

## ABSTRACT

For the Cure of the Soul

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Much has changed in healthcare since St. Basil the Great founded the first hospital in 373 AD. Still, whether patient or healthcare worker, there is much one can learn from St. Basil and his teachings about how healthcare ought to find its proper place in the Christian life. This thesis aims to analyze the surviving documentation of Basil's commentary on healthcare while illustrating how Basil implemented these beliefs into his own ministry. The first chapter is a survey of the Basileias, Basil's hospital, which will provide context to the following work by depicting the ultimate manifestation of his teachings about healthcare. The second chapter is an exploration of Basil's education and formation as well as his primary teachings as an abbot, bishop, and social leader. Finally, the third chapter provides an in-depth analysis of Basil's beliefs about the practice and purpose of medical care when conducted alongside Christian virtue.

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FOR THE CURE OF THE SOUL  
Basil the Great's Perspectives on Medicine

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## CHAPTER ONE

### Introduction

The first time that I sat down to consider potential topics for my honors thesis, I had only recently discovered the medical humanities. After spending my first few semesters of college under the impression that the only classes that would contribute to my aspirations to be a great doctor were found in the Biology and Chemistry departments, my discovery of the medical humanities served as a much-needed revival of my passion for healthcare. So, when deciding on a topic that I wished to spend the rest of my time in college pondering, I knew that I wanted to study something in the medical humanities, particularly something that tied together my two greatest passions: Christianity and medicine. While I have ultimately decided against pursuing a career as a physician, the last few semesters of study into how Christian spirituality can and ought to supplement medical care has opened my eyes to the beauty, depth, and importance of proper medical care and its essential role in the Christian life.

It was also during this time that I began learning more about and becoming increasingly interested in Christian monasticism. Recognizing this budding interest, I became curious as to how monasticism and medicine have been practiced side by side throughout history. With this curiosity, I initially planned on my thesis being a survey of the entire history of monastic medicine. I decided to start with Basil the Great since I knew that he was the first Christian figure to incorporate medicine so directly into a

monastic context. I quickly became aware, however, that there was enough material and I had enough interest to make Basil's healthcare the topic of my entire thesis.

I realized that this endeavor would entail much research and writing about history. This made me hesitant to embrace the subject confidently, as I have studied very little history formally in college. However, I recognized that the history that I *have* studied in my medical humanities classes has served as a vital contribution towards my newfound appreciation of the deep beauty and virtue found in medicine. I think it is safe to say that the vast majority of people in the world believe that medicine is a discipline that has only improved year-by-year throughout all of history along with scientific and technological innovation. This mentality is the result of a misunderstanding that began to take root during the Enlightenment that the quality of the healthcare of an age is directly and exclusively tied to the quality of its scientific understanding. Naturally, without an understanding of the humanities' role in teaching one how to care for the whole person, it would seem that healthcare would therefore be always improving year-by-year. With this understanding, therefore, there is no need to look to the past for any guidance or instruction. When tradition and history is cut off from medicine, however, as with any art, it leaves the artist isolated, abandoning him to make use only of the principles, values, and philosophies of his contemporary age.

Understandably, then, healthcare in today's age has reached an extreme deficiency in terms of integrating spirituality into medical practice. Taking a largely utilitarian approach to care for the ill, the sick person is commonly viewed simply as a machine to be fixed. Realizing that this utilitarianism had largely influenced my own perception of medicine as well, I concluded that one way to remedy this

misunderstanding would be to spend time studying examples of how, in the past, healthcare practitioners have gone about integrating radical Christian spirituality into their medical practice. Hopefully, by noticing the stark contrast that exists between this practice and what I had conceptualized as proper medicine, my own perception would be changed, and my eyes would be opened to gain a greater appreciation for the potential of medicine practiced alongside radical Christian witness.

To find a model for this strong Christian medical practice, one must go no further than the father of monastic medicine: Basil the Great. Basil was a highly influential Church Father in the mid-4<sup>th</sup> century in Caesarea of Cappadocia, Asia Minor (modern-day Turkey) and is now recognized as a Doctor of the Church in Roman Catholicism and a Great Hierarch in Eastern Orthodoxy. As an abbot, bishop, physician, and social leader, Basil allowed a deep awareness of God's hand in the world to infuse every part of his life, ministry, and teaching. Naturally, given his position as both physician and Church leader, Basil had much to teach about the Christian practice of healthcare. This thesis will analyze these teachings, providing a thorough analysis of Basil's understanding of the proper place of medicine in the Christian life.

The first step to take in this pursuit is to investigate Basil's hospital, the Basileias. The Basileias was a full-functioning hospital, founded by Basil in 373 AD, staffed by professional physicians (both monks and laypeople) and was attached to Basil's monastery just outside the city walls of Caesarea. In this chapter, The Basileias' physical and administrative structure will be assessed before considering the actual medical care that was administered. Furthermore, an argument for why the Basileias was indeed the

first hospital will be presented, accompanied by a hypothesis as to why and how Basil was the first hospitaller.

The Basileias can be properly understood as a physical manifestation of all of Basil's teachings about medicine in the Christian life. Therefore, by analyzing the surviving literature describing its organization and structure, Basil's vision of Christian healthcare can be more thoroughly deciphered. Examining the Basileias in this first chapter will serve to establish context so that Basil's teachings and writings can be better visualized and apprehended upon investigation later in the work. Furthermore, by observing the ways that Basil actually put his beliefs and theories into practice, one can be more open to and appreciative of his teachings and exhortations from the pulpit.

In the next chapter, Basil's upbringing and education will be analyzed along with much of his monastic rule. The examination of his earlier life will help to make sense of many of the ideas that formed him spiritually and philosophically. The study of his monastic rule will help to lay much of the groundwork for his more direct teachings about medicine addressed in the last chapter. Basil's monastic rule essentially comprises what he understands to be the ideal Christian life. Therefore, the close consideration of his monastic rule will allow a deeper and more thorough understanding of his ideas about how medicine properly fits into this ideal Christian life.

The last chapter will take a more direct approach to Basil's teachings about medicine. First, his understanding of the idea of health will be discussed along with how medicine can and ought to be understood as a form of Christian charity. This will lead to an investigation into the primary focus of Basil's ideas about Christian healthcare. First and foremost, Basil believes that medicine should serve as an analogy for the care for the



soul. With this understanding, the Christian physician is able to connect his work with a deep sense of the supernatural as he learns to more properly tend to the illnesses of the soul by using the illnesses of the flesh as a model. This conviction serves as the culmination to the entirety of Basil's beliefs about healthcare and forms the groundwork for all of the care that took place at the Basileias.

Because of medicine's disconnect from history and tradition, most Christian pre-med students, medical students, and doctors today approach their practice with an understanding that their spirituality is incongruous with the nature of their occupation. When studying someone like Basil who allowed his faith to so intimately supplement his medical practice, it becomes strikingly apparent that not only *can* radical Christianity be implemented into medicine, but that medicine is only able to care for the whole person when it is pregnant with a robust and unwavering acknowledgment of Christ's hand in every diagnosis and treatment. It is my hope that this thesis serves to shine light on this largely ignored, but absolutely essential reality.

## CHAPTER TWO

### The Basileias

“Go forth a little way from the city, and behold the new city, the storehouse of piety...where disease is regarded philosophically, and disaster is thought a blessing, and sympathy is put to the test.”<sup>1</sup> These words from Gregory of Nazianzus, just a few of the many words of praise that comprise Gregory’s funeral oration for his lifelong friend, Basil the Great, touch on some of the most heroic characteristics of Basil’s revolutionary hospital, the Basileias.

The Basileias serves as the ultimate manifestation of much of Basil’s social and medical teaching. Therefore, before discussing Basil’s views about medicine’s role in the life of the Christian, it will help to have a thorough understanding of what exactly the Basileias was. This will be approached by first describing the Basileias’ physical and operational structure. Next, the manner with which care was administered at the Basileias will be analyzed before discussing the demographic of patients that the hospital was intended to care for and the specific services the hospital offered to these patients. Finally, the arguments for why the Basileias is considered the first hospital will be considered before assessing exactly how Basil was able to accomplish what had never been done before.

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<sup>1</sup> Gregory of Nazianzus, *Oration 43*, ¶63, <http://www.newadvent.org/fathers/310243.htm>.

### *The Structure of the Basileias*

In the year 369 AD, the region of Cappadocia in Asia Minor experienced a famine that Gregory of Nazianzus would later describe as “the most severe one ever recorded.”<sup>2</sup> One year later, Basil was ordained bishop of the capital of Cappadocia, his hometown of Caesarea. Shortly after Basil’s ordination, he began the construction of his “new city,” the great Basileias. The hospital reached its full function by the year 373, when Basil began writing to nearby political leaders and friends, urging them to come and visit.

While no thorough recording of the exact structure of the Basileias exists, a few extant letters written by Basil and Gregory of Nazianzus regarding the institution have allowed historians to deduce a probable layout. Firstly, Basil founded the Basileias just outside of the walls of Caesarea.<sup>3</sup> This was most likely a gesture of communion with the lepers and other outcasts that the hospital sought to welcome. Furthermore, judging by the number of services offered by the hospital, as well as Gregory’s description of the Basileias as a “new city,” it was surely comprised of several buildings.

Basil mentions in his invitation to the local governor that the Basileias includes a “magnificently appointed church to God, and round it a dwelling house.”<sup>4</sup> From this quote, it is apparent that the church, which Basil refers to in another letter as the “Church of the Hospital [ptochotropheion],”<sup>5</sup> was at the center of all of the buildings. This

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<sup>2</sup> Ibid., ¶34.

<sup>3</sup> Ibid., ¶63.

<sup>4</sup> Basil of Caesarea, *Letter 94*, <http://www.newadvent.org/fathers/3202094.htm>.

<sup>5</sup> Basil of Caesarea, *Letter 176*, <http://www.newadvent.org/fathers/3202176.htm>.

intentional arrangement serves as another example of the structural layout of the Basileias pointing to a deeper conviction under which Basil instituted his hospital. By placing the church at the center of the Basileias, every physician, caregiver, patient, and orphan would be reminded that the ultimate goal of the services provided by the hospital was the glorification of God. The dwelling house mentioned most likely refers to the monastery that was adjacent to the hospital. With this information, it can be deduced that the basic structure of the Basileias included the church at the center, bordered by the monastery. The monastery was then surrounded by the other buildings in which care was provided and patients and visitors were housed.

### *Operating the Basileias*

One of the primary duties of the monks who lived in the adjacent monastery was the maintenance and operation of the Basileias. In Basil's monastic rule, several questions posed by the monks indicate their involvement in the professional and administrative workings of the hospital. One monk, for example, asks Basil about the best method of confronting patients of the hospital who behave and treat others in ways that do not align with Christian morality.<sup>6</sup> This specific question will be further discussed later in this chapter, but only serves here to display the monks' involvement in the care for the sick at the Basileias.

A contentious question in Christianity during Basil's time was whether the practice of medicine is in accord with Christian beliefs. Basil devotes the last and longest

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<sup>6</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013). Shorter Rule 155.

of his Longer Rules to this exact question. He decisively affirms that the pious Christian may indeed seek and practice medical care while also warning against the sin of placing all of one's hope in medicine.<sup>7</sup> Basil put this belief into practice by staffing his Basileias with professional physicians, both laymen and monks, that cared for the chronically and acutely ill.<sup>8</sup>

Considering late antique medical practices in Asia Minor, the medical care offered by the physicians of the Basileias was most likely based upon the writings and practices of Galen and Hippocrates. Both Basil and Gregory of Nazianzus received extensive training in Galenic and Hippocratic medicine during their years of education in Athens.<sup>9</sup> Furthermore, it is a safe assumption that some monks may also have had medical training before entering the cloister as this was a practice that is known to have been common in Egyptian monasteries.<sup>10</sup>

It should be noted that, despite this emphasis on the importance of medical care, the Basileias was *not* a secular institution. In fact, patients were expected to live a somewhat monastic life during their stay in the hospital. Firstly, monks that served in the hospital were instructed to treat patients in the same manner by which they treated their

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<sup>7</sup> This idea will be further unpacked throughout this thesis and will construct the primary content of Ch. 3

<sup>8</sup> Andrew T. Crislip, *From Monastery to Hospital: Christian Monasticism & the Transformation of Health Care in Late Antiquity* (Ann Arbor: University of Michigan Press, 2005), 116.

<sup>9</sup> Gregory of Nazianzus, *Oration 43*, ¶14, <http://www.newadvent.org/fathers/310243.htm>

<sup>10</sup> Andrew T. Crislip, *From Monastery to Hospital: Christian Monasticism & the Transformation of Health Care in Late Antiquity* (Ann Arbor: University of Michigan Press, 2005), 117.

fellow monks. Basil instructs the brothers to “serve them [in the hospital] as if they were fellow brothers of the Lord.”<sup>11</sup> Patients of the hospital were, in return, expected to maintain a Christian disposition during their stay in the hospital. In the Shorter Rules, Basil informs a monk that if a patient continuously fails to act in accord with Christian virtue, “he is to be admonished by the Superior, and if he persists in his evil conduct he is to be expelled from the hospital.”<sup>12</sup> This process of punishment is very similar to that by which recusant monks were treated in Basil’s monasteries, indicating a common standard held between monk and layman during their stay at the Basileias.<sup>13</sup> There was no tolerance for those who, through their misconduct, caused enough dissention to make it exceedingly difficult for other patients, staff, and monks to maintain a Christian disposition.

Furthermore, nurses (again, including monks) provided ample moral instruction to the patients along with their medical care.<sup>14</sup> Those residing at the Basileias were also expected to participate in the regular prayers that would be said throughout the day. In these ways, the patients of the Basileias were expected to live in a similar way to the monastics during their stay and were thereby treated and nourished spiritually just as much as they were physically.

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<sup>11</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013). Shorter Rule 155.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid., Longer Rules 28.

<sup>14</sup> Andrew T. Crislip, *From Monastery to Hospital: Christian Monasticism & the Transformation of Health Care in Late Antiquity* (Ann Arbor: University of Michigan Press, 2005), 117.

### *An Institution for the Poor*

The Basileias was an institution created particularly, but not exclusively, for the care of the poor. While Basil describes the hospital in several different ways throughout his writings and sermons, he most often describes the Basileias as a poorhouse, or more specifically, a place for the nourishment of the poor (*ptôchotropheion*). While this modest description, considering the size and novelty of the hospital, may seem like simply a gesture of humility by Basil, this word seems to grasp the Basileias' most intrinsic and important characteristic by which Basil intended the quality of service to be measured.

Because of the novelty of many features of the Basileias, it was met with much suspicion and apprehension. In response to the local governor's concerns about the institution, Basil replies by asking, "But to whom do we do any harm by building a place of entertainment for strangers, both for those who are on a journey and for those who require medical treatment on account of sickness, and so establishing a means of giving these men the comfort they want, physicians, doctors, means of conveyance, and escort?"<sup>15</sup> This question clarifies Basil's demand that the hospital was to simply show compassion and care to the most neglected and needy of society.

This understanding of the Basileias as primarily a poorhouse is backed up by several ancient sources that describe the hospital. In his work, *Ecclesiastical History*, the fifth-century theologian and historian Theodoret of Cyrus tells of an exchange between Basil and Emperor Valens about Basil's potential new institution. Finally being convinced by Basil of the importance of the Basileias, Valens eventually "gave him some

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<sup>15</sup> Basil of Caesarea, *Letter 94*, <http://www.newadvent.org/fathers/3202094.htm>.

fine lands which he had there for the poor under his care, for they being in grievous bodily affliction were specially in need of care and cure.”<sup>16</sup> Here it is apparent that Basil even appealed for governmental assistance by *emphasizing* the institution’s goal of caring for the poor. Similarly, Sozomen, a fifth-century historian of Christianity, describes the hospital, calling it “the most celebrated hospice for the poor. It was established by Basil, bishop of Caesarea, from whom it received its name in the beginning, and retains it until today.”<sup>17</sup> By granting the Basileias the identity of, first and foremost, a poorhouse, these historians echo Basil’s description of his hospital as chiefly a place for the nourishment of the poor.

An important distinction to make in order to most properly understand the individuals which the Basileias sought to serve is between two Greek words that refer to drastically different levels of poverty. The word that Basil uses to describe the people he aims to serve is *ptôchos*, meaning the destitute, the poorest of the poor. By using this word, Basil makes it clear that he is not simply intending to serve the *penês*, the lower-class. *Penês* would include those who are not well off, but at least have a home, a job, and a place in society. They would at least have a family and some community to turn to for care through their illness. *Ptôchos*, on the other hand, are those that struggle simply to survive until the next day. They are the homeless and beggars, the complete outcasts from

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<sup>16</sup> Theodoret, *Ecclesiastical History*, Bk. 4, Ch. 16, <http://www.newadvent.org/fathers/27024.htm>

<sup>17</sup> Sozomen, *Ecclesiastical History*, Bk. 6, Ch. 34, <http://www.newadvent.org/fathers/26026.htm>



society.<sup>18</sup> The *ptôchos* are those who would have had nowhere else to turn for any time of care, not even to family or neighbors. These are the people that one must envision when understanding for whom Basil formed his institution.

Basil's intention of founding the Basileias as primarily a place for the poor should not at all be surprising given his emphasis on the care for the poor that he displays in so many other writings and sermons.<sup>19</sup> Analyzing the social issues that Basil places most weight upon, the Basileias can be properly recognized as the greatest physical manifestation of Basil's concern for the care for the poor. This simple and humble description, however, can be easily misinterpreted, and has led historians throughout the years to mistakenly understand the Basileias to be nothing more than the average poorhouse that offered basic care and shelter for the poor of Caesarea. Given what has been recorded in other sources about the relatively involved medical care provided to the patients and visitors of the Basileias, it is clear that the word "poorhouse" sufficiently describes the most intrinsic identity of the Basileias, but is far from characterizing the overall value of what the institution was able to provide.

### *Treating the Sick*

As discussed earlier in this chapter, a large part of the service that the Basileias provided, and the part that will be primarily focused on in this work, was the care for the

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<sup>18</sup> Andrew T. Crislip, *From Monastery to Hospital: Christian Monasticism & the Transformation of Health Care in Late Antiquity* (Ann Arbor: University of Michigan Press, 2005), 107.

<sup>19</sup>See Basil, *Sermon to the Rich*, <https://bekkos.wordpress.com/st-basils-sermon-to-the-rich/>; Basil, *On Stealing from the Poor*, <https://bekkos.wordpress.com/2009/10/08/st-basil-on-stealing-from-the-poor/>

sick. This care for the sick took place in what Basil referred to as the *xenodocheion* (literally translated “a hostel for strangers”).<sup>20</sup> One primary characteristic that distinguished the *xenodocheion* from the other facilities of the Basileias was the involvement of the laity in the services provided. As mentioned earlier, professional doctors and nurses, some of which were lay people, were employed at the Basileias to care for the patients. It seems that other than the *xenodocheion*, every part of the Basileias was staffed only by monks of the adjacent monastery. Another notable characteristic about the *xenodocheion* is that it was not designed to accommodate long-term patients. The patients were expected to stay only until their condition subsided, then were dismissed from the hospital and sent on their way. With this policy, the message was clear that the *xenodocheion* served to treat a particular ailment from which one suffered and not the more permanent or integral forms of suffering that one may have been experiencing.

There were, however, other parts of the Basileias that were more catering to those who did not suffer from any particular acute ailment, but rather experienced a more lasting suffering that could not be treated medically. These people included the elderly, lepers, and the disabled. These parts of the Basileias (that are not as relevant to the topic of this work) were designed to accommodate the chronically ill and give them the care and support needed to diminish their suffering in any way possible.

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<sup>20</sup> Andrew T. Crislip, *From Monastery to Hospital: Christian Monasticism & the Transformation of Health Care in Late Antiquity* (Ann Arbor: University of Michigan Press, 2005), 116n85.

### *The Fostering of Orphans*

Another very important service provided by the Basileias was the care of orphans. A section of the Basileias (referred to as the *orphanotropheion*) functioned essentially as a full-running orphanage, taking in any children who were without parents and fostering them throughout their childhood. At this time in Cappadocia, the abandonment of children by urban lower-class families was a very common occurrence, so this service was vastly needed. Basil understood this need and therefore used the Basileias to provide for the many needs of these large numbers of orphans. As this function of the Basileias was not related to the *xenodocheion*, it was solely run by the monks of the monastery. In the Longer Rules, he writes that “children bereft of parents we take in of our own accord, thus becoming fathers of orphans after the example of Job’s zeal.”<sup>21</sup> By this instruction, it seems that Basil did not just want the monks to take on the role of orphanage worker, but actually of foster-father to these children, concerning themselves with all of the needs of the children.

Unsurprisingly, it appears that these children received a great amount of religious formation and were held to the same high expectations that the patients of the *xenodocheion* were. Referring to the orphans, Basil instructs that “the greatest diligence should be exercised in their regard, that they may be credibly grounded in every exercise of virtue, in word as much as in understanding and in deed.”<sup>22</sup> The language used here by Basil suggests that he expected the monks to spend much time and effort in the formation

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<sup>21</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013). 200, Longer Rule 15.

<sup>22</sup> Ibid.

and education of these children. While the expectations for these children at times seems to be unrealistically high, Basil did indeed consider their youth when forming the rules of the monastery and the Basileias. In the Longer Rules, he writes, “nevertheless, with regard to sleeping and rising, the time of meals and their quantity, let a particular program and manner of life suitable for children be arranged separately.”<sup>23</sup> Still, Basil demanded that these children be held to standards similar to the monks in order to most properly form them to be ardent Christians by the time they leave the Basileias.

Furthermore, these children received a rigorous Christian education that was structured around Scripture while still preparing them to confront the world once they were old enough to leave. Basil writes, “Their literary study also needs to be in accord with the goal. Thus their teachers will use the names in the Scriptures. Instead of myths they will tell them the histories of wonderful deeds and educate them by maxims from Proverbs...”<sup>24</sup> While this at first might make someone question how much the monks of the Basileias were looking out for the orphans’ practical knowledge, there is evidence that the children received training in various crafts. At the end of Rule 15, Basil includes that, “whenever any of the children seem fitted to learn, we do not forbid them to spend their days with the teachers of the craft.”<sup>25</sup> He also provides evidence for this craft-training in a letter he wrote to the governor of his province. He writes, “All these men must learn such occupations as are necessary to life and have been found essential to a respectable career.” In this way, Basil and his monks prepared the children of the

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<sup>23</sup> Ibid.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

*orphanotropheion* to be independent people of society, a chance they would have never had if not for the Basileias.

### *The First Hospital*

Over the centuries, the debate over whether the Basileias was the first hospital has been ongoing and has continuously shifted back and forth as views of medicine have evolved. One leading scholar in the history of the hospital, Timothy Miller, has argued against the proposal that the Basileias was the first hospital. Recognizing how many other services the Basileias offered besides care for the sick, he claims that “although a number of scholars have indeed counted Basil’s *ptôcheion* in Cesearea as the first hospital, more recent studies have classified it as a mixed institution serving a great variety of needy people and thus not focusing its resources on treating the ill.”<sup>26</sup> This argument hinges on the Basileias having spread itself out with the number of services it provided and therefore not allocating sufficient resources to the sick necessary to call it a hospital.

Eight years after Miller published this argument, Andrew Crislip published his book *From Monastery to Hospital* in which he directly refutes Miller’s proposal. After discussing the large range of services offered by the Basileias, Crislip writes “This is important to note but is not problematic as some historians have noted” and cites Miller’s book *The Birth of the Hospital in the Byzantine Empire*.<sup>27</sup> Crislip goes on to argue that

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<sup>26</sup> Timothy S. Miller, *The Birth of the Hospital in the Byzantine Empire* (Baltimore: The Johns Hopkins University Press, 1997), 87.

<sup>27</sup> Andrew T. Crislip, *From Monastery to Hospital: Christian Monasticism & the Transformation of Health Care in Late Antiquity* (Ann Arbor: University of Michigan Press, 2005), 104n25; Timothy S. Miller, *The Birth of the Hospital in the Byzantine Empire* (Baltimore: The Johns Hopkins University Press, 1997).

the care for the sick, especially in the *xenodocheion*, was an integral part of the services the Basileias had to offer and therefore it can be stated that the Basileias was indeed a hospital. Curious as to what Miller has to say about this refutation, I emailed him asking for his opinion on the matter twenty-three years after he published his book. In his reply, he expressed that he has changed his mind about the Basileias since writing that book and now recognizes that its primary and characteristic function was the care for the sick and lepers. That being said, the Basileias' many offered services ought not to disqualify it from being understood as a hospital.

Furthermore, most ancient hospitals followed a similar institutional structure of primarily providing medical care to the poor, but also providing other non-medical services. Crislip writes that "for the ancients, the hospital was a multifaceted charitable institution. Nonetheless, medical care was regarded as the most remarkable activity of the hospital and its *sine qua non*."<sup>28</sup> Moreover, the terms used by ancient writers to describe the institutions cannot always be used as evidence of the institution's identity. As discussed earlier, Basil uses words like "*ptôchotrophieon*" (a place for the nourishment of the poor) and "*xenodocheion*" (a hostel for strangers) to describe what in reality served as so much more than what these two words immediately bring to mind. In fact, since it was the norm for ancient hospitals to also provide non-medical services, in later Byzantium, "*nosokomeion*" (a place for the care of the sick) and *xenodocheion* could be used entirely

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<sup>28</sup> Andrew T. Crislip, *From Monastery to Hospital: Christian Monasticism & the Transformation of Health Care in Late Antiquity* (Ann Arbor: University of Michigan Press, 2005), 102.

interchangeably.<sup>29</sup> Given this conflation, these terms cannot be used as an indicator of the defining feature of the institution.

After establishing the Basileias as a hospital, it remains to be argued that it was in fact the *first* hospital. Before this can be approached, however, the defining qualities of the ancient hospital must be established. In his work on monastic medicine, Crislip works under the notion that in order to be called a hospital in antiquity, an institution must have provided professional inpatient medical care and this care must have been administered out of charity. Professional medical care means that trained doctors and nurses were providing the care, not just volunteers. Inpatient care means that the institution must be able to provide sleeping quarters and food in order for patients to stay for an extended period of time. Finally, charitable care means that the patients were not expected to pay in any way for the care they received. This working definition of a hospital will provide the ultimate litmus test by which institutions can compete for the title of “first hospital.”

The first piece of evidence in favor of the Basileias as the first hospital comes from the general assessment of when the development of the hospital took place. In his analysis of the history of the hospital, Crislip claims that “scholarship now dates the development of the hospital to the fourth century with virtual unanimity.”<sup>30</sup> This is evident by tracking the regularity with which the idea of the hospital (an institution that provides charitable, inpatient, professional medical care) was mentioned in writings around this time. It appears that by the end of the fourth century and beginning of the fifth century, this kind of institution was commonly referred to in writings from both the

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<sup>29</sup> Ibid.

<sup>30</sup> Ibid., 188n5

East and the West, indicating that the hospital had been well established by this time.

This is important to keep in mind because it immediately calls to question any proposal of the first hospital as an institution that arose after the fourth century.

When considering competitors for the title of “first hospital,” there are four proposals (other than the Basileias) that should be taken seriously. These institutions include temples of Asclepius, doctors’ clinics, slave and military infirmaries, and Arian Christian charities, primarily those of Aëtius, Eustathius, and Marathonius. Held up against the litmus test of professional, inpatient, charitable medical care, however, none of these fit the bill.

Temples of Asclepius (*asklêpieia*), the Greek god of medicine, were very popular pilgrimage sites for those seeking healing or the preservation of health. While these temples did provide sleeping quarters and offered, to some extent, charitable service, the care they provided was not medical in practice. Healing was sought through a ritual of bathing just before going to sleep on pallets in the hall of the temple (incubator), where the healing would either come about or be indicated through one’s dreams. After awaking, the sick person would consult the temple priest who would prescribe treatment based on his translation of the dream. These treatments may have sometimes been similar to those performed by professional medical providers, but because they were diagnosed based on dreams, the priests cannot be considered professional medical providers. Therefore, because no professional medical care was offered, temples of Asclepius were not the first hospitals.

The next candidate to be considered is the ancient doctor’s clinic. While this institution in many ways looks surprisingly similar to the modern doctor’s clinic, it is



decidedly not an antecedent to the hospital. These clinics not only did not offer inpatient care but also charged patients for the care they received. Without these essential elements, doctor's clinics cannot be considered the first hospitals.

Slave and military infirmaries often provided ample inpatient service. The care administered by slave infirmaries, however, was far from professional medical care and was compared by one ancient medical writer to veterinary care or treatment provided by barbarians.<sup>31</sup> Roman legion *valetudinarian*, on the other hand, were staffed by very skilled professional doctors and provided the most quality care that could be found at the time. Because of their inpatient and professional medical care, these facilities are very close to being considered hospitals. The treatment, however, cannot be deemed charitable since it was provided strictly as a return for military service. If a legionary had no chance of recovery, he would be discharged before being considered for treatment.<sup>32</sup> Given these lacking factors, neither slave infirmaries nor Roman *valetudinaria* can claim the title of “first hospital.”

In recent decades, the proposal that Arian Christian charities ought to be considered the first hospitals has become more and more popular. The Arians, named after the Alexandrian theologian Arius, was a loosely connected group of Christian heretics that disagreed with orthodox Christian teaching and the Council of Nicaea about the co-substance of Christ with God the Father. The first Arian that has an argument for the title of “first hospitaller” is Aëtius, who practiced medicine in the city of Antioch. There is not much that has been written about his medical practice, but Gregory of Nyssa

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<sup>31</sup> Ibid., 126.

<sup>32</sup> Ibid., 127.

talked about Aëtius' care with great hostility and criticized him in writing, saying that "he made his attack upon the obscurer households and on the most abject of mankind."<sup>33</sup>

While there is little context for this accusation, it may suggest Aëtius' medicine was not practiced for charity. However, slander was far from uncommon in the Trinitarian debate, so a conclusion can hardly be made with such limited supporting evidence. Still, there is no surviving written record of how and where Aëtius practiced medicine and therefore no way of knowing if his medical practice was performed in a hospital-like environment.

Eustathius of Sebaste, another Arian heretic, provides a stronger argument for the title of "first hospitaller," but still falls short. Eustathius was a bishop and oversaw many charitable institutions, including a facility for the care of the ill. The late fourth century Christian writer Epiphanius writes relatively thoroughly about Eustathius' work. He describes one institution that would "lodge the crippled and infirm, and supply [their needs] as best they can."<sup>34</sup> While this description indicates an inpatient facility that offered services charitably, there is no evidence that the institution provided any medical care. Similarly, Marathonius, a disciple of Eustathius, appears to have founded several institutions aimed toward the care for the poor and sick. The historian Sozomen records that Marathonius "undertook the superintendence of the establishments for the relief of the sick and the destitute."<sup>35</sup> Again, however, descriptions of the type of relief provided is

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<sup>33</sup> Gregory of Nyssa, *Against Eunomius*, 1.6, <http://www.newadvent.org/fathers/290101.htm>

<sup>34</sup> Epiphanius of Salamis, *The Panarion*, trans. Frank Williams, 2nd ed., vol. 2 & 3 (Leiden: Brill, 2009), 504.

<sup>35</sup> Sozomen, *Ecclesiastical History*, Bk. 4, Ch. 27, <http://www.newadvent.org/fathers/26024.htm>

completely absent from surviving literature. We know that these facilities were often attached to monasteries but have no reason to believe that the care provided was anything more than basic sustenance and comfort care. Because of the lack of evidence of professional medical care, neither Eustathius nor Marathonius can be considered the first hospitaller.

### *Why Was Basil the First?*

The ways in which the Basileias fulfills these three qualifications have already been explained, but the question of *why* exactly Basil was the first achieve the feat remains to be considered. In many ways, it seems like simple common sense could indicate that this kind of institution would serve many unfulfilled needs of a city as well as fulfill the demand for Christians to care for the poor and needy. Why, then, did it take until the late fourth century for a charitable, inpatient, professionally staffed hospital to be founded?

The first and most important factor that allowed Basil to institute his hospital was its attachment to and association with the adjacent monastery. Every monastery that Basil founded and oversaw throughout his life was a coenobitic monastery, a kind of monastery which was only just becoming popular in the 4<sup>th</sup> century and has remained the primary type ever since. Coenobitic monks (cenobites) live in community with each other rather than living hermitic lives of solitude. While coenobitic monasticism had already, to some extent, taken root in Asia Minor, *active* monasticism (monasticism that was not geared exclusively to a life of prayer, but also to active ministry in the world) was a strange and new phenomenon and was largely pioneered by Eustathius and Basil. This new way of

life, which engaged both a life of service and a life of poverty, provided the infrastructure necessary to found a hospital.

While many lay people staffed the hospital as well, the involvement of the monastics in the administrative and professional duties of the hospital was absolutely necessary for keeping the Basileias running. One of the regular duties of the monks was the assistance in the hospital, with rotating shifts so that the monks could still have time for prayer and silence in their day. W. K. Lowther Clarke notes that “everything points to the conclusion that [Basil’s] monasteries were of fair size, with perhaps 30 to 40 members.”<sup>36</sup> This large amount of practically free labor was essential in order to afford such an institution. Additionally, those staying at the Basileias were expected to assist in any ways that they were able. Between the work of professional doctors and nurses, monks, and patients/visitors of the hospital, the Basileias was in a unique position to serve the poor and destitute in a way that no institution before it could.

The problem remains, however, how a community of monks dedicated to poverty could obtain the capital necessary to fund the building and maintenance of a professionally staffed, inpatient, charitable hospital. The first way Basil achieved this was by obtaining help from the government. As previously discussed in this chapter, the Roman emperor Valens, excited by Basil’s passion and willingness to serve the people of Caesarea, provided him with land on which to build the institution that was to serve the most vulnerable members of society.<sup>37</sup> This indicates that a place for the care and cure of

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<sup>36</sup> W. K. Lowther Clarke, *St Basil the Great: A Study in Monasticism* (Cambridge: Cambridge University Press, 2013), 117.

<sup>37</sup> Theodoret, *Ecclesiastical History*, Bk. 4, Ch. 16, <http://www.newadvent.org/fathers/27024.htm>

the sick was indeed recognized as necessary and important enough for the Roman emperor himself to be generous in donating toward its construction.

Not only did Basil's entreaties work in achieving governmental assistance, but it is also clear that his sermons served to gain support from the public as well. In his funeral oration for his dear friend, St. Gregory of Nazianzus describes the Basileias as a "common treasury of the wealthy, in which the superfluities of their wealth, aye, and even their necessities, are stored, in consequence of his exhortations."<sup>38</sup> Simply put, Basil's encouragement for his congregation to use their wealth to finance the care for the sick and destitute were effective in mustering their support of the Basileias.

### *Conclusion*

By understanding what exactly the Basileias was, one can come to understand the large gap in society that Basil sought to close through the construction of the first hospital. The Basileias was essentially a culmination and a manifestation of Basil's social teaching about the care for the needy. Therefore, by seeking to comprehend how exactly Basil chose to structure his revolutionary hospital, one can all the more thoroughly understand how he viewed medical care and health in the life of the Christian.

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<sup>38</sup> Gregory of Nazianzus, *Oration 43*, ¶63, <http://www.newadvent.org/fathers/310243.htm>

## CHAPTER THREE

### Basil's Upbringing, Education, and Monastic Rule

The next step in examining Basil's ideas about medicine and healthcare is to analyze some key aspects of his life before he took over as bishop of Caesarea in 370 AD. Then, with an understanding of the Basileias (the ultimate manifestation of his beliefs about healthcare) as well as his earlier life, his specific ideas and teachings about medicine will be better contextualized and therefore more fully comprehensible.

The first relevant features of Basil's life to consider are his family background and the dynamic of his childhood household. This information will help to lay the groundwork in order to understand the most fundamental ideas that influenced Basil and his beliefs from an early age. Next, an analysis of his education and his deeper conversion after finishing school will provide insight into how his childhood beliefs and ideas were cultivated into those that he ultimately held as an abbot and bishop. Thirdly, a glimpse into the ascetic community at Annesi that Basil's family founded will display many of the sources of Basil's own monastic convictions. Finally, an investigation of his monastic rule will provide an understanding of what Basil believed to be the ideal Christian life and thereby a better grasp of what he believed the role of health and healthcare to be in that Christian life. By analyzing Basil's early life in this manner, the study of his more explicit teachings about health and medicine will acquire context and thereby become more accessible.

### *Family and Childhood*

Basil was born in 330 AD in the city of Caesarea, which was the capital of Cappadocia, located in modern day Turkey. At the time of his birth, Cappadocia was a particularly notable province of Asia Minor because of its location on a military road connecting Antioch and Constantinople, two of the most important cities in Asia Minor. Basil was born to a very wealthy family of significant renown, as his father was an esteemed lawyer and orator. In his funeral oration for Basil, Gregory of Nazianzus acknowledges the family's honorable reputation, pointing out their great wealth and their relationship with distinguished generals, governors, and other officials of great acclaim.<sup>1</sup> He follows this up, however, by noting that despite their political esteem and reputation, the more noteworthy distinction that set the family apart was their piety and service of others.<sup>2</sup> In fact, the piety of Basil's mother, Emmelia, eventually led to her recognition as a saint in both the Orthodox and the Catholic Churches. Concerning Basil's parents, Gregory of Nazianzus writes,

The union of his parents, cemented as it was by a community of virtue, no less than by cohabitation, was notable for many reasons, especially for generosity to the poor, for hospitality, for purity of soul as the result of self-discipline, for the dedication to God of a portion of their property, a matter not as yet so much cared for by most men, as it now has grown to be.<sup>3</sup>

From Gregory's descriptions of some of the attributes of Basil's parents, the sources of many of Basil's own characteristics becomes evident. Each quality of Basil's parents that

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<sup>1</sup> Gregory of Nazianzus, *Oration 43*, ¶3, <http://www.newadvent.org/fathers/310243.htm>

<sup>2</sup> Ibid., ¶4.

<sup>3</sup> Ibid., ¶9.

Gregory lists is noticeable somewhere in Basil's life and each will be explored more thoroughly throughout this chapter as the inspirations for Basil's charisms, especially his healthcare, are explored.

From what records have survived, it is evident that Basil's whole family was devoutly religious. Basil's father was also named Basil, and with Emmelia had ten children. Despite the elder Basil's political renown and Emmelia's saintly charity, Gregory of Nazianzus notes that "their greatest claim to distinction is the excellence of their children."<sup>4</sup> This proposal is indeed almost an understatement when considering that five of their ten children are recognized as saints in the Orthodox and/or Catholic Churches. Two of Basil's brothers, Gregory and Peter, served as bishops of Nyssa and Sebaste respectively. Basil's sister Macrina founded a cloistered religious community that would largely impact Basil's own conceptions of community life, and another sister Theosebia served as a deaconess in Cappadocia. Praising Basil's parents for raising such holy children, Gregory of Nazianzus writes, "The attainment of distinction by one or two of their offspring might be ascribed to their nature; but when all are eminent, the honour is clearly due to those who brought them up."<sup>5</sup> This piety, however, had not originated in the family with the elder Basil and Emmelia. Both parents were raised as Christians and indeed had remarkable examples of Christian witness to learn from and in turn pass on to their children.

Both of Basil's parents came from devoutly Christian families that underwent a great deal of persecution in a Roman Empire not yet friendly to Christians. Basil's

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<sup>4</sup> Ibid.

<sup>5</sup> Ibid.



maternal grandmother was a Christian martyr who was put to death in the Decian persecutions in the years just prior to Constantine the Great's ascension to the throne. Emmelia would proceed to live in a manner devoted to the religion for which her mother was willing to die and would go on to teach her children to do the same. Basil's paternal grandmother, who was, like his sister, named Macrina, was a great advocate of Christianity in Neocaesarea. The Christian church in Neocaesarea had been recently founded by Gregory Thaumargus, a disciple of the great Christian theologian and Church Father Origen of Alexandria. As a result of the elder Macrina's relationship with the church in Neocaesarea, a certain Origenism remained present in the family's intellectual pursuits and practice of their Christian faith.<sup>6</sup> Origen studied and wrote about some of the most involved and complex theology of that time, which in turn lent itself to a similarly intellectually stimulated environment in Basil's childhood household.

Furthermore, in his work *Contra Celsum*, Origen teaches about the suitability of medicine in the Christian life, writing about the ways in which medicine is "useful and necessary to the human race."<sup>7</sup> This praise of medicine ultimately spilled over into Basil's family as well. Gregory of Nyssa, Basil's brother, did not learn medicine in a school setting, but often preached about its importance and became quite knowledgeable about the art through independent study and by surrounding himself with those who had

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<sup>6</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), 3.

<sup>7</sup> Origen, *Contra Celsum*, Bk. 3, Ch. 12, <http://www.newadvent.org/fathers/04163.htm>

studied it.<sup>8</sup> Basil himself, however, did study the art of medicine extensively in Athens, and of course proceeded to make medical care a key characteristic of his life's ministry, culminating with the establishment of the Basileias.

### *Education and Conversion*

Along with understanding his family history and the manner in which he was raised, assessing Basil's education can also help when seeking to understand the origins of Basil's thoughts on healthcare and medicine. From the time that he began school, Basil was on the path to become a great rhetorician, just like his father. He studied under the best teachers in Caesarea and Constantinople as a child, then moved to Athens, the epicenter of classical enlightenment, in 351 to learn from its greatest rhetoricians. Along with rhetoric, it appears that Basil's studies in Athens involved a large number of other disciplines as well and that he excelled in all of them. "What branch of learning did he not traverse; and that with unexampled success," asks Gregory of Nazianzus, "attaining such eminence in each, as if it had been his sole study?"<sup>9</sup> His studies included a mastery of the art of medicine "not only in its empirical and practical branches, but also in its theory and principles."<sup>10</sup> His study of medicine began in childhood as he constantly battled sickness while also learning the fundamentals by caring for his siblings Gregory

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<sup>8</sup> Mary E Keenan, "St. Gregory of Nyssa and the Medical Profession," *Bulletin of the History of Medicine* 14, no. 2 (February 1944): p. 150.

<sup>9</sup> Gregory of Nazianzus, *Oration 43*, ¶23, <http://www.newadvent.org/fathers/310243.htm>

<sup>10</sup> Ibid.

and Macrina as they regularly suffered from illnesses as well.<sup>11</sup> Gregory of Nazianzus writes that “medicine, the result of philosophy and laboriousness, was rendered necessary for him by his physical delicacy, and his care of the sick.”<sup>12</sup> It seems, therefore, that Basil had already acquired a small body of medical knowledge even before formally studying in Athens. Moreover, while not directly recorded anywhere, it is a safe assumption, based on the medical scene of Athens at that time, that this training in Athens would have been in standard Hippocratic and Galenic medicine, which he would then go on to employ in the Basileias. During these four or five years in Athens, however, as he was removed from the robust Christian environment in which he was raised, Basil’s identity as an aspiring orator gradually began to overshadow his identity as a Christian.

Despite excelling in all of his studies while in Athens, Basil would later look back on these years as a time full of vain and selfish efforts. In one of his letters, he discusses a certain awakening that he underwent just after finishing his studies in Athens. He writes,

Much time had I spent in vanity, and had wasted nearly all my youth in the vain labour which I underwent in acquiring the wisdom made foolish by God. Then once upon a time, like a man roused from deep sleep, I turned my eyes to the marvelous light of the truth of the Gospel, and I perceived the uselessness of the wisdom of the princes of this world, that come to naught. I wept many tears over my miserable life and I prayed that guidance might be vouchsafed me to admit me to the doctrines of true religion.<sup>13</sup>

This prayer was soon answered upon moving back to Cappadocia to live near his family.

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<sup>11</sup> Mary E Keenan, “St. Gregory of Nyssa and the Medical Profession,” *Bulletin of the History of Medicine* 14, no. 2 (February 1944): p. 150.

<sup>12</sup> Gregory of Nazianzus, *Oration 43*, ¶23, <http://www.newadvent.org/fathers/310243.htm>

<sup>13</sup> Basil of Caesarea, *Letter 223*, <http://www.newadvent.org/fathers/3202223.htm>.

### *Annesi*

Shortly after Basil's father died, his family began to spend long periods of time living together in a mountainous region called Annesi. Here, they began to live a radically ascetic life in community with each other and were eventually joined by many other men and women seeking a similarly radical Christian life. This community eventually evolved into a relatively large and complex community of ascetics with many different houses. It consisted of a house of female consecrated virgins, a house for men and monks, a house for children and orphans, a guest house, and a common house of prayer shared by the whole community.<sup>14</sup> Basil's brother Peter oversaw the male monastery while his sister Macrina headed the community of virgins.

While Basil was not a permanent member of this community at Annesi, he did spend periods of time there between the years 358 and 365.<sup>15</sup> There is much evidence that his experience in this community largely helped to shape his own ideas about the proper ascetic life. At the beginning of these years, Basil had been drawn to the more common ascetical life of that time: the life of the solitary hermit. However, it is evident that after these years spent around the community at Annesi, Basil's focus shifted to a more communitarian (coenobitic) life lived alongside others seeking the same asceticism.<sup>16</sup> Basil would ultimately pull many elements from both eremitical and coenobitic life when forming his own monasteries later in his life.

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<sup>14</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), 7.

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.

Shortly after his conversion, Basil decided to devote himself to a life of asceticism. After initially turning toward the life of a hermit, he, along with Gregory of Nazianzus, embarked on a tour of several monasteries in 357 in search of a way of life that seemed to capture their idea of radical Christian asceticism. In a letter, Basil writes,

I prayed that I might find some one of the brethren who had chosen this way of life, that with him I might cross life's short and troubled strait. And many did I find in Alexandria, and many in the rest of Egypt, and others in Palestine, and in Cœle Syria, and in Mesopotamia. I admired their continence in living, and their endurance in toil; I was amazed at their persistency in prayer, and at their triumphing over sleep; subdued by no natural necessity, ever keeping their souls' purpose high and free... always, as though living in a flesh that was not theirs, they showed in very deed what it is to sojourn for a while in this life, and what to have one's citizenship and home in heaven.<sup>17</sup>

At the end of this quote is evident a certain conviction that seems to have run all throughout Basil's post-conversion life and ministry. Basil learned to view his earthly life as a brief exile from his heavenly homeland to which he was headed. His entire life would revolve around this conviction that all he does here on earth is directed towards a much higher reality. With this understanding, and after experiencing the different manifestations of monasticism throughout the Christian world, he proceeded to found his first monastery just across the Iris River from his family's community at Annesi.

### *The Rule of St. Basil*

With the founding of this first monastery on the Iris River, the great monastic rule of St. Basil began to take shape. His rule, the earliest surviving set of monastic rules written in Greek, is composed of two parts: the Longer Rules and the Shorter Rules. The

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<sup>17</sup> Basil of Caesarea, *Letter 223*, <http://www.newadvent.org/fathers/3202223.htm>.

Longer Rules are comprised of 55 brief treatises, each about a few paragraphs long and regarding a certain element of the Christian life. The Shorter Rules, although comprised of about 300 more rules than the Longer Rules, are called so because each rule, on average, is much shorter, ranging from just a couple of sentences to one or two short paragraphs. The Shorter Rules, unlike the Longer Rules, follow a catechetical method, and therefore are not so much treatises as they are answers to specific questions posed by monks living in the monasteries. The origin of the Shorter Rules is described in its prologue as Basil instructs the monks, writing, “whatever knowledge each of you thinks he is lacking, let him bring it forward for common investigation.”<sup>18</sup> These questions and answers make up the Shorter Rules which address particular questions about faith, morals, and monastic life. Together, the Shorter and Longer rules constitute St. Basil’s entire monastic rule which is to this day followed and lived by monastics around the world.

Only a few of the rules address medicine and healthcare explicitly, making it seemingly difficult to derive too much understanding of Basil’s beliefs about health from his rule. However, when considered as a whole, the rules lay out what Basil believes to be the best way of living for monks and thereby the best way of living for all people. Basil did not believe in a double standard for monks and laypeople. What he understood to be virtue for a monk, he similarly understood to be so for all people, no matter their place in life.<sup>19</sup> Therefore, within the monastic rule, his whole conception of the virtuous

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<sup>18</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), 51.

<sup>19</sup> Darrel W. Amundsen, “Medicine and Faith in Early Christianity,” *Bulletin of the History of Medicine* 56, no. 3 (1982): p. 338.

life is displayed. By analyzing what Basil believes to be the best life a person can live, his beliefs about medicine and healthcare can then be more readily approached. He does not always draw the connection directly between the ideal life and healthcare, but with some consideration, this connection can be interpolated. Anna Silvas communicates this sentiment in the introduction to her translation of the rule as she writes, “Basil’s ascetic and moral teaching was based on a well-thought through anthropology and pedagogy, an understanding of what human beings were created to be and how they might be best helped to achieve their ultimate calling.”<sup>20</sup> By discovering what Basil understands to be the ideal life that best aligns with the ideal end, his understanding of the role of healthcare in human life will become more decipherable.

Basil’s formal monastic rule was simply a kind of hermeneutic for the true and complete monastic rule: the Bible. He firmly believed that everything one could hope to know about how to live a proper life could be found in Scripture. His written instruction, therefore, was only meant to serve as an interpretive aid to help monks better understand and contextualize these scriptural instructions. The perfect life could clearly be seen in the life of Jesus Christ and therefore Basil sought to base every rule on the life and ministry of Christ. The characteristics of Christ’s life most carefully and thoroughly emulated in Basil’s rule are obedience, poverty, and self-abnegation, and Basil made these virtues the foundation of the monastic life he wished to construct.<sup>21</sup>

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<sup>20</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), 7.

<sup>21</sup> Besse Jean, “The Rule of St. Basil,” in *The Catholic Encyclopedia*, vol. 2 (New York: The Robert Appleton Company, 1902).

These three virtues that Basil so strongly emphasizes in his monastic rule correlate almost perfectly with the three evangelical counsels that have, since the twelfth century, served as the three primary principles of Catholic religious life. The evangelical counsels are poverty, chastity, and obedience and in almost every religious community and order worldwide, men and women entering the community take these three vows. The evangelical counsels are understood by the Church as practices in life that are not necessarily binding or necessary conditions to entering the Kingdom of God, but rather serve as additional counsels for those who seek perfection of the Christian life. Often in the Gospels, Christ defines certain virtues as non-negotiable for every Christian that seeks to one day enter the Kingdom of Heaven. These precepts basically consist of the Ten Commandments understood in context with Christ's life and the supplements He provided to the Old Law. The evangelical counsels, on the other hand, are not totally binding to all Christians. For example, in Matthew 19, when the rich young man asks Jesus what he must do to gain eternal life, Jesus tells him to keep the commandments. In doing so, Christ indicates that keeping the commandments is sufficient if one seeks simply to one day enter into heaven. When the young man presses Him further, however, Christ understands that the man wishes not to know how to be sufficient, but rather how to be perfect. So, Jesus then tells him, "If you wish to be perfect, go, sell what you have and give to [the] poor" and thereby institutes the evangelical counsel of poverty (Matt. 19:21).

Earlier in this same chapter of the Gospel of Matthew, Jesus discusses those who have made themselves eunuchs for the sake of the kingdom of heaven. He tells them, "whoever can accept this ought to accept it" (Matt. 19:12). Jesus does not wish to



communicate that all who desire to enter the Kingdom of God must become eunuchs. Rather, that he who is able to achieve this spiritual feat ought to reach for it in his pursuit of perfection. In doing so, Christ communicated to all Christians that the more perfect life, for those who can achieve it, is the celibate life and in doing so instituted the evangelical counsel of chastity. As Basil sought to outline the perfect Christian life in his monastic rule, he embraced the evangelical counsels totally and used them as the foundation for the life one should live in pursuit of perfection.

### *Hospitality*

Having been formed and educated in the epicenter of classical enlightenment in Athens, Basil implemented a large dose of Greek classicism into monasticism that had never been present before. Until Basil, monasticism had largely been a concept that was kept sheltered in Egypt and various parts of the East, completely isolated from the Roman Empire and the culture that came along with it. This sentiment is communicated by Dom Butler as he writes, “[Basil’s] modifications are the result of the contact of the primitive ideas, as they existed in Egypt and the East, with European culture and modes of thought.”<sup>22</sup> An important aspect of classical culture that Basil implemented into his life and ministry was the classical emphasis on hospitality. Both the ancient Romans and ancient Greeks regarded the virtue of hospitality as a sacred obligation for all. During this time, departing one’s homeland on journeys to distant places was something done only when absolutely essential because of the great danger of traveling. People often lived

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<sup>22</sup> Palladius, *The Lausiaca History of Palladius*, ed. Cuthbert Butler (Cambridge: University Press, 1898), 244.

their entire lives never straying more than several miles from their hometown because of the difficulty and uncertainty related to being a stranger in a foreign land. Because of this, hospitality was a much more evident and important practice of societies than it is today.

Hospitality at its most fundamental level concerns the relationship between host and guest. Interestingly, the word “*hospes*” serves as the Latin word for both “host” and “guest,” linguistically maintaining a certain level of ambiguity between the two roles.<sup>23</sup> The ancient Romans understood that every host eventually assumes the role of guest and all guests will at some point take on the responsibilities of a host. Whether one is on the giving side or the receiving side made very little difference because it was understood that before long, the roles would be reversed. This principle was very evident in Basil’s ministry, especially in the Basileias. Not only did the Basileias serve as a place of refuge for strangers and sojourners, but a high degree of *hospitalitas* was just as present in the hospital portion of the Basileias as well. The hospital at its most fundamental level is a place of hospitality for visitors, hence the direct etymological connection. Basil was the first to implement the Roman Empire’s high respect for *hospitalitas* into monasticism and thereby the first hospital. Moreover, just as the roles of host and guest were understood as circumstantial and fleeting, the roles of doctor and patient were understood in the same light. Every doctor, nurse, and caretaker inevitably takes on the role of the patient at some point in life. Keeping this mutuality and vulnerability in mind facilitates a much greater degree of true compassion and *hospitalitas* on the part of the doctor that is lost when distance is created between the two roles. Basil, having been “endued in full with the

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<sup>23</sup> Victoria Sweet, *God's Hotel* (New York: Riverhead Books, 2013), 195.

spirit of the Empire,” was intimately familiar with this concept and thus allowed it to influence his conceptions of medicine and healthcare.<sup>24</sup>

The ancient Greeks, to perhaps an even greater degree than the Romans, also regarded hospitality as a sacred duty for all to observe. The Greek word most similar to the English “hospitality” is *xenia*, but it more literally translates to something like “guest-friendship.” *Xenia* is most popularly observed and studied in Homer’s *Odyssey* and *Iliad*, but indeed served as an important part of ancient Greek culture as a whole. In fact, Zeus was commonly referred to as “Zeus Xenios,” as he was considered the protector of travelers as well as an exemplar and enforcer of hospitality.<sup>25</sup> So, between Basil’s familiarity with the culture of the Roman Empire as a whole and especially the spirit and culture of Athens in particular, the virtue of hospitality was one that he held in high esteem and clearly influenced much of his life’s ministry, especially exemplified in the *Basileias*.

### *Communal Life*

As mentioned, one year after completing his studies in Athens, Basil became convicted about living a radically ascetic Christian life. At that time, the natural path for those with this conviction was hermitical life, pursuing a solitary life of peace and contemplation, so this is what Basil did. At the same time, however, the rest of his family was beginning to live their life of communal asceticism at Annesi, so Basil began to

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<sup>24</sup> W. K. Lowther Clarke, *St Basil the Great: A Study in Monasticism* (Cambridge: Cambridge University Press, 2013), 125.

<sup>25</sup> Pamela Johnston, “‘All Strangers and Beggars Are from Zeus’: Early Greek Views of Hospitality,” *Pacific Journal* 13 (2018): p. 103.

occasionally visit them and experience their way of life. The example of his family, especially his sister Macrina, who had largely founded the community, began to influence his own ways of thinking and his beliefs about the proper Christian life. He quickly started to recognize the importance of community and before long was seeking a coenobitic life for himself, forsaking his former life of solitude.<sup>26</sup> Soon after, he and Gregory of Nazianzus departed for their tour of Christian ascetical communities in order to learn from the ways of those who had already begun living a coenobitic monasticism. Only a few years later, from 363-365, he traveled to Pontus to preach and teach about how one can live a properly balanced coenobitic monasticism.

While acknowledging the superiority of coenobitic monasticism, Basil still recognized the many advantages of a solitary hermitical lifestyle. At the time, however, the two forms of monasticism were largely viewed as being in opposition to each other. Basil wished to correct this misunderstanding by pulling the various advantages from both forms when constructing his monastic rule for the communities that he founded. He continued to allow space for monks to live a more solitary hermitical life in his communities, but kept them in close proximity to the larger community of monks in order to provide at least some fraternity. In his funeral oration for Basil, Gregory of Nazianzus praises Basil's ability to reconcile these two forms of monasticism and thereby magnify the advantageous characteristics of both:

Moreover he reconciled most excellently and united the solitary and the community life. These had been in many respects at variance and dissension, while neither of them was in absolute and unalloyed possession of good or evil: the one being more calm and settled, tending to union with God, yet not free from pride, inasmuch as its virtue lies beyond the means of testing or comparison;

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<sup>26</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), 7.

the other, which is of more practical service, being not free from the tendency to turbulence. He founded cells for ascetics and hermits, but at no great distance from his cenobitic communities, and, instead of distinguishing and separating the one from the other, as if by some intervening wall, he brought them together and united them, in order that the contemplative spirit might not be cut off from society, nor the active life be uninfluenced by the contemplative, but that, like sea and land, by an interchange of their several gifts, they might unite in promoting the one object, the glory of God.<sup>27</sup>

Gregory's description indicates that Basil still left room for individual monks to have flexibility in their particular way of life based on their own desires and calling. Still, however, he realized that some community was important for everyone, even those choosing to live a most austere hermitical life.

The seventh of the Longer Rules, entitled "On the necessity of living in the company of those who are striving for the same objective[:] that of pleasing God and the difficulty and hazards of living as a solitary" deals precisely with this question.<sup>28</sup> In a few paragraphs, he lists many reasons why life in community is superior to a totally solitary life. The primary reason he provides is that a community of people seeking the same end is able to encourage one another and aid each other when roadblocks and difficulties inevitably occur in one's life. He writes that "no one is self-sufficient as regard corporeal necessities."<sup>29</sup> Certain things in life are simply more achievable when one pursues them alongside others seeking the same goal.

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<sup>27</sup> Gregory of Nazianzus, *Oration 43*, ¶62, <http://www.newadvent.org/fathers/310243.htm>

<sup>28</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), Longer Rule 7.

<sup>29</sup> Ibid.

A few decades before Basil began to form his monasteries around the Christian world, Pachomius, often regarded as the father of coenobitic monasticism, had already abandoned the more popular hermitical monasticism in favor of life in community. Basil had visited and became familiar with several Pachomian monasteries, but found that something was missing that he thought important in his own monastic rule. Pachomius founded his monasteries with a kind of militaristic model that Basil thought hindered a certain spirit of monasticism that had always previously been present.<sup>30</sup> Discussing how Basil went about navigating his own modifications of coenobitic monasticism, W. K. L. Clarke writes that Basil “brought the spirit of Antony and the forms devised by Pachomius fused into an harmonious whole... adding a professional knowledge of the letter and the spirit of Scripture.”<sup>31</sup> Again, even in community, Basil managed to maintain the sense of being “not of this world” that had been such an important aspect of the monasticism of St. Anthony of the Desert and all monastics since.

### *Active Life*

Along with the hermitic/coenobitic debate, a similar dichotomy between cloistered and active life was beginning to form a split in monasticism at this time in the fourth century. On the one hand, cloistered monasticism lends itself to a similar solitude, austerity, and removal from the world as hermeticism. On the other hand, removal from the world also means removal from anyone still in the world who may need care or

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<sup>30</sup> W. K. Lowther Clarke, *St Basil the Great: A Study in Monasticism* (Cambridge: Cambridge University Press, 2013), 122.

<sup>31</sup> W. K. L. Clarke, *The Ascetic Works of St. Basil* (London: SPCK, 1925), 44.

instruction in the faith. Understanding this disparity, Basil ultimately chose to have the monks of his monastery live an active life that maintained some connection with the world in order to serve those in need, both spiritually and physically. This decision arose from the conviction that “true doctrine always needed to be accompanied by true praxis, and praxis by true doctrine, that one without the other tilted toward a failure of the Christian life, and the failure of the church.”<sup>32</sup> With so many poor, ill, and uneducated people all around him, he felt called to respond to God’s command to love one’s neighbor by actively caring for and teaching those in need. Gregory of Nazianzus mentions this conviction in the funeral oration when he points out that “a continued refrain in [Basil’s] sermons was the exhortation to put Christian teachings into practice.”<sup>33</sup> Similarly to communal life, he most likely experienced and adopted this practice while spending time at his family’s community in Annesi where there was a house for orphans as well as those in need of food and shelter.

However, while Basil did implement this active involvement with the poor and needy in the wider communities around his monasteries, he made sure to limit the chaos to which the monks would be exposed in order to maintain a certain degree of quiet and solitude that would be more conducive to a life of prayer. Discussing this issue in relation to medical care provided at the Basileias, Basil writes, “Whatever requires an undue amount of thought or trouble or involves a large expenditure of effort and causes our whole life to revolve, as it were, around solicitude for the flesh must be avoided by

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<sup>32</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), 6.

<sup>33</sup> Gregory of Nazianzus, *Oration 43*, ¶5, <http://www.newadvent.org/fathers/310243.htm>

Christians. Consequently, we must take great care to employ this medical art.”<sup>34</sup> Even in treating the sick, Basil warned against overly concerning oneself with the things of the world to the point of disturbing one’s ability to live a prayerful life. In doing so, he maintained a balance in his monasteries of living an active monasticism while still preserving the spirit of Anthony of the Desert and the riches that hermetic monasticism offered. To this day, monasteries still follow Basil’s monastic rule, combining rigorous, practical work while still allowing ample time for silence and contemplative prayer.

### *Conclusion*

Between the deep Christianity of his family, his education in a variety of disciplines, his immersion in the spirit of the empire, and his tour of coenobitic monasteries around the Christian world, Basil had an incredible amount of experience and training (and divine inspiration) that all contributed in different ways to his ultimate teachings about healthcare and medicine, finally manifested in the construction and administration of the Basileias. These experiences, while not all directly related to medicine, all formed Basil’s intellect and spirituality and thereby his convictions about medicine in the Christian life. Although only a handful rules in Basil’s monastic rule explicitly mention the role of healthcare in the life of the Christian, much can be ascertained based upon Basil’s ideas about what the ideal Christian life looks like and how one can go about reaching for it. Understanding Basil’s roots and journey will

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<sup>34</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), Longer Rule 55.



provide a more solid foundation in order to delve more deeply into his more explicit teaching about medicine and healthcare in the next chapter.

## CHAPTER FOUR

### Basil's Teachings on the Practice of Medicine as a Christian

With an appreciation for Basil's upbringing, education, and monastic rule, an analysis of his more definitive teachings about the role and practice of medicine in the Christian life is now more understandable. Basil's convictions about healthcare all spring directly from a love of Christ and a desire to bring greater glory to God by caring for all of His creation. With this foundation in mind, his convictions about medicine will be easier to follow and unpack. First, Basil's general understanding of the nature of health will provide a view of the end to which all of his beliefs aim. Following this, the surrounding world's views about medical care will be briefly reviewed in order to add historical context to Basil's teachings. Next, Basil's understanding of how medicine is a form of Christian charity will be considered. This will give grounding to Basil's conviction about proper healthcare as a type of Aristotelian mean between two extremes which will then introduce his paramount belief that all medicine should be approached first and foremost as an analogy for how one ought to care for the soul. This principle is the culmination of all of Basil's teachings about medicine and indeed serves as the guiding principle that informs the manner of care of every patient at the Basileias.

#### *Basil's Understanding of Health*

Basil's account of the role of healthcare in the Christian life begins by understanding and emphasizing a proper orientation of one's life to God. He addresses

the nature of this orientation in the Longer Rules in his response to a monk asking him about the issue of hospitality in regard to food. Basil explains that Christians have the opportunity to navigate questions like this monk's in a relatively simple manner.

Referencing Paul's First Letter to the Corinthians, he reminds the monk that, "The life of the Christian is of only one kind, having but one goal – the glory of God."<sup>1</sup> While this understanding does little to answer any practical questions about how one should go about practicing medicine at the Basileias, it orients the Christian to always ask himself, in every decision that arises, about what will bring the greatest glory to God. With this orientation, one can more properly pursue the more specific questions of life. In the same way, Basil will approach every situation in his healthcare with this ultimate question in mind.

Although Basil never explicitly, in any of his surviving writings or sermons, provides a succinct definition of health, his beliefs about health can be discerned by analyzing what he views as the purpose of health. For Basil, the goal of health, just like all things in life, is the greater glory of God. Therefore, health itself is a certain physical, spiritual, psychological, and social state that best facilitates one's glorifying of God. This definition is necessarily vague because Basil firmly believes that health manifests itself differently from person to person. As God creates every human being differently, he intends each person to experience health differently.

A great amount of prudent discernment, therefore, is required to discover what exactly the state of health is for oneself as well as the people that one takes care of.

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<sup>1</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), Longer Rule 20.

Explaining this concept to a monk, Basil writes, “But sufficiency [of care] means now one thing, now another, according to the condition of the body and the present need.”<sup>2</sup> Because of this individuality, one person may demand a much greater amount of medical intervention than another person with a similar physical condition does.

In his writings, Basil discusses six reasons that sickness and suffering take place. One of these reasons calls for medical treatment while the other five do not. Because of the multitude of reasons for sickness, two people may be suffering from the same disease, yet because God intends for individuals to glorify Him in different ways, one may still be considered healthy while the other may not be. He may intend for one person to glorify Him through living a very active life and therefore that person should receive medical treatment in order to do so. On the other hand, however, he may intend another person to glorify Him through suffering and therefore, this person, only after much discernment, should not receive medical treatment.

With this understanding, proper healthcare can be understood as a virtue that is a mean between two extremes: a concept that will be introduced here for context, but will be much more thoroughly analyzed later in this chapter. On one extreme, a deficiency of healthcare would be the neglect of a sick person who would benefit, both in the body and in the soul, from medical intervention. On the other extreme, an excess of healthcare would take the form of a sort of pampering of a person that would lead to unnecessary indulgence. Still, however, one is called to *strive* for virtue in all that one does, whether one is sick or healthy. Basil reminds his monks of this in the Longer Rules: “For whoever does not set the will of the Lord in all things as the goal of his life, such that in health he

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<sup>2</sup> Ibid.

displays the labor of love by zeal for the works of the Lord and in sickness shows all steadfastness and patience with joy – he is in a perilous state.”<sup>3</sup> All are called to pursue God’s will irrespective of their current state of physical health. Both the physically healthy as well as the chronically ill are constantly faced with the decision of seeking their own will or God’s will. This factor alone determines whether or not one finds favor with God. While a great deal of discernment is necessary when determining how to treat an illness, one’s overall disposition should always remain constant.

### *Medicine in the Ancient World*

While Basil and his closest friends and followers seem to have whole-heartedly acknowledged the proper place of medicine and the physician in the life of a God-fearing Christian, many of their contemporaries were much more hesitant to embrace medicine quite as willingly. All cultures and religions at the time had their own particular ways of caring for the ill, but many times this only included the use of religious and magical healing while leaving out medicine all together. For many, medicine was understood to be anti-providential in that it was believed to serve to reverse a natural process that God has put into action for a reason humans cannot understand. Basil, as well as the other Cappadocian fathers, however, clearly reject this outright denial of the appropriateness of medicine in the life of the Christian.

All three Cappadocian Fathers possessed a substantial amount of medical knowledge. Basil and Gregory of Nazianzus both formally studied clinical medicine in

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<sup>3</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), Longer Rule 34.

Athens. Gregory of Nyssa, although he appears to have had no official medical training, displays a deep interest in the subject.<sup>4</sup> While Basil was one of the first prominent Christian figures to implement medicine so directly into a Christian framework, the overlap between Christianity and medicine had been at least on the minds of Christians for centuries. Origen, in the third century, refers to Jesus as “chief medical director.”<sup>5</sup> Even earlier still, in one of his letters to the Church of Ephesus dated to around AD 85, Ignatius of Antioch refers to Jesus by the title “Christ the Physician.”<sup>6</sup> Because of these uses, it is evident that the occupation of physician was, at least by some, recognized as something that can and ought to complement Christian charity.

Furthermore, given Basil’s Origenian family background, it is very likely that he would have been familiar with the deuterocanonical book of Sirach. Sirach is part of the Septuagint along with the second book of Maccabees, with which Origen is known to have been familiar and view as an inspired book of the Bible.<sup>7</sup> Therefore, it is likely that, because of Origen’s knowledge and writings about the deuterocanonical books, Basil’s family, due to their deep Origenism, would have been familiar with the book of Sirach. Sirach 38 is often referred to as the “Praise of the Physician” and is essentially a

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<sup>4</sup> Mary E Keenan, “St. Gregory of Nyssa and the Medical Profession,” *Bulletin of the History of Medicine* 14, no. 2 (February 1944): p. 150.

<sup>5</sup> Christoffer H. Grundmann, “Christ as Physician,” *Christian Journey for Global Health* 5, no. 3 (2018), <https://doi.org/https://doi.org/10.15566/cjgh.v5i3.236>, 10n16.

<sup>6</sup> Ignatius of Antioch, *Letter to the Ephesians*, Ch. 7, <http://www.newadvent.org/fathers/0104.htm>

<sup>7</sup> Origen, “Origen De Principiis,” Bk. 2, Ch. 1, ¶5, *Ante-Nicene Fathers*, trans. Frederick Crombie, vol. 4 (Grand Rapids: WM. .B. Eerdmans Publishing Company, 1982).

discourse about the dignity of the physician in the Christian life. The author writes, “My son, when you are ill, do not delay, / but pray to God, for it is he who heals... Then give the doctor his place / lest he leave; you need him too, / For there are times when recovery is in his hands” (Sirach 38:9-12). Because of this scriptural book’s explicit praise of a doctor’s role in Christianity, it is likely that Basil would have been raised with an appreciation and respect for healthcare in the form of medicine.

Moreover, although he did not formally study medicine, an appreciation for medicine certainly was a strong conviction of Basil’s brother, Gregory of Nyssa. One piece of evidence of this appreciation is Gregory’s frequent epistolary communication with physicians about strikingly technical medical issues.<sup>8</sup> Furthermore, in one of his letters he writes, “All you who study medicine have, one may say, humanity for your profession: and I think that one who preferred your science to all the serious pursuits of life would form the proper judgment, and not miss the right decision.”<sup>9</sup> It can be assumed that this sentiment was shared by his fellow Cappadocian Fathers as they chose to use their own medical practice in their life of ministry and service.

### *Using the Natural World*

Basil very much understood medicine to be God’s instrument that Christians ought to utilize rather than ignore. He believed that, just as God nourishes people through food and drink that comes from nature, He also intends for us to use these natural

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<sup>8</sup> Mary E Keenan, “St. Gregory of Nyssa and the Medical Profession,” *Bulletin of the History of Medicine* 14, no. 2 (February 1944): p. 150.

<sup>9</sup> Gregory of Nyssa, *On the Holy Trinity*, [www.newadvent.org/fathers/2904.htm](http://www.newadvent.org/fathers/2904.htm)

resources by caring for the ill through medicine. He explains this in the Longer Rules: “the obtaining of that natural virtue which is in the roots and flowers, leaves, fruits, and juices, or in such metals or products of the sea as are found especially suitable for bodily health, is to be viewed in the same way as the procuring of food and drink.”<sup>10</sup> This idea goes hand in hand with his Christian conviction that all things, insofar as they were made by a God who is Good Himself, are also intrinsically good. Expressing this in a homily, Basil asks, “And shall we not reflect that all has not been created in view of the wants of our bellies? The nourishing plants, which are destined for our use, are close at hand, and known by all the world. But in creation nothing exists without a reason.”<sup>11</sup> In saying this, Basil anchors the usefulness of medicine in God’s omnibenevolence and thereby points to God’s intent for the medical use of His creation. Gregory of Nyssa expresses a similar idea in a sermon when he says, “Who established the art of healing, medicine? ... God, the founder of good works.”<sup>12</sup> By establishing this art, God has created medicine in order for physicians to participate in His healing work.

Still, however, the indirect nature of medicine through the use of physicians does not at all detract from the awe that results from any healing that takes place. Just because physicians work through natural means does not imply that God takes no part in the cure.

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<sup>10</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), Longer Rule 55.

<sup>11</sup> Basil the Great, *Hexaemeron (Homily 5)*, ¶4, <http://www.newadvent.org/fathers/32015.htm>

<sup>12</sup> Gregory of Nyssa, “The Hungry Are Dying: Beggars and Bishops in Roman Cappadocia,” in *The Hungry Are Dying: Beggars and Bishops in Roman Cappadocia*, ed. Susan R. Holman (New York: Oxford University Press, 2001), pp. 193-206, 197.



In his Longer Rules, Basil writes, “He sometimes cures us secretly and without visible means when He judges this mode of treatment beneficial to our souls; and [at other times] He wills that we use material remedies for our ills.”<sup>13</sup> Basil points out that God’s hand is just as present in medical cures as it is in miraculous cures because He is the one who ordained nature with the power to heal. In this way, God has established and continues to direct the use of medicine to bring about His greater glory.

### *Christian Love Through Medicine*

One idea that Basil continuously returns to and impresses upon the caretakers at the Basileias is that by serving those in need, they serve Christ Himself. Basil understood this belief to form the core foundation of the work that was done at the Basileias. When asked by one monk about the disposition with which the monks are to care for the sick, Basil tells him that care is to be offered, “as offering our service to the Lord himself who said, ‘insofar as you did it even to the least of these my brothers, you did it to me’ (Matt. 25:40).”<sup>14</sup> Basil allowed this conviction to dictate all of his actions, taking the initiative to set an example of this Christian love himself. Praising Basil’s care for the sick in the funeral oration, St. Gregory of Nazianzus’s explains that it was Basil himself “who took the lead in pressing upon those who were men, that they ought not to despise their fellowmen, nor to dishonor Christ, the one Head of all, by their inhuman treatment of

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<sup>13</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), Longer Rule 55.

<sup>14</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), Shorter Rule 160.

them.”<sup>15</sup> By fully embracing Christ’s position as the head of the Church, Basil ensured that Christ would not be disrespected through the despising of the Church’s vulnerable members.

Not only does the Christian healthcare worker care for Christ through the patient, but one also *imitates* Christ through one’s practice of medicine when aligned with Christian virtue. Gregory of Nazianzus says, “Basil’s care was for the sick, and the relief of their wounds, and the imitation of Christ, by cleansing leprosy, not by a word, but in deed.”<sup>16</sup> By putting this teaching into practice, Basil sought to resemble Christ the Physician and therefore expected all medical professionals in the Basileias to do the same. Along with Basil’s constant preaching about the necessity of care for the sick and the poor, he further resembled Christ by then acting upon those convictions and treating the sick himself.

Furthermore, Basil’s brother and lifelong companion, Gregory of Nyssa, continued to praise medical care and express the great importance of medicine in the Christian life. In one sermon, he analogizes illness to the chains of a prisoner, holding the sick person back from living a full and free life. Speaking about using medicine to care for this person, he tells his congregation, “You have here the means by which to fulfill the whole law, rendering to the Lord all the things he demands if you show philanthropy

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<sup>15</sup> Gregory of Nazianzus, *Oration 43*, ¶63, <http://www.newadvent.org/fathers/310243.htm>

<sup>16</sup> Ibid.

to this person.”<sup>17</sup> In saying this, he implies that, through the perfectly virtuous practice of medicine, one is able to fulfill all of God’s commandments. By speaking of medicine in such a bold manner, Gregory of Nyssa reinforces his brother’s teaching and practice of medical care practiced alongside Christian virtue.

### *Care for the Soul*

While caring for and imitating Christ is essential in the practice of Christian medicine, Basil’s primary teaching about healthcare that informs all of his medical practices is that both the patient and the physician must, at all times, view the practice of medicine as an instrument to better understand how one ought to approach the care for the soul. Medicine, insofar as the effects and fruits are often more tangible and visible than those of spiritual healing, is meant to serve as a model for the care of the soul. Explaining how this may happen, Basil writes,

The medical art has been vouchsafed us by God, who directs our whole life, as a model for the cure of the soul, to guide us in the removal of what is superfluous and in the addition of what is lacking.<sup>18</sup>

In this way, Basil calls for a very Hippocratic and (more indirectly) Aristotelian approach to medicine and thereby to one’s care for the soul. Hippocratic medical care is based largely around the balance of the four humors. The aim is always to rid the patient of the excess of humors and supply whatever humors are wanting. The goal is some

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<sup>17</sup> Gregory of Nyssa, “The Hungry Are Dying: Beggars and Bishops in Roman Cappadocia,” in *The Hungry Are Dying: Beggars and Bishops in Roman Cappadocia*, ed. Susan R. Holman (New York: Oxford University Press, 2001), pp. 193-206, 204.

<sup>18</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), Longer Rule 55.

virtuous mean that is to be sought over and above vicious extremes in both directions. So, as one learns to more efficiently perfect this art in the practice of medicine, one becomes better equipped and capable of applying this same principle to the care for one's soul.

In the practice of medicine, one seeks to add anything that might be beneficial to the body and root out anything that could be hindering health. Just so, in the pursuit of holiness, one aims to implement any practices or tools that serve to lift one's soul to God while breaking free from any spiritual chains that weigh one down and keep one's eyes fixed upon the earth. Expanding on this analogy, Basil writes, "as in using the medical art we submit to cutting, burning, and the taking of bitter medicines for the cure of the body, so, also, in caring for our souls we must heal them by accepting the cut of the reproachful word and the bitter medicine of penalties."<sup>19</sup> In the same way that drugs and medical procedures often initially cause much pain and discomfort, spiritual disciplines often feel incredibly uncomfortable as one is purged of the chains of sin. By submitting to these disciplines, we may guide our souls to virtue through finding the Aristotelian mean lying between the extremes.

Furthermore, Basil describes the process one should follow when trying to approach a medical case in which one is unsure of whether or not to treat the patient. He acknowledges that with all cases in which one decides to use medicine, this care "should be done thoughtfully and not without testing, in such a way that in curing the body we do not omit to cure the soul."<sup>20</sup> This is to be done by both the physician and the patient and

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<sup>19</sup> Ibid.

<sup>20</sup> Ibid., Shorter Rule 140.

involves paying careful attention to how the patient maintains his spiritual health while receiving medical treatment. Describing this process in more detail, he writes,

Therefore, if one notices that such a one is duly chastened by the cure of his body and attends to his own passions of soul, then continue the bodily cure. But if as he receives the care of his body, he is shown to ignore the soul, it is better that such a one be left in the pains which he has incurred from his own unrestraint till in the course of time he may come to perceive himself and the risk of eternal punishment and so take thought again for the health of his soul.<sup>21</sup>

Basil always maintains the prioritization of spiritual health over physical health.

Therefore, as soon as it can be determined that one's physical flourishing is detrimentally affecting one's spiritual health, medical care ought to be ceased in order to maintain the much more important care for one's soul. Reinforcing this prioritization, Basil urges the monks to always remember the ultimate reason for which medical care is an art in the first place: "we should keep as our objective (again I say it), our spiritual benefit, in as much as the care of the soul is being taught in the guise of an analogy."<sup>22</sup>

Another feature of the spiritual life that is represented in one's care for the soul can be understood through an examination of chronic illness. Basil writes, "The fact, also, that chronic illnesses persist over a long period and despite varied and painful remedies is a sign that we should amend the sins of the soul by assiduous prayer, prolonged penance, and the severe disciplinary treatment which reason may advise as adequate for the cure."<sup>23</sup> In this way, an examination of chronic physical illness can and ought to serve as an analogy for chronic spiritual illness. The principle remains: God

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<sup>21</sup> Ibid.

<sup>22</sup> Ibid., Longer Rule 55.

<sup>23</sup> Ibid.

wants each sick person to be treated in a particular way that will somehow allow that person to bring the most glory to Him. This may sometimes entail immediate cure and other times entail years or pain and suffering. In the same way, God allows certain people to experience intense spiritual warfare that he preserves others from entirely. By understanding how and why God works in this way through healthcare, the reasons He works this way spiritually become more recognizable and ought to serve to guide the repentant sinner back to spiritual health.

Moreover, in the Longer Rules, while continuing his analysis on medical care serving as a model for care for the soul, Basil mentions the superior's role in administrating the care for the sick at the monastery. He insists that the "superior must not become angry with the sick, but must wage war against their malady."<sup>24</sup> Later in the same rule, he discusses how this medical war translates over to spiritual warfare. Just like there is a certain prescribed remedy for each illness, there is a certain spiritual remedy for each vice. In order to give the monks a sense of what these spiritual remedies might be, he gives several examples: "Vainglory should be corrected by imposing practices of humility, idle talking, by silence, excessive sleep, by watching in prayer, sloth, by physical labor, intemperance at table, by fasting, murmuring, by segregation."<sup>25</sup> This list serves as an example of Basil's medically-trained mind viewing the spiritual journey as one that can be approached with a "malady/remedy" mindset and is very indicative of his conviction that the care for the body ought to serve as a model for the care for the soul.

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<sup>24</sup> Ibid., Longer Rule 51.

<sup>25</sup> Ibid.

### *Avoiding Excess*

As previously stated, Basil continuously warns his monks about the dangers of vicious excess when it comes to medical care. The approach to be taken by all caretakers at the Basileias was one of supplying only what was needed. In the Shorter Rules, one monk working in the Basileias asks Basil about the disposition with which they are to serve the sick. Basil answers, “So those who preside ought to take care that they (to whom service is done) do not enslave themselves to the stomach and to pleasures as lovers of the body, but who as lovers of God and lovers of Christ, perfected through patience (meriting the services of their brothers), become a boast for the Lord and a reproach to the devil, as was righteous Job.”<sup>26</sup> With this mindset, all caretakers at the Basileias were to cut off medical care as soon as the necessary care had been accomplished so as not to pamper the patients to the point of indulgence.

Furthermore, Basil points to scriptural evidence of this principle. In the Longer Rules, he writes, “What does Solomon the most wise say? ‘Give me neither poverty nor riches, but provide what is necessary and sufficient, lest I am filled and become false and say, Who sees me? Or lest I am poor and steal and profanely use the name of my God’ (Prov. 30:8-9).”<sup>27</sup> Basil commends Solomon’s recognition of the harm that may result from both indulgence as well as deprivation. While it is best to help the ill in whatever way possible, care should be stopped as soon as it becomes no longer necessary.

Basil expected a great deal of prudence by the caretakers in the Basileias. In the Longer Rules, a monk asks Basil about the character of those that prepare the food and

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<sup>26</sup> Ibid., Shorter Rule 160.

<sup>27</sup> Ibid., Longer Rule 20.

drink as well as the medicines in the Basileias. Basil tells the monk, “Among those who distribute the necessities of life inside let there be some in each order who can imitate those in the Acts, practicing what is reported there: ‘Distribution was made to each according to his need’ (Acts 4:35).”<sup>28</sup> In this way, Basil continues to expect the care for the ill at the Basileias to rely on uncompromising discernment of the particular needs of each patient.

### *Physical Flourishing is Not the Goal*

One of the most counterintuitive yet fundamental of Basil’s beliefs about medicine is that it should never be performed with the patient’s physical flourishing as the ultimate end in mind. This is difficult to understand because the physical nourishment of the patient is usually the most immediate goal to be sought and reached. From a Christian perspective, however, as discussed earlier in this chapter, the ultimate goal of all things is the greater glory of God. Therefore, physical flourishing should be sought and celebrated only if it facilitates the patient’s glorifying of God. Gregory of Nazianzus explains this idea in a sermon, arguing, “we should neither admire health nor loathe disease indiscriminately... Instead, let us cultivate both contempt for that benighted health whose fruit is sin and respect for that disease that bears the badge of saintliness.”<sup>29</sup> Physical flourishing that leads to sin is not health in the true sense, but rather a kind of

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<sup>28</sup> Ibid., Longer Rule 34.

<sup>29</sup> Gregory of Nazianzus, *The Fathers of the Church*, trans. Martha Vinson, vol. 107 (Washington, D.C.: Catholic University of America Press, 2003), 66, ¶34.



*benighted* health since it only serves to further enslave one to the passions. Therefore, as it does not serve to bring about a greater glory of God, it should not be sought after.

Another factor that must be considered is the proper ordering of priorities. If medical care becomes so high of a priority for the patient that other very important parts of life are set aside to make undue room for it, it is not a virtuous practice of medical care. This is especially the case if the thing that must be deprioritized involves the patient's spiritual wellbeing. In the Longer Rules, Basil expresses this concern to the monks working in the Basileias:

Whatever requires an undue amount of thought or trouble or involves a large expenditure of effort and causes our whole life to revolve, as it were, around solicitude for the flesh must be avoided by Christians. Consequently, we must take great care to employ this medical art, if it should be necessary, not as making it wholly accountable for our state of health or illness, but as redounding to the glory of God.<sup>30</sup>

Again, Basil emphasizes the fact that medical care must always work for the greater glory of God. As soon as it begins to fail to do this, it should no longer be utilized or sought after.

### *Discernment in Medical Practice*

A crucial aspect of proper medical practice for Basil is prudence in discernment on the part of the caretaker. Prudence is necessarily such a high priority for Basil because of his belief that there are times when, although a person may be very physically ill, medical care should not be sought. Understanding this principle, Gregory of Nazianzus,

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<sup>30</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), Longer Rule 55.

in Basil's funeral oration, calls the Basileias the place "where disease is regarded philosophically."<sup>31</sup> At the Basileias, disease was not simply thought of as something that must be destroyed at all costs. Rather, proper discernment must first determine whether disease is hindering the glorification of God, and, only if so, it must then be treated.

This principle of considering disease philosophically is the same that is expressed in the Gospels as Jesus goes about healing the sick in different ways. Judging what is the best form of health for each person that He confronts, Jesus sometimes orders the sick to follow certain instructions in order to bring about physical flourishing. At other times, He simply cures them on the spot with no further action required. Basil notices this in the Gospels and discusses it in the Longer Rules. He writes, "Just as in those days the Lord sometimes made clay, and anointed, and bade wash in Siloe (John 9:6-7), and on other occasions was content with the mere command, 'I will, be thou made clean' (Matt. 8:3), whereas He left some to struggle against their afflictions, rendering them more worthy of reward by trial, so it also is with us."<sup>32</sup> Knowing what is best for each person, Jesus chooses not to prescribe the same treatment for everyone, but rather tailors the cure to the particular person and his/her circumstances. In the same way, Basil exhorts the caretakers at the Basileias to take time to consider the illnesses philosophically before going forward with the treatment.

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<sup>31</sup> Gregory of Nazianzus, *Oration 43*, ¶63, <https://www.elpenor.org/gregory-nazianzen/funeral-basil.asp?pg=35>

<sup>32</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), Longer Rule 55.

### *Do Not Treat*

As aforementioned, Basil believed there to be several instances in which a person may be sick, but even so, medicine should not be utilized. In each of these cases, the assumption is that God has intended the sick person to suffer for a certain reason. Therefore, the curing of that sickness would detract from God's intent and thereby disallow the sick person from experiencing whatever it is that God intends. This understanding of health does not pose medicine as a totally anti-providential art. Rather, as discussed, it simply calls for a great amount of prudence in order to discern whether God wills the person to suffer through the illness or if He intends for the person to bring Him the most glory through physical flourishing.

In the Shorter Rules, a monk asks Basil about whether it is appropriate for a Christian to take advantage of the work of physicians. Basil responds by saying,

The holy and God-inspired Scripture tells of King Hezekiah, that when he was sick he heard from God through the prophet: *take a cake of figs, and make a poultice* (2 Kgs. 20:7), and yet of Asa that when he was ill and *sent for physicians* he provoked God's anger (cf. 2 Chron 16:12). I learn therefore that bodily illnesses do not all have one and the same reason – but that God allows or sends infirmities, now for one cause, now for another.<sup>33</sup>

Because God has many reasons for sending illness upon His creatures, there are some cases, like Hezekiah's, in which medical care should be sought and there are others, like Asa's, in which one would sin by accepting or providing medical care.

In several of his writings, but most comprehensively in the Shorter Rules, Basil outlines the five instances in which he believes medicine ought to go unused. The first is

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<sup>33</sup> Basil the Great. *The Rule of St. Basil in Latin and English: A Revised Critical Edition*, translated by Anna Silvas, (Collegeville, MN: Liturgical Press, 2013), Shorter Rule 314.

in instances similar to the case of Job from the Old Testament in which God allows one to suffer through illness simply in order for one to prove oneself by conquering the illness.<sup>34</sup> Basil explains that this case can be understood by God's question to Job, "Do you think I have dealt with you for any other reason than that you should prove just? (Job 40:8)." Through the incredible trials and tribulations that God permits Job to experience, God tests Job's fortitude and faith. Just so, God could be doing the same with a patient of the Basileias. Therefore, if after some discernment it becomes evident that illness is what God intends for the sick person, medical care should not be utilized because it would prevent the person from experiencing what God deems as necessary for him to overcome.

The second instance in which medical care should not be provided is when God intends the sick person to be sanctified through suffering. The example that Basil uses for this case is from the story of Lazarus in Luke. Lazarus was a poor man covered in sores who enters heaven after a life of illness and suffering. Of this parable, Basil writes, "Another reason is that through patience in afflictions [the one suffering] might be made worthy of consolation in the age that is to come, like Lazarus, of whom Abraham says, 'in his life he received evil things, and so he is comforted here' (Luke 16:25)."<sup>35</sup> By mentioning one's being made worthy of heavenly rewards because of his sufferings on earth, Basil indicates a belief in some kind of purifying or purgative qualities present in suffering here on earth. Because of this belief, the remission of this sanctifying suffering through medicine would work against one's ability to experience purification, leading one to be less open to heavenly consolation. Therefore, if it can be discerned that God

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<sup>34</sup> Ibid.

<sup>35</sup> Ibid.

intends the patient to suffer for the sake of one's own sanctification, medicine ought not to be employed.

The third circumstance in which Basil warns against the use of medicine is when it can be determined that the illness has been sent by God as punishment for some kind of wrongdoing. Basil appeals to 1 Corinthians in which Paul writes, "he who eats and drinks...unworthily...eats and drinks judgement on himself...which is why many of you are weak and ill, and some have died" (1 Cor. 11:32). It is apparent, therefore, that God sometimes uses sickness as punishment for sins one may commit. When it can be discerned that this is the case, physicians and caretakers ought not to treat the patient.

The fourth instance in which a sick person should not be treated medically is when it can be determined that the patient would benefit spiritually by developing a deeper understanding of his own internal wretchedness through experiencing his external, physical wretchedness. Basil writes, "Another cause is that the malice of sins might through the example of bodily illness appear also to the sinner himself, who often is unaware of it and does not turn to the examination of himself or perceive of his own ills" (Luke 15:17).<sup>36</sup> After experiencing bodily suffering and illness, a sinner who may not be in the habit of deeply examining his life may take the time to reconsider his priorities and values. With this connection, Basil reaffirms his belief that the body can and ought to serve as a model of the soul. If it becomes clear that a patient is learning to examine his soul as a result of his experiencing physical illness, medical care should not be utilized.

The final circumstance in which Basil calls for his monks to withhold medical treatment is when the illness has been sent by God in order to humble the patient. This

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<sup>36</sup> Ibid.

may come about through a simple realization by the patient that God is ultimately in control and, in the grand scheme of things, humans are weak and helpless without God's assistance. He quotes 2 Corinthians in which Paul writes, "to keep me from being too elated by the excess of these revelations, there was given me a thorn in the flesh" (2 Cor. 12:7). In order to remind Paul that his authority and virtue does not come from himself, God allows Paul to physically suffer. In the same way, if it can be discerned that an illness has been sent by God in order to humble a patient or remind a patient of his dependence, medical care should not get in the way of this experience.

After outlining these five instances in which medical care should not be employed, Basil transitions into discussion about when medical care ought to be utilized. He writes,

Accordingly, if anyone who has fallen into an illness for one of these reasons mentioned should busy himself with physicians, as if to set aside the judgement of God, he labours in vain and provokes God's anger.

But if it happens that the soul needs to be taught by this very care of the body to accept the Lord's teaching for the cure of its own passions, just as someone infirm accepts the instruction of the physician, then I consider that it is permissible to give care to the infirm body, and to illustrate by the benefit that comes of it the cure of what belongs to the soul.<sup>37</sup>

Once again, Basil points out the essentially analogous relationship between care for the body with medicine and care for the soul. Basil believes that God can and indeed very often does send illness upon someone simply with the intent of the person being healed. God does this, however, not with the sole objective of displaying the power of the physician, but rather displaying His own goodness and mercy by teaching and equipping the physician to heal by means of His own creation. He writes, "Illness often arises also

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<sup>37</sup> Ibid.

as a manifestation of the goodness and the power of God, that God might be glorified.”<sup>38</sup> For scriptural reference, he points to John 9 describing the man born blind in which the disciples ask Jesus, “who sinned, this man or his parents, that he should be born blind? He answered them saying, ‘it was not that this man sinned, or his parents, but that the works of God might be made manifest in him’ (John 9:2-3).” The blind man was to be healed in order to bring about a greater recognition of God’s power to those who would witness and experience it. In this same way, God may send physical suffering to a person in order for him to be healed and thereby serve as a symbol of God’s mercy and power all the more. If this can be discerned by the patient and the physician, medical care should be employed for the greater glory of God.

### *Conclusion*

For Basil, healthcare and Christian spirituality are not only compatible, but ought to supplement each other through the prudent and rigorous practice of each. This complementarity is accomplished by pursuing, as with all things in life, the greater glory of God. With this mindset, health is not simply physical flourishing, but is rather a certain physical, spiritual, psychological, and social state that God has ordained for each person that brings the most glory to Him. It is the job of every Christian, and in a particular way the Christian physician, to discern what health is for each person, and to adjust one’s medical practice to reach this state most completely.

What Basil understood to be the most important contribution of healthcare to the Christian life is its ability to provide a model for the care of the soul. The good physician

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<sup>38</sup> Ibid.

knows what to add and what to take away from a sick body in order to bring about health. The Christian, then, is called to implement the same practice when it comes to avoiding vice and striving towards spiritual health. Basil repeatedly reminds his monks that the Christian practice of medicine requires a continuous ability to discern God's intention for each patient so that the caretaker may come to understand the most fitting treatment for the patient. With this proper orientation, it may then become clear that God intends for the patient to suffer for the benefit of the patient and the greater glory of God. In these cases, the patient and the physician ought not to pursue medical treatment. In all other cases, however, medicine maintains the great potential to serve as a model for the Christian life as one not only imitates Christ the Physician, but serves Christ Himself in every patient.



## CHAPTER FIVE

### Conclusion

Because of the popular understanding that modern medicine has little to learn from history, pre-med students, medical students, and physicians are far too often isolated from the medical tradition, left only with the values and philosophies of the modern age. Unfortunately, today's culture is filled with a positivism that hinders Christian spirituality from finding its proper place in healthcare. By glancing back to Basil the Great and like-minded physicians throughout history who have allowed their Christianity to animate their medical practice, one can hopefully start to recognize the essential place of medicine in the life of the Christian.

The Basileias serves as the physical manifestation of all of Basil's teachings about the Christian practice of medicine. Through a thorough study of the Basileias, one witnesses Basil's deep-seated concern for the ill and the most destitute of society. Recognizing the physician's unique ability "to fulfill the whole law, rendering to the Lord all the things he demands," Basil structured the Basileias in such a way that every patient was treated as Christ himself.<sup>1</sup> The Basileias, being the first hospital, ought to serve as a

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<sup>1</sup> Gregory of Nyssa, "The Hungry Are Dying: Beggars and Bishops in Roman Cappadocia," in *The Hungry Are Dying: Beggars and Bishops in Roman Cappadocia*, ed. Susan R. Holman (New York: Oxford University Press, 2001), pp. 193-206, 204.

model for modern hospitals to look towards for an example of robust Christian healthcare.

Many of the ideas and convictions that laid the foundation for the Basileias and Basil's beliefs about Christian healthcare are found through an examination of his family life, upbringing, and education. Given the sanctity of his family as well as his robust education in Athens, it is almost unsurprising that Basil grew up to be the great saint that he was. His monastic rule, furthermore, can be seen as a roadmap for Basil's conception of the ideal Christian life. By following this roadmap, one can better perceive Basil's understanding of the goal of medicine and how it ought to be practiced.

With this context in place, Basil's more explicit teachings about medicine and how it fits into the Christian life can be more readily approached. One of the primary ways Basil believes Christian medicine ought to differ from secular medicine is in its pursuit of holiness over physical health. Because Basil teaches that spiritual health is to be sought over and above physical health when the two conflict, much discernment and prudence are required for the Christian physician before the patient is treated. Ultimately, however, the most important principle of Christian healthcare is that medicine is only good insofar as it serves as a model for the care of the soul. If care is approached without considering this analogous relationship, the treatment is ultimately useless.

In these ways, Christian healthcare ought to be approached in a radically different manner than secular healthcare. These differences are not necessarily manifested as tangible differences in diagnosis and treatment. Instead, proper Christian medicine requires a certain spiritual orientation to set the glorification of God as the goal in the care for each patient. Unfortunately, this orientation, even for Christians, is almost

completely ignored in today's healthcare system. Because of the disconnect between modern medicine and medical practice throughout history, any kind of spirituality is now considered to be incongruous with legitimate medicine. Basil's teachings and practice, however, reveal that medicine can only care for the human person in the most complete manner if it is aligned with a deep understanding of the person of Christ in the patient as well as in the physician. May Basil the Great's exceptional witness of Christian medicine serve to revitalize the imitation of Christ the Physician in medicine today, all for the greater glory of God.

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