the street, expecting to die. Instead, a man wearing a religious habit picks him up and brings him to a large, clean hospital just opposite the Holy Sepulchre. There, sleeping in his own bed and fed the finest foods he has ever eaten, he recovers. If he is like most pilgrims, when he returns home he will make a gift of thanksgiving to the Order of the Hospital of Saint John of Jerusalem—the Hospitallers.

Pilgrimage from Western Europe to Jerusalem had started long before the Crusades—as early as the fourth century. The top attraction was the Church of the Holy Sepulchre, built by Constantine in 336, and though Muslim conquest of the city in 638 complicated matters, pilgrims continued to pour into the city.

By the eleventh century, housing the great numbers became a problem. A pilgrims' hostel had been set up

for Latin Christians in the late ninth century, but this was probably destroyed in 1009. Later, the Fatimid caliph gave a group of merchants from Amalfi in Italy a plot of land next to the Church of the Holy Sepulchre. There, they lived in their own lodgings, practiced their faith unmolested, and founded a monastery. This was St. Mary of the Latins, staffed with Italian Benedictine monks who provided hospitality to pilgrims visiting the Holy Sepulchre. In time, the brothers also built a hospital for pilgrims.

That small monastic hospital became well known in Western Europe when the armies of the First Crusade besieged the city of Jerusalem in 1099. According to legend, the administrator of the hospital, a man known only as Gerard, stood on the walls of the city and hurled bread down to the starving Christians. The new European Christian rulers of Jerusalem rewarded Gerard and his hospital lavishly. Pilgrims also donated lands and properties in gratitude for the care they received.

In 1113, Pope Pascal II established the brothers of the hospital as the first international religious order, exempt from local lay or ecclesiastical jurisdiction and answerable only to the pope. Gerard was the first master of the new Order. Within 50 years the Hospitallers



“FIRST, DO NO HARM”? The Knights Hospitaller understood the Hippocratic Oath as applying to them only when they served the sick, in hospitals like that at Jerusalem (*above*). When it came time to go to war against the infidel, the men of the Order stood ready to “harm” in the cause of Christ, as when they prepared to defend the island of Rhodes in the Aegean Sea (*right*).



established an international network to collect men, money, and supplies for their Holy Land mission.

Through the twelfth century, the Hospitaller Order grew and evolved together with the new Latin crusader states in the Holy Land. Like the Templars, the Hospitallers garrisoned castles and sent armed knights into battle to protect the Christian kingdoms. At the same time, as pilgrims continued to pour into Jerusalem, the Hospitallers’ Rule stressed the need to care for the sick in the Jerusalem Hospital.

Master Raymond du Puy (1120–1160) instructed the Hospitallers on “How our Lords the Sick should be received and served.” After a priest gave the Eucharist and heard the patient’s confession, the brothers would carry the sick man to bed and feed him. By 1176, when most people still ground their teeth to stubs on a diet of coarse bread, the Hospitallers set aside the revenues of two villages to feed “our Lords the Poor” bread made with fine white flour, usually reserved for the aristocracy. In 1181 the statutes of the Order stipulated that the patients should have large beds, each with its own coverlet and sheets, cradles for babies born in the hospice, and cloaks and boots for the sick to travel to the latrine.

A MASSIVE OPERATION

Contemporary accounts marvel at the sheer size of the Jerusalem hospital complex, which served 900–1000 patients in eleven sex-segregated wards. Among these were foundlings, taken in and supported until they came of

age, and Muslim and Jewish patients, who were welcomed and fed chicken instead of pork.

The order employed four physicians to prescribe syrups and cordials for the patients. This does not seem like a large medical staff, and historians speculate on what this reveals about Hospitaller medical practice. Perhaps many who stayed in the hospital were simply weary pilgrims. Other aspects of the hospital’s care are also still mysterious: Does the emphasis on diet show the influence of Eastern medical practices? Or does it simply reflect the Hospitaller rule to treat the sick like lords? Did the hospital employ the Jewish and Muslim physicians that European patients tended to prefer?

When Saladin captured the city in 1187, the Hospitallers had to leave Jerusalem. They operated other hospitals and infirmaries in the Holy Land, and they soon built a new complex in the city of Acre that rivaled the Jerusalem hospital in size. The hospital building in Jerusalem remained a pilgrim’s hospice into the fifteenth century. Today, its site has been built over and we can only imagine what the vast building looked like. It was probably similar to the hospital in Acre, now undergoing excavation after centuries of burial. The brothers built other hospitals, and though they ceased fighting in 1798, they remain Hospitallers to this day. 

Theresa M. Vann is Joseph S. Micallef Curator of the Malta Study Center at the Hill Museum & Manuscript Library, St. John’s University (Minnesota).

TOP LEFT: KNIGHTS SERVING IN THE HOSPITAL. FROM STATUTA HOSPITALIS HIERUSALEM (THE STATUTES OF THE HOSPITAL OF JERUSALEM) (ROME, 1588. COURTESY OF THE MALTA STUDY CENTER, HILL MUSEUM & MANUSCRIPT LIBRARY, SAINT JOHN’S UNIVERSITY, COLLEGEVILLE MN. TOP RIGHT: LAT. 6067.FOL.33V THE KNIGHTS OF ST. JOHN OF JERUSALEM PREPARE TO DEFEND RHODES. FROM ‘A HISTORY OF THE SIEGE OF RHODES,’ BY GUILLAUME CAOURSIN, 1483 (VELLUM) BY FRENCH SCHOOL. (15TH CENTURY), BIBLIOTHEQUE NATIONALE, PARIS. FRANCE/ THE BRIDGEMAN ART LIBRARY



The charitable revolution

WHY DID THE TWELFTH CENTURY BRING A WAVE OF NEW HOSPITALS?

By Adam J. Davis,

adapted by Chris R. Armstrong

THE HIGH POINT OF THE MIDDLE AGES brought an unprecedented explosion of Christian ministry to those in physical distress. Across Europe, the twelfth and thirteenth centuries birthed hundreds of leper houses and hospitals for the sick and poor, along with hospitaller and military orders (See “Our lords the sick,” p. 31), lay confraternities (organizations dedicated to charity, mutual support, and religious devotion), monasteries, and penitential groups doing charitable work.

Bishops and monks founded many of the new hospitals and sustained them with their funds and labor. But laypeople—lords, knights, and townsfolk—now also began shouldering the charitable load. The traditional “corporal mercies” (see “Did you know,” p. 3) inspired hospital donors and hospital workers to new heights of personal sacrifice.

LAY-ING THE TABLE Such works of mercy as feeding the hungry had always been duties of monks & nuns, but in the High Middle Ages, more & more layfolk took them to heart.

This period represented a turning point in the ways ordinary women and men thought about and acted toward their poor and needy neighbors. What did this cultural and moral change look like “on the ground,” and what caused it?

One place we can see this change is in a shift in attitudes toward the poor. True, the poor continued to be stigmatized and harassed, and some beggars were suspected of being able-bodied and therefore undeserving. Yet poverty was also increasingly regarded as a sign of divine election, with the poor seen as Christ’s vicars on earth.

As friars in the prominent mendicant or “begging orders”—Franciscans, Dominicans, and others—took on vows of poverty to be closer to Christ, the *involuntary* poor also seemed to take on a holy aura. Among other virtues, the poor provided those more fortunate with the opportunity for penitential acts



CUPS OF COLD WATER In the High Middle Ages (1000–1300) as never before, Matthew 25 guided people’s public actions.

of almsgiving. Lepers, too, were increasingly seen in such holy terms (see “The despised class?” p. 30).

A TESTAMENT TO COMPASSION

This new concern with the plight of the sick and poor shows up consistently in the testaments (wills) of the period. Among thirteenth-century testaments in Flanders, 85 percent included charitable bequests to aid lepers, hospitals, widows, and the ransoming of captives. Forty-four percent included a bequest to at least one hospital. Similarly, in east-central France, two-thirds of all wills from c. 1300 included distributions of coin and/or food to the poor.

Of course, this can look self-centered: perhaps some donors cared only for their own salvation rather than the suffering of those in need. But this was a time when theologians insisted the best way to express love to God was to act lovingly toward neighbor. We hear this in the words donors used in their wills: often

they said they were giving “in consideration of piety and mercy,” or “in order to sustain the poor compassionately,” or having “been moved by the zeal of compassion.”

Jacques de Vitry, who composed several model sermons directed at hospital audiences, preached the vital importance of motive in the doing of charity. Givers, he said, should *not* presume that their sacrifice would secure them a place in heaven.

DEVOTION: THIS TIME WITH FEELING

Behind this sea change in charity we may also find a powerful change in the very way people approached their religion: a “revolution in feeling” that enthroned not just charitable acts but compassionate emotions as vital Christian virtues.

We see this new emphasis on Christian emotions cropping up already by the end of the eleventh century, often focused on Christ’s Passion. The Benedictine abbot John of Fécamp (d. 1078), for example, begged Jesus to grant his desire that when John thought of his Lord’s passion, his heart would be filled with Godly sorrow and he would weep. Anselm of Canterbury (d. 1109) asked Christ to forgive him “for not having kissed the place of the wounds where the nails pierced, for not having sprinkled with tears of joy the scars.”

The most important example and teacher of “affective” (emotional) piety was Francis of Assisi (1181/1182–1226). His disciples preached the message of compassion from portable outdoor pulpits and within chapels whose walls were often covered with life-sized Passion scenes. They painted, with graphic, powerful language, the emotions of Jesus during his ordeal. And they urged their hearers to answer His emotions with theirs.

In countless meditations, sermons, and devotional guides the medieval reader or listener was urged to imagine himself or herself present at the crucifixion, experiencing Christ’s bodily pain or feeling the grief experienced by the Virgin Mary. Magnifying the message were the painted rood-screens and crucifixes of medieval churches (and hospitals), and the scenes of the crucifixion and the Man of Sorrows in the pages of psalters, missals, and Books of Hours—all of them graphically portrayed to elicit maximum compassion and empathy from the viewer.

The late medieval English laywoman-mystic Margery Kempe, known for weeping copiously (and often publicly) when she thought of Christ’s Passion, recorded many such episodes in her autobiography. Usually her weeping went through three phases: first, she wept for Christ’s suffering; second, she poured out her feelings of love to Christ and sensed his love in return; and third, her feelings of



HUNGARIAN RHAPSODY Later a popular namesake of new hospitals, St. Elizabeth of Hungary first felt, then acted on, deep compassion for the suffering.

unlike most of the more contemplative saints of other periods, many of those from the late twelfth and thirteenth centuries were venerated for founding hospitals and other social welfare institutions.

What also distinguished these charitable saints was their own experiences of suffering, which made them identify with the sufferings of others. The French king St. Louis IX, for example, was known for his frequent illnesses, his ascetic lifestyle, his crusading failures, and the loss of his family members, all of which his pious biographers linked to Louis's compassion for the downtrodden. Guillaume de Saint-Pathus detailed the king's many acts of charity, including founding and patronizing hospitals. Louis, he said, showed "marvelous tender compassion for people who were in a bad way."

Another thirteenth-century lay saint known for her compassion for the suffering was Elizabeth of Hungary. After her husband's death, Elizabeth began distributing food to the poor, washed their feet each year on Holy Thursday, made them clothes and habits for burying their dead, and founded a hospital for them at Marburg in Thuringia. Her biographers emphasized her fervor and zeal in assisting the poor.

At the hospital in Marburg Elizabeth personally performed the most unpleasant, humiliating tasks, experiencing the misery of the poor herself. In short, her charity moved her to experience compassion, which was the defining feature of her spirituality.

Elizabeth was only one (though a prominent one) of thousands of ordinary people who expressed the compassion they felt in their personal devotion to Christ in a robust active life of charitable service to the sick and poor. Many laypeople of this era saw working in, supporting, or (if they could afford it) founding a hospital as a way to imitate the charitable examples of Christ and the saints.

These medieval Christians believed that by doing works of mercy, they could not just imitate Christ, but simultaneously be caring for him in the most intimate and sacrificial way. ☒

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devotion overflowed into compassion for other people, which motivated her to intercede for them in prayer. Toward the end of her life this sort of spirituality led her to desire to kiss lepers, care for a local woman with post-partum depression, and do other such charitable works.

In ways like this, the medieval faithful projected their own deeply felt relationships with a suffering Jesus and compassionate Mary onto the poor and sick of their own community. The empathy with Christ that they experienced in their devotions allowed them to see Jesus in the poor sufferer, and thus to act compassionately on his or her behalf.

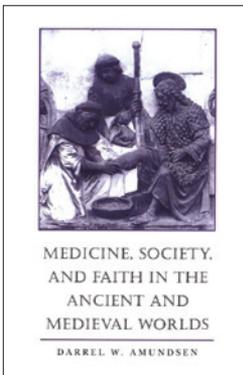
Of course, emotional devotion didn't always lead to acts of mercy. But for the fourteenth-century English Augustinian, Walter Hilton, at least, meditation on the Passion was valuable only insofar as it inspired altruistic behavior: "Don't spend all your time meditating on the Passion to the neglect of your fellow Christian," Hilton warned. "Wash Christ's feet by attending to your subjects and your tenants."

A NEW BREED OF SAINT

In the later twelfth and thirteenth centuries, to do charity was to imitate Christ. Many of the saints canonized during this period were laywomen who devoted themselves to working in hospitals for the poor and lepers. Of course, some of the saints of old had been charitable as well, but

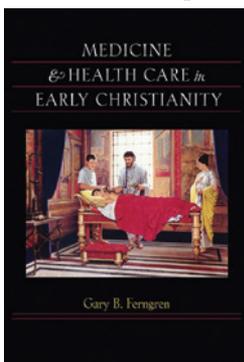
Recommended resources

DIG DEEPER INTO THIS ISSUE'S THEME



• Amundsen, Darrel. (1996). *Medicine, Society, and Faith in the Ancient and Medieval Worlds*. Baltimore: Johns Hopkins University Press. Amundsen's exploration of early Christian attitudes toward medicine and physicians includes a discussion of the spiritual usefulness of suffering and illness—and how this made Christian views significantly different from those of the pagans.

• Crislip, Andrew T. (2005). *From Monastery to Hospital: Christian Monasticism and the Transformation of Health Care in Late Antiquity*. Ann Arbor: University of Michigan Press. Crislip argues that the origin of the first hospitals can be traced to monastic infirmaries.



• Ferngren, Gary B. (2009). *Medicine and Health Care in Early Christianity*. Baltimore: Johns Hopkins University Press. Ferngren argues that early Christians employed treatment by physicians and that their greatest contribution to medicine was compassionate medical care and philanthropy.

• Hands, A. R. (1968). *Charities and Social Aid in Greece and Rome*. Ithaca, NY: Cornell University Press. An important study of charity and philanthropy in

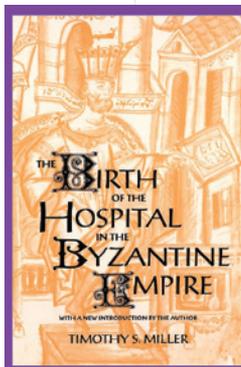
the classical world, where assumptions led to a very different approach than one finds in early Christianity.

• Holman, Susan R. (2001). *The Hungry are Dying: Beggars and Bishops in Roman Cappadocia*. Oxford, New York: Oxford University Press. An important study that describes the charitable ministry to the poor, especially lepers, by the Cappadocian fathers of the third and fourth centuries A.D.

• Horden, Peregrine. (2008). *Hospitals and Healing from Antiquity to the Later Middle Ages*. Aldershot: Ashgate. A collection of papers on the earliest hospitals of the early Christian and medieval periods.

• Majno, Guido. (1991). *The Healing Hand: Man and Wound in the Ancient World*. Cambridge: Harvard University Press. An extensively illustrated description of medicine in the ancient world.

• Miller, Timothy S. (1997). *The Birth of the Hospital in the Byzantine Empire*.



Baltimore: Johns Hopkins University Press (paperback edition with new introduction). Miller argues that the ancestry of modern Western hospitals can be found in Christian charitable institutions of the fourth-century Byzantine empire.

• Mitchell, Piers D. (2004). *Medicine in the Crusades: Warfare, Wounds and the Medieval Surgeon*. New York: Cambridge University Press. Mitchell is both a practicing medical doctor and an active medieval historian. While one section of the book is devoted to his particular interest, osteoarcheology (the evidence ancient bones provide about wounds and illness), this book also contains a substantial discussion of the Hospital of the Order of St. John in Jerusalem.

• Orme, Nicholas and Margaret Webster. (1995). *The English Hospital, 1050-1570*. New Haven: Yale University Press. An excellent summary of how medieval hospitals were funded and built, how they worshipped, what treatments they used, and what kinds of people they served.

• Rawcliffe, Carole. (2006). *Leprosy in Medieval England*. Woodbridge: Boydell Press. Rawcliffe challenges



the idea that medieval lepers were cut off from the community. She emphasizes the role lepers played in the salvation of the healthy and the idea that Christ himself was *quasi leprous* (like a leper) in his crucified humanity.

• Risse, Guenter B. (1999). *Mending Bodies, Saving Souls: A History of Hospitals*. New York: Oxford

University Press. The standard history of hospitals from their origin to the present by a leading medical historian who emphasizes their religious character.

• Stark, Rodney. (1996). *The Rise of Christianity: A Sociologist Reconsiders History*. Princeton: Princeton University Press. An original study of early Christianity by a sociologist of religion who argues that Christians' philanthropic activities aided the rapid spread of Christianity through the Roman empire.

—Compiled by the editors and authors

DVDs that offer hope during difficult times

The Reflections Series with Ken Curtis

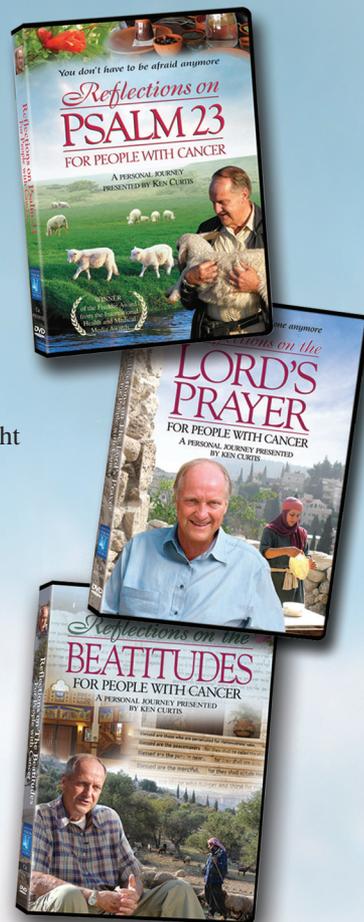
This series of meditations with Dr. Ken Curtis, founder and former president of Vision Video and Christian History Institute, is based on a holistic approach to coping with cancer. When he was diagnosed with advanced cancer and given little hope for survival, he pursued a combination of traditional and alternative medicine, undergirded by a strong spiritual dimension and prayer support team. While made particularly for people facing the crisis of cancer, the reflections are relevant for any health crisis, or for anyone wanting to apply these Scripture passages to their lives.

Reflections on Psalm 23 — Ken travels to Israel to be with the shepherds, walk “through the valley of the shadow of death,” and explore and enjoy the healing powers of the green pastures and still waters. These meditations provide a combination of candid personal experience of what it means to battle cancer and some of the resources available through this beloved Psalm. Thirteen segments, eight minutes each. DVD - #501093D, \$14.99

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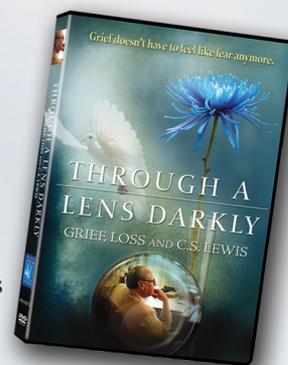
Reflections on the Beatitudes — This series of meditations builds upon his previous two series above. Join Ken as he visits fascinating sites in Israel, among them the location traditionally said to be the site where the Beatitudes were given. Ken explores the richness of the Beatitudes to challenge us to find blessedness out of our brokenness. Ten segments, approximately eight minutes each. DVD - #501372D, \$19.99

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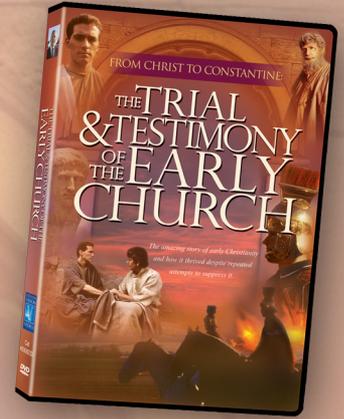


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