

ABSTRACT

The First Hospital: How Christian Charity Revolutionized Healthcare

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This thesis will show how Christian charity, because of its focus on *agape*, the self-sacrificial love characteristic of Christ, produced a new kind of healthcare from which the hospital was born. The first chapter will explore Greco-Roman healthcare prior to the Christian Era, focusing on healing cults, Roman military hospitals, and public physicians. The second chapter will compare pagan philanthropy and Christian charity, paying particular attention to medicine and the underlying motives for goodwill toward others and the community. The final chapter will analyze Christian care for non-Christians during the Plague of Cyprian, before looking at Basil the Great's hospital. The so-called *Basileia* is regarded as the first hospital in history and provided the template for later hospitals around the globe and throughout history. The conclusion will consider modern healthcare from the perspective of its Christian origins.

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THE FIRST HOSPITAL: HOW CHRISTIAN CHARITY REVOLUTIONIZED
HEALTHCARE

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CHAPTER ONE

A Survey of Pre-Christian Medical Practices

The purpose of this chapter is to survey medicine and hospitals of the pre-Christian era in the Greco-Roman world. The three main areas of focus will be on Greek healing cults, Roman military medicine, and public physicians. Healing cults were more spiritual than scientific, more supernatural than medicinal. They were a way for those who sought out gods of healing such as Asclepius to experience healing through dreams. On the other hand, Roman military hospitals were established to heal soldiers and slaves as quickly as possible for optimum health and battle performance. Many of the surgical tools created in these hospitals are still in use today, which stands as a testament to the advanced nature of Roman medicine. Public physicians were also relatively common in major cities. They were a group of men who had some medical training and were hired and paid by the state. They were popular mainly in Rome and surrounding areas. Records exist of medical taxes, which would allow citizens access to a public physician.

Rational medicine began with the work Hippocrates of Cos. Famously known as the “Father of Medicine,” Hippocrates used and compiled medical knowledge from previous decades and incorporated it into the medical treatment of patients. Rational medicine was characterized by logic, observation, and the role of nature. Religious healers believed that disease came from spirits or superstition. Rather than attribute disease to demons, spirits, or gods, Hippocrates looked for a logical – or rational – reason. In the context of this chapter, the spiritual healing that will be discussed will be

associated with healing cults. Where rational medicine uses logic and observation, spiritual healing involves sacrifice and prayer to healing gods such as Asclepius for relief from disease or injury. Religion, magic, and healing were all intertwined. There was no rational basis for the healing involved; the reasoning behind the healing was spiritual.

It is important to distinguish between rational medicine and spiritual healing. In healing cults, as will be discussed below, there is little evidence of logic, observation, and rational reasoning applied in order to rid patients of diseases. Rather, prayer to gods such as Asclepius and their cults as well as the use of herbal remedies was standard in healing cults in the fifth century BC. On the other hand, much of Roman medicine, evidenced in military hospitals, was focused on the scientific aspect of healing. This was seen through both the building of hospitals that valued sanitation and isolation, and the development of several surgical tools whose variations are still used in hospitals today. The main difference is how science played a role in healing. In spiritual healing, much emphasis was placed on the will of the gods and miraculous healings. In military medicine and in the practice of public physicians, the emphasis was placed on whether certain remedies, treatments, or surgeries performed by the physician could improve the outcome of the diseased.

Healing Cults

While prayers and offerings for healing go back centuries, healing cults came to prominence in the late fifth century BC. The shrine of Asclepius, the Greek god of medicine, wielded great influence in Athens and its surrounding cities. The healing cult of Asclepius, specifically, seems to have introduced many new methods and ideas of supernatural healing. The cult of Asclepius arrived in Athens around 420 BC, and by the

fourth century, his cult was established throughout Africa and Asia Minor. Modern scholars believe that Asclepius and his family were “secular healers, gaining divine status because of their healing skills.”¹ These Greek healing cults became a way to channel divine power to benefit both the city (Athens) and each patient that sought out healing. The shrines became numerous within the infrastructure of the city, symbolizing the religious power of gods to heal.²

Asclepius was different from the gods of other cults because he was exclusively a healing deity. The sole purpose of worshipping and sacrificing to Asclepius was for healing. Other gods, such as Apollo, had healing as one of their functions. There are reports of cures that supposedly happened at these healing cult sites, which are preserved in the form of cult inscriptions. Many inscriptions are “reports of chronic sickness cured by divine intervention: paralysis, facial blemishes, blindness, lice, swellings, and a failure to conceive.”³ There were tablets set up within temples which had the names of those who had been healed by Asclepius, what disease they had, and how they were healed.⁴ These were placed there to gain the favor of supernatural forces and are now significant sources for the history of medicine. These tablets were placed in temples so that those who came and sought to be healed could see that this supernatural way worked for others. Also, the inscriptions on the tablets indicate the activity of a god within his own temple.⁵

¹ Vivian Nutton, *Ancient Medicine* (London and New York: Routledge, 2013), 105.

² Nutton, *Ancient Medicine*, 115.

³ Nutton, *Ancient Medicine*, 110.

⁴ Emma Edelstein and Ludwig Edelstein, *Asclepius: Collection and Interpretation of the Testimonies* (Baltimore, MD: The Johns Hopkins University Press, 1945, 1988), 383-384.

⁵ Nutton, *Ancient Medicine*, 111.

Altars in front of the temples were places of sacrifice to the healing god, as seen in this votive relief, which is a sculptural dedication:



Figure 1. Above is an image of such votive relief in the form of a sacrifice of a bull on a sacrificial altar to Asclepius in the late 4th century BC.⁶

Asclepius was not the sole healing god of the late fourth century. Apollo still retained the function of a healing god even with the rising popularity of Asclepius. The Roman emperor Antoninus Pius played a role in the spreading of these healing cults during his reign between 138-161 AD. He built temples of healing to Health, Asclepius, and Apollo.⁷ People had a variety of temples to visit since their proliferation and popularity was only increasing. This diversity of healing cults allowed for a rapid increase in usage for spiritually guided healing.

⁶ Reproduced from Musee du Louvre, 2006, *Relief votif: sacrifice a Asclepios et Hygie*.

⁷ Edelstein, *Aesclepius*, 384.

Healing cults were structured similarly. The process for healing began when the supplicants would go to a sacred spring to purify. Once the supplicants offered an appropriate sacrifice,⁸ they would dress in white robes, be purified again, and then enter the *abaton* (the inaccessible), which was an enclosure within the walls of the sanctuary that was off-limits to those who were impure. Within the *abaton* was the dormitory, where the supplicants would sleep and hope for a vision from Asclepius in the form of a dream and would be healed by the god on occasion. This process is called incubation. Incubation refers to a supplicant sleeping in a sacred area for the purpose of receiving a divinely experienced dream, which would either cure them or lead to their cure.

⁸ *Relief votif: sacrifice a Asclepios et Hygie*

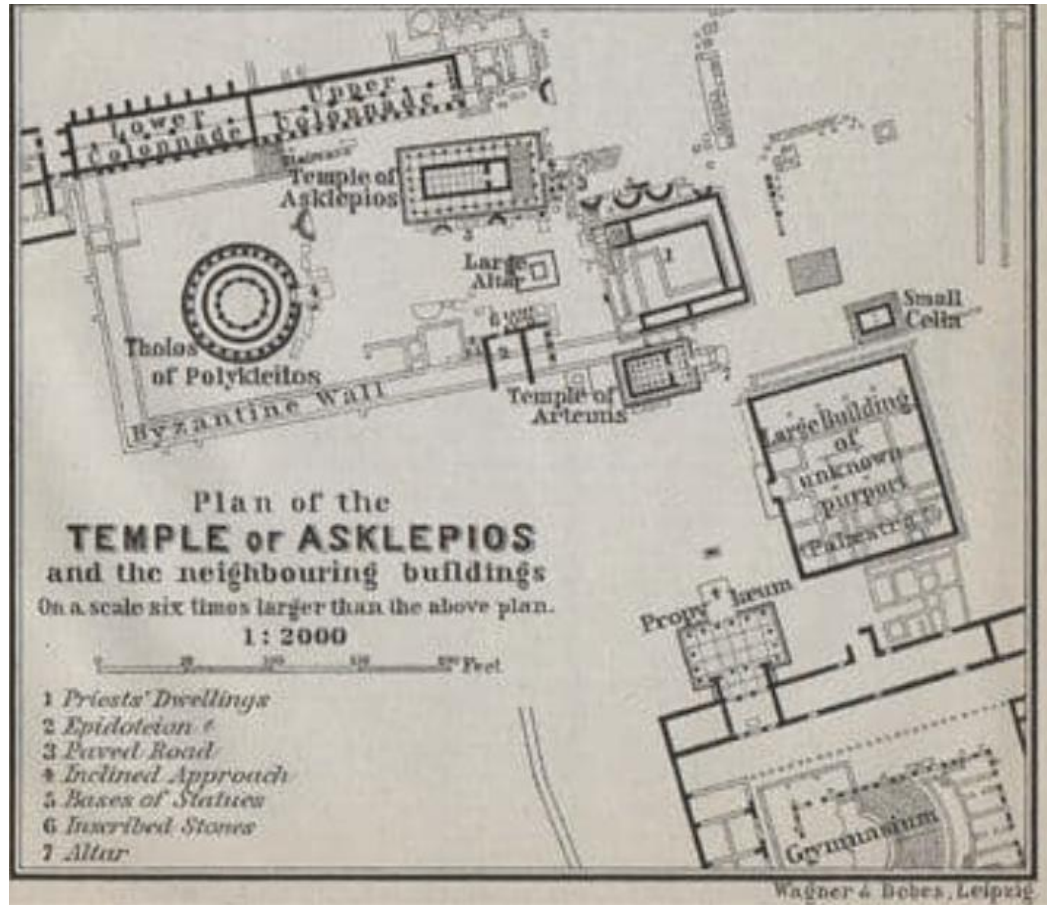


Figure 2. Asclepius sanctuary of Epidaurus⁹

Temples of Asclepius were usually isolated, perhaps as a way to separate the sick from the healthy. It is important to note that the god could *choose* to heal the individual: not everyone who went to a healing cult was healed. It was not viewed as inevitable, but as a choice of the god.¹⁰

⁹ "The Hieron of Epidauros; Plan of the Temple of Asklepios and the neighbouring buildings," 1909, Engraver: Wagner & Debes; reproduced from "Greece"; by Karl Baedeker, London: 4th Edition

¹⁰ Nutton, *Ancient Medicine*, 110-114, asserts that those who went in to be healed often were not in fact healed. It was more traditional and spiritual than physical. Those who were not healed believed it to be through a fault of their own and continued to look for different temples to visit.

The cult of Asclepius is perhaps the most famous healing cult. Since healing cults had a distinctive architecture,¹¹ more information is known from archaeology about how widespread they were:¹²

What our literary sources do not tell us, but has been revealed by archaeology, is that similar healing sanctuaries were common in central Italy, often near springs. At many of them, sufferers dedicated votive offerings in the form of terracotta models of the affected body parts - feet, hands, eyes and sexual organs in particular. Incubation may even have been practised at a shrine in Lavinium, not far from Rome. Although the form of the cult of Asclepius is assuredly Greek, the arrival of Asclepius can also be interpreted as an index of assimilation of Roman Italy as a whole into the Greek world.

The multiplicity of healing cults in rural areas near springs show the high level of belief of the people in the power of the gods to heal. It further shows that there is little resemblance to rational medicine. Sacrifice and ritual played the biggest roles in healing cults, not science or rational medicine.

On the other hand, there are some similarities between healing cults and hospitals. Healing cults were a place that supplicants could visit in order to be healed from diseases, much as how patients visit hospitals to be cured. While the methods of healing are vastly different, both cults and hospitals are places that offered some type of healing and restoration for a sick individual. There are also some aspects of the cult that resemble military hospitals of the time. These areas were large, private, and had several different rooms where different tasks were performed. People had illnesses or deformities that would visit for healing. They were similar to traditional hospitals in that the primary aim was to heal, though healing cults used supernatural, not scientific methods. The next

¹¹ Edelstein, *Aesclepius*, 383-385; The temples were bound with groves on each side. There were distinctive areas for healing and for men and women. The image of Asclepius was made from ivory and gold.

¹² Nutton, *Ancient Medicine*, 164.

advancement in medicine comes in the form of Roman military hospitals, which were streamlined, efficient, and served the particular purpose of getting soldiers ready for battle.

Roman Military Hospitals

The establishment of a professional Roman army called for a new medical corps containing physicians of Roman citizenship.¹³ A key feature of Roman medicine was its efficiency. The medical services were modern for the time, focusing on hygiene, diet, and exercise.¹⁴ Vegetius, a Roman writer of the 4th century, in a chapter he had written entitled “The Way in which the Health of the Army is to be Controlled,” a chapter within the *Principate*, said:¹⁵

If a large number of troops remains for some considerable amount of time in summer or autumn in the same place, this can cause very unwholesome diseases from the contamination of the waters and the foulness of the smell itself, as the drinking water is tainted and the air infected. The only way to prevent this is frequent changes of encampment.

This shows the emphasis the Roman military placed on health in relation to the environment, even going so far as to change places of encampment to avoid illnesses and disease that could arise from contaminated water. All troops had a high standard of cleanliness for themselves and their clothes. They also engaged in exercises to keep

¹³ Ido Israelowich, *Patients and Healers in the High Roman Empire* (Baltimore, Johns Hopkins University Press, 2015), 30.

¹⁴ Roy W. Davies, *Service in the Roman Army*, ed. David Breeze and Valerie Maxfield [New York and Columbia University Press, 1989], 209.

¹⁵ Davies, *Service in the Roman Army*, 210.

physically fit, marching a twenty-mile route three times a month and practicing maneuvers every morning.¹⁶

An inscription from Lambaesis¹⁷ (in modern-day Algeria) indicates that the Roman army would give training specifically for the medical staff, many of which were listed on the inscription. The most common medical title was *medicus*, which had several different meanings. The term could refer to a fully trained and qualified physician. These doctors frequently had officer status or made a long career in the army. Another definition of *medicus* indicates someone of a much lower status, such as a medical orderly. The orderly would have technical medical knowledge.¹⁸ Most of the fully qualified physicians were of Greek origin and some were mentioned by Galen. For example, Pedanius Dioscorides was an army doctor during the first century AD, who wrote the *Materia Medica* -- a compilation of all the experiences, diseases, and treatments he had seen during his travels. The *Medica* remained the standard work for a millennium.¹⁹ Medical supplies such as medicated wine (to cure diarrhea and the common cold) were sent to the legionary fortress of Aquincum (modern-day Budapest).²⁰ An example of how well trained the medical staff were can be seen on Trajan's Column:

¹⁶ Davies, *Service in the Roman Army*, 21.

¹⁷ CIL: VIII 2553, AD 198-199, list of hospital staff, referenced in Davies, *Service in the Roman Army*, 212.

¹⁸ Davies, *Service in the Roman Army*, 214.

¹⁹ Rome., Column of Trajan, reproduced from Davies, *Service in the Roman Army*, 215.

²⁰ Davies, *Service in the Roman Army*, 219.

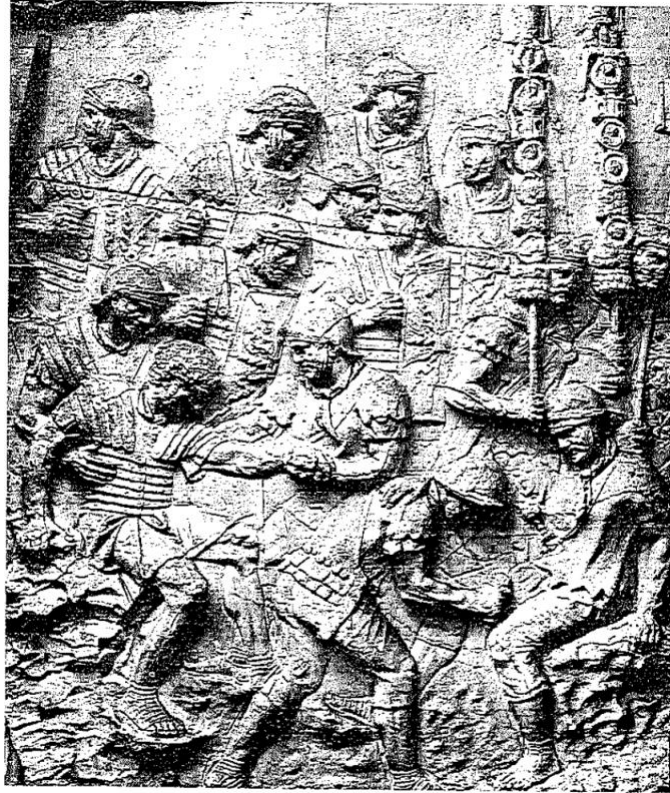


Figure 3. A dresser is depicted attending a cavalryman wounded in the right lower thigh; he has cut away the breeches, applied ointment, and is swathing the limb in a bandage, holding it in his right hand and unrolling it as he works from left to right. Another orderly is holding the wounded left hand and arm of a legionary, while a comrade supports him to a seat to receive attention. The faces of the wounded men are drawn with pain, the arm veins stand out as a piece of rock is clutched in agony. Both of the medical staff are dressed in standard clothing, showing that they are fully-trained soldiers as well as medical staff.²¹

Supplies such as medical dressings were a normal provision for the wounded during these times. It can be seen that the *medicus* in the Roman Army was trained in medicine and taking care of fellow soldiers on the battlefield using rational medicine.

The two best preserved Roman military hospitals were Vetera and Novaeisum on the Rhine, which could have accommodated around two hundred and sixty soldiers. The doctors of Roman military hospitals used high-quality surgical tools and also possessed

²¹Davies, *Service in the Roman Army*, 215.

an empirical knowledge (gained from observation or experiment)²² of pharmacy to match their medical skills and medical devices.²³ The medical tools were found in these ruins, and the modern nature of these medical apparatus can be seen by the fact that many of them are still used today.²⁴ Roman military hospitals were designed similarly, with a portico, entrance hall, separate operating room, large hall split into aisles, and a courtyard in the middle. The Neronian hospital at Vetera is typical of most military hospitals.²⁵ The separation of the rooms was for sanitary purposes, to assure that diseases would not travel. The rooms created a rectangular structure with a courtyard in the middle, allowing for ventilation and room for movement. Prior to these permanent structures, the Roman army arranged tents in a rectangular formation.²⁶

²² Definition, “*Empirical Knowledge*”, American Psychological Association

²³ Davies, *Service in the Roman Army*, 218.

²⁴ Walter Scheidel. *Chapter 23: Marriage, Families, and Survival: Demographic Aspects*, A Companion to the Roman Army, ed. Paul Erdkamp, (Blackwell Publishing, 2007), 431.

²⁵ Davies, *Service in the Roman Army*, 223.

²⁶ Davies, *Service in the Roman Army*, 218-220.

The legionary hospital at the fortress in Vetera provides the most detail in arrangement.

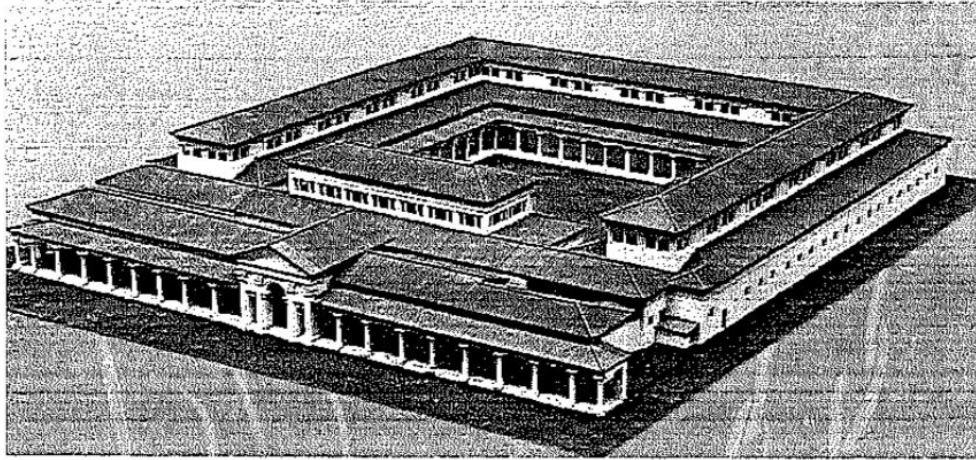


Figure 4. Reconstruction of the hospital at Vetera²⁷

There was a row of storerooms for supplies, leading into a large hall used as a reception ward. The operating theater was at one end, with access only from one place. There was also a small sterilizing room to clean instruments. Alongside the long hall were kitchens, baths, and lavatories. The other sides of the hospital housed private wards, which lessened infection rates by isolating those who needed treatment. Most other Roman military hospitals were structured similarly. Aqueducts were placed where necessary for an abundance of fresh water and permanent forts installed latrines that would flush away the waste. For example, the fort at Housesteads on Hadrian's Wall in England had latrines that ran straight over a sewer, while there was a separate channel of water fed by a water tank that served the purpose of washing sponges.²⁸ There is a pattern of highly

²⁷ Photograph Rheinisches Landesmuseum, Bonn; Reproduced from Davies, *Service in the Roman Army*, 224.

²⁸ Davies, *Service in the Military Army*, Figure 10.2, 210.

organized and efficient buildings aimed at the immediate care for injured Roman soldiers to get them back out in the battlefield.

Roman military hospitals and the services that they offered were advanced for their time. The hospitals and staff looked over the soldiers with methodical care. The way that Roman Emperor and commander-in-chief Tiberius looked after his men in the early years of the first century AD was detailed by Velleius Paterculus, who was a Roman historian and senator who wrote on Roman history:

Now for a matter, which in the telling does not stand out but is most important because of its substantial and true worth and practicality, most pleasant for its experience, and remarkable for its humanity! Throughout the whole time of the German and Pannonian War, there was not one of us, of higher or lower rank than ourselves alike, who fell ill without having his welfare and health looked after by Caesar with as much care as though they were the chief occupation of his mind, preoccupied thought he was by such heavy responsibilities. There was a carriage ready for those who needed it, his litter was put at the disposal of everyone, and I and the others enjoyed the use of this. Now his doctors, now his kitchen, now his bathing equipment, which has been bought for his exclusive use, relieved the sickness of absolutely everyone.²⁹

The emphasis on physical health in the form of exercise should not be understated. The military hospitals not only treated the illnesses and injuries of soldiers, they also rehabilitated them.

While medical knowledge was important and impressive, doctors in Roman military hospitals did not have all the information they needed to effectively treat all of the injuries and illnesses they saw. Clean water, sanitary toilets, and bathhouses that were all found in the hospitals played a pivotal role in keeping the soldiers and personnel healthy.³⁰ The Roman military hospital, in its uniformity and emphasis on rational

²⁹ Davies, *Service in the Roman Army*, 226-230.

³⁰ Scheidel, *Chapter 23*, 431.

medicine rather than supernatural, comes closer to resembling a traditional hospital. The purpose of the military hospital was direct: the quicker soldiers could be restored to health, the more they would be able to bolster the Roman army.

Public Physicians

Public physicians were recipients of public funds for their medical services. The first reference to a public physician was made by Herodotus, an ancient Greek historian who wrote *The Histories* in 430 BC. Herodotus references the physician Democedes, who lived in the sixth century BC.³¹ Before Democedes was a personal physician, he was a public physician employed by Athens and the island of Aegina. Public physicians received pay through public funds.³² Nutton says about the difference in private and public physicians:

He, and it was almost always he, might work from his own house, which thus served as his surgery or 'medical workshop', and remain largely within his own community, or he might, like Homer's craftsman-doctor, travel in search of patients. He might practise alone, or in the company of others, travelling around familiar territory or wandering further afield as a total stranger. With one exception, his income depended on finding patients prepared to pay for his services, supplemented by whatever else he might gain from his property or estates, if he had any. That exception was some form of state service, whether as a doctor with the army or navy or as a so-called 'public doctor'.³³

It is apparent that public doctors did not make up the majority of physicians. Nutton says that state service was "an option for only a small number of physicians."³⁴ Most doctors

³¹ Israelowich, *Patients and Healers*, 14.

³² Nutton, *Ancient Medicine*, 63.

³³ Nutton, *Ancient Medicine*, 87.

³⁴ Nutton, *Ancient Medicine*, 87.

at this time mainly traveled to find their patients, often practicing out of their homes or visiting the homes of the patients.

There is some evidence from Egypt that indicates a centralized organization of Pharaonic doctors for Greek settlers who were assigned land after the conquest of Alexander in 332 BC. There is also faint evidence of a special medical tax on Greek settlers.³⁵ Diodorus Siculus, a historian of the first century BC but citing earlier writers, wrote that “the doctors received subsistence allowances from the community in return for providing free treatment for soldiers.”³⁶ He also wrote *The Library of History* - a compilation of universal history. In Book 1, he writes about Egyptians and military medicine, documenting that “on their military campaigns and their journeys in the country, they all receive treatment without the payment of any private fee; for the physicians draw their support from public funds and administer their treatments in accordance with a written law.”³⁷ Tax privileges and civil salaries offer a closer look at how some public physicians operated. In the early 140s AD under Emperor Antoninus Pius, there were between five to ten doctors per city. Nutton cites the *Digest*, a commentary on Roman law of the sixth century AD:

The choice was made by the town council, made up of laymen and potential patients - not until the creation of the super-elite College of Physicians in Rome in 358 is there a legal reference to any selection made by fellow doctors alone. A further series of decisions followed from them on, setting out the criteria on which council were to base their choice, sound morals and expertise in the art, and warning against fear or favour. This creation of a select group entitled to the benefits given to doctors must have left out others who were almost equally as

³⁵ Nutton, *Ancient Medicine*, 153.

³⁶ Diodorus, *History* 1, 82, 3 (referenced in Nutton, *Ancient Medicine*, 153-154).

³⁷ Diodorus Siculus, *The Library of History, Book 1, Section 82*, Loeb Classical Library, DOI: 10.4159; 281.

capable, particularly if, as seems likely, Pius intended to enlarge considerably the number of those now compelled to undertake liturgies.³⁸

Here, we see the imperfect art of providing state salaries for certain doctors. It seemed up to the Emperor to whom he would grant such privileges. Until the College of Physicians was formed in Rome in 358 AD, doctors were chosen by a group of people in each city who often had no medical experience. Also, important to note is that city-physicians and doctors with connections often gained even more authority and status than the state physicians.³⁹ This may be because of the lack of freedom afforded to those employed by the Emperor. Becoming a public physician was often viewed as a stepping stone for doctors. Upon leaving his post as a public physician, he could move onto a larger city with better economic prospects. Often when he left, he would be the recipient of an honorary decree from the council that he had served under. The decree was formal, indicating diligence, good conduct, and the privileges that the doctor had been given. This decree would serve to boost honor and status, which would be advantageous to have on hand to show to a potential new rich patient or employer.⁴⁰

The practice of public physicians was unique in that there was no specific building they performed or practiced in. Healing cults had temples and dormitories, while the layout of Roman military hospitals adhered to a conventional architecture. Public physicians practiced with more freedom, often either going to the homes of their patients or practicing out of their own homes. They also incorporated the usage of several herbs,

³⁸ Nutton, *Ancient Medicine*, 256 (Found in the Justinian *Digest* 27, 1, 6, 2-4).

³⁹ Nutton, *Ancient Medicine*, 256.

⁴⁰ Nutton, *Ancient Medicine*, 156.

which is similar to a few practices of the Roman military hospital. Public physicians depended on the efficacy of their healing and medicinal knowledge - if their science and healing skills were not reliable, then they would not be popular and would not get contracts to practice within the city they were in.

CHAPTER 2

The Origins of Christian Charity

This chapter will discuss Christian charity and how it relates to healing and medicine. First, the Hippocratic Oath and its implications will be discussed. In addition, Christian ethics will be compared with pagan philanthropy and medical ethics. The motivations behind such charity and philanthropy will be examined, revealing that pagans and Christians had different motives for philanthropic behavior. These differing motives are distinguished by the purpose of the charity itself and who it serves. Christian charity identified itself by serving others self-sacrificially, while pagan philanthropy assumed a reciprocal relationship. After analyzing pagan ideas of philanthropy, this chapter will then examine the role of pagan physicians and their ideas in the first centuries. Lastly, this chapter will conclude with a discussion on the purpose of Christian charity and its origin.

It is important to define the terms “Christian” and “pagan.” Gary Ferngren, author of *Medicine and Health Care in Early Christianity*, defines Christianity as “the incarnational Christian movement that is representative of the New Testament and the writings that have come down to us through the fathers of the church.”⁴¹ He contrasts this with paganism, which is a term that best describes those who worshipped the old Greek

⁴¹ Gary Ferngren, *Medicine and Health Care in Early Christianity* (Johns Hopkins University Press, 2009), 11.

and Roman deities.⁴² While these two terms are most often used in opposition, they also overlap because of their shared historical context. For the purposes of this chapter, the two terms will be used to indicate separate values and belief systems.

The Hippocratic Oath

The purpose of the Hippocratic Oath was complicated - while it provided basic guidelines for practicing physicians, it also served the purpose of creating a new standard for medicine beginning in the fifth century BC. Once the Oath became widely known, many physicians swore by it as a way to publicly showcase their commitment to the ethical care of their patients as described in the pledge. Abiding by the Oath became a way to ensure the trustworthiness of the physician. Through this, a certain exclusivity was created as to what kinds of healing methods by physicians were trusted: those who took the Oath or those who did not.⁴³ Following the Oath became a way for physicians to distinguish themselves from other healers. The physicians who swore the Oath were thought to be more ethical and trustworthy. As long as they followed the statutes of the Oath, they were included in the mainstream medicine of their time.

The Hippocratic Oath remains the most influential document in medicine to this day. It is often attributed to Hippocrates of Cos, though modern scholars are confident

⁴² Ferngren, *Medicine and Health Care in Early Christianity*, 11.

⁴³ Vivian Nutton, *Ancient Medicine* (London and New York: Routledge, 2013), 71.

that he was not the one who wrote it. However, a group of Greek documents referred to as the *Hippocratic Corpus* includes the Oath.⁴⁴ Below is an English translation⁴⁵:

I swear by Apollo the physician, and Asclepius, and Hygieia and Panacea and all the gods and goddesses as my witnesses, that, according to my ability and judgement, I will keep this Oath and this contract:

To hold him who taught me this art equally dear to me as my parents, to be a partner in life with him, and to fulfill his needs when required; to look upon his offspring as equals to my own siblings, and to teach them this art, if they shall wish to learn it, without fee or contract; and that by the set rules, lectures, and every other mode of instruction, I will impart a knowledge of the art to my own sons, and those of my teachers, and to students bound by this contract and having sworn this Oath to the law of medicine, but to no others.

I will use those dietary regimens which will benefit my patients according to my greatest ability and judgement, and I will do no harm or injustice to them.

I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan; and similarly I will not give a woman a pessary to cause an abortion.

In purity and according to divine law will I carry out my life and my art.

I will not use the knife, even upon those suffering from stones, but I will leave this to those who are trained in this craft.

Into whatever homes I go, I will enter them for the benefit of the sick, avoiding any voluntary act of impropriety or corruption, including the seduction of women or men, whether they are free men or slaves.

Whatever I see or hear in the lives of my patients, whether in connection with my professional practice or not, which ought not to be spoken of outside, I will keep secret, as considering all such things to be private.

So long as I maintain this Oath faithfully and without corruption, may it be granted to me to partake of life fully and the practice of my art, gaining the respect of all men for all time. However, should I transgress this Oath and violate it, may the opposite be my fate.

⁴⁴ Nutton, *Ancient Medicine*, 60.

⁴⁵ Hippocrates, *Hippocratic Oath*; Translated by Michael North, National Library of Medicine 2002.

Interestingly, the author of the Oath refers to the gods at the beginning, which gives the Oath a religious framework and distinguishes it from purely rational medicine. There are other references to the divine throughout the Oath itself. The line “in purity and in divine law I will carry out my life and art” implies that religious law should play a role in medical practice. Nutton describes the Oath as bound together with religion. The Oath gives practicing physicians a code of conduct.

While religious overtones are present in the Oath, the appeal to education and training must not be overlooked. It describes the physician receiving practical training and then imparting knowledge to those who wish to take the Oath and practice medicine. The Oath also does something that is different from most ordinary professions today: it ties the art and responsibility of medicine to the entire life of the physician. The obligations that are described become lifelong promises. The seriousness with which physicians swore by the Oath as a way to practice healing became indicative of a new era of medicine brought about by Hippocrates and his treatises.

Pagan Philanthropy

Private charity and concern for the needy were not major facets of Greek philanthropy. In fact, the Greek word *philanthropia*, from which the English philanthropy is derived, referred to, in the Hellenistic world, a sort of condescending benevolence of a superior toward an inferior.⁴⁶ Included in this definition was a general concern for the well-being of others, but the context was a reciprocal relationship between a helper and

⁴⁶ Ferngren, *Medicine and Health Care in Early Christianity*, 87.

the one being helped. In Hellenistic culture, the orphans, poor, and sick were not recipients of philanthropy. This was because there was little that could be gained from helping those who were not able to reciprocate. The pagan values did not require pity. Ferngren says, “nor was pity recognized as either a desirable emotional response to need and suffering or a motive for charity.”⁴⁷ The gods rather regarded the rich and powerful as more important and deserving due to their greater sacrifices for the public good.

Philanthropy was seen as reciprocal. Those who gave their money to a member of the lower class did so with the expectation that, should they find themselves fallen from their own position, those who they had helped would then help them. If someone was given money, something was expected of them in return. Cicero, a Roman statesman, philosopher, and scholar writes in his *De Officiis* (On Duties) in 44 BC, “we can see, also, that a large number of persons, less from a liberal nature than for the reputation of generosity, do many things that evidently proceed from ostentation rather than from good will.”⁴⁸ The use of the word “ostentation”, a public display of wealth, possessions, or power intended to attract admiration or notice,⁴⁹ indicates the focus on outward appearance. There was an ulterior motive for generosity - one that was more interested in the public perception of the giving act that would boost one’s reputation. Christopher Hall observes that wealth in Roman culture was to be used to create a spectacle and that “wealthy Romans were not only rich but were expected to flaunt, to parade their wealth

⁴⁷ Ferngren, *Medicine and Health Care in Early Christianity*, 87.

⁴⁸ Marcus Tullius Cicero, *Ethical Writings* “De Officiis” translated by Andrew Peabody (Boston, Little, Brown, and Company, 1887), 1.14.

⁴⁹ Definition, “*Ostentation*”, Cambridge Dictionary.

as a sign of their standing, power, and prestige”⁵⁰ Wealth, power, prestige, and philanthropy were all related concepts. In Roman culture, they corresponded to the honor and status of the family in possession of these characteristics. Generosity was a means of increasing public status. Therefore, Hellenistic philanthropy was more about deriving benefit from giving than benefiting others.

Roman Friendship

Before discussing pagan physicians, friendship in the Greek and Roman worlds must be discussed. Understanding this relationship will show the nature of Hellenistic friendship. This concept of “friendship” does not correspond to our modern meaning of the word, but is more similar to patronage. Honor, reputation, and patronage were central parts of Roman culture,⁵¹ and this played a role in how friendship was viewed as in Rome. There was a certain asymmetry involved - the one who needed a favor lived with an obligation to the one who granted the favor. Publilius Syrus, a Latin writer in Rome of the first century BC, said that “to accept a kindness (*beneficium*) is to sell your liberty.”⁵² This is very telling, for those in the Roman world who acted kindly often did so with the expectation that the kindness would be returned to them. Thus, friendship assumes reciprocity. This is similar to the discussion on pagan philanthropy above.

⁵⁰ Hall, Christopher A.. *Living Wisely with the Church Fathers* (p. 61). InterVarsity Press. Kindle Edition.

⁵¹ Peachin, Michael. *The Oxford Handbook of Social Relations in the Roman World* (New York: Oxford University Press, 2011), 414

⁵² Pub. *Sent.* B5 (referenced in *The Oxford Handbook of Social Relations in the Roman World*, 413)

Another feature of Roman friendship was its insistence on public expression. In order for the friendship to have value, it had to be publicly recognized, which resulted in the publicization of gift-giving.⁵³ Public opinion and optics served an important role in the fulfillment of such a friendship. It ensured that others in the society would know about the recipient of the gift (and what he was owed), as well as the riches and generosity of the gift giver. Additionally, if one were to receive a gift or favor and could not return it, they would become morally bound to the gift giver.⁵⁴ Moral binding was a key element in these friendships. Unlike self-sacrificing love or goodness as the end, there was a factor in Roman friendship that was aimed at honor showcased through friendship. R.A. Kaster defines “honor” as “the goal to receive the largest possible share of creditable attention.”⁵⁵ If one were unable to return the gift or money, his honor would be in debt until he could reciprocate. This was done publicly, so that others could witness the nature of this relationship. The cultural phenomenon assumes an imbalance in these relationships. There was an inferior and superior, a dependent and independent, or a giver and a taker.

⁵³ Peachin, *The Oxford Handbook of Social Relations in the Roman World*, 411.

⁵⁴ Peachin, *The Oxford Handbook of Social Relations in the Roman World*, 413.

⁵⁵ Robert A. Kaster, *Emotion, Restraint, and Community in Ancient Rome* (Oxford University Press, 2005), 29.

Pagan Physicians

Galen, a Roman physician and one of the most important figures in the history of medicine of the second century AD, believed in a certain type of *philanthropia*. In his treatise *That the Best Physician is Also a Philosopher*, Galen writes that all physicians must also be philosophers⁵⁶. He says specifically:

That no one should be born with sufficient mental powers to learn an art that is so beneficial to mankind seems absurd...It is impossible for someone who puts wealth before virtue and studies the art for the sake of personal gain rather than public benefit, to have the art itself as a goal. It is impossible to pursue financial gain at the same time as training oneself in so great an art...⁵⁷

Galen believed that physicians must be committed to the art of medicine rather than simply seeking it as a way to make money. Also, he considers medicine philanthropic for two reasons: physicians alleviate suffering, and they engage in compassionate care, a search for knowledge, and dissemination of that knowledge for the good of all mankind.⁵⁸ Relieving suffering and spreading knowledge are important facets of medicine in Galen's perspective, taking precedence over making money. It seems that Galen's definition of *philanthropia* in the medical world includes the idea that physicians were required to contribute to the common good through their practice and education. However, Galen believed that power and influence as a physician can be useful. Susan Mattern writes that while he scorned doctors who "advance their careers by flattering and fawning on aristocrats," he considered his own reputation to be "by virtue of public displays of

⁵⁶ Ferngren, *Medicine and Health Care in Early Christianity*, 93.

⁵⁷ Galen, *The Best Doctor is Also a Philosopher*, 54.2.

⁵⁸ Ferngren, *Medicine and Health Care in Early Christianity*, 95.

excellence that won him reputation, followers, and respect.”⁵⁹ He stood against pursuing money, but not against pursuing honor in the form of reputation and influence. Treating people of high status, such as the emperor whose digestive problem he healed,⁶⁰ was a way for him to gain favor. It can be seen that Galen, widely considered as one of the most prominent physician-philosophers of the first and second centuries, while rejecting money as a reason to pursue medicine did not reject status and reputation as a motive.

Scribonius Largus was a Roman physician of the first century AD.⁶¹ He served as the court physician to the Emperor Claudius. Additionally, he wrote the *Compositiones*, a list of over 200 therapeutic recipes, in AD 47. Included in this work is a preface that outlines many of his thoughts on the role of a physician in the Roman world.⁶² His ideals as a physician were focused even more on compassion than Galen. In the preface, he says:

Moreover, envy is especially sinful among physicians, for unless theirs is a heart full of mercy and humanity, in accordance with the will of the medical profession itself, they are rightly hated by all the gods and men. Unless Medicine fully devotes herself with all her resources to the aid of the suffering, she does not provide the mercy promised to mankind. Therefore, let those men, who either do not wish or are not able to help the afflicted, also cease from preventing others from offering to help the sick.⁶³

⁵⁹ Mattern, Susan, *The Prince of Medicine: Galen in the Roman Empire* (Oxford University Press, 2013), 192.

⁶⁰ Mattern, *The Prince of Medicine*, 192.

⁶¹ Ferngren, *Medicine and Health Care in Early Christianity*, 94.

⁶² Ferngren, *Medicine and Health Care in Early Christianity*, 95.

⁶³ Preface to *Compositiones* by Scribonius Largus, translated by Hamilton, J. S. “SCRIBONIUS LARGUS ON THE MEDICAL PROFESSION.” *Bulletin of the History of Medicine*, vol. 60, no. 2, 1986, pp. 209–216.

Here, we see a different side to philanthropy in the Roman world. According to Scribonius Largus, the physician ought to devote himself to helping the afflicted. He goes as far as to say that all resources of medicine should be used to alleviate the suffering of people. He condemns vices such as envy. Instead, physicians should be filled with mercy and humanity.

Christian Charity and the Imago Dei

The *Imago Dei* appears at the beginning of the Bible and can be traced throughout the New Testament. This idea refers to how humans have been endowed with the image of their Creator God. The concept of the *Imago Dei* went on to define Christian charity. Christian charity thus differs greatly from pagan philanthropy, most of all in the reason and root for acting philanthropically. While pagan philanthropy often used generosity as a means to showcase wealth and gain favors, Christian charity was self-sacrificing instead of self-serving. This specific aspect is a reflection of the love of Christ for mankind and will be discussed in further detail.

The *Imago Dei* is the concept that human beings are created in the image of God.⁶⁴ The very first chapter of the Bible contains the verse “So God created man in his own image, in the image of God he created him; male and female he created them.”⁶⁵ This Hebrew concept was carried into the New Testament. James, the brother of Jesus, writes, “With it [our tongue] we bless our Lord and Father, and with it we curse people

⁶⁴ Ferngren, *Medicine and Health Care in Early Christianity*, 97.

⁶⁵ Gn 1:27 (ESV)

who are made in the likeness of God.”⁶⁶ The *Imago Dei* assumes human worth and dignity. If mankind was created in the image of their Creator, then each person possesses an inherent dignity by virtue of their identity. The very nature of their creation reflects God’s image stamped upon them.

In Genesis, God says to Noah, “Whoever sheds the blood of man, by man shall his blood be shed, for God made man in his own image.”⁶⁷ This is a new command of God, stressing the value of human life and the consequence losing it. The image of God will be diminished if one takes away a human life. This belief then dictates that we must have reverence and respect for one another due to our inherent worthiness. If our bodies are imprinted with the image of God, this would have the implication that there is value within us that does not come from anything external. Rather, men and women would have internal value that is placed upon them at the moment of their creation. This provided the basis for Christian philanthropy...helping others simply because all humans were worthy of this help.

⁶⁶ Jas 3:9 (ESV)

⁶⁷ Gn 9:6 (ESV)

Early Christian writers did not often use the Greek term *philanthropia*. Rather, they used the term *agape*. In 1 John, the author says, “Anyone who does not love does not know God, because God is love.”⁶⁸ This version of “love” is translated from *agape*, which refers to the love that is the nature of God. Ferngren says about *agape*:

It was Christ’s self-sacrificing love that led to his death on the cross as ransom for humankind’s redemption. And this love (*agape*) was expected to characterize those who professed his name...*Agape* was unlimited, freely given, sacrificial, and not dependent on the character of its object.⁶⁹

Agape provides the basis for Christian philanthropy. If God is love and humans are made in the image of God, then our duty is to become like God and love others as we are loved by God. Thus, charity was defined in the Christian culture. The word charity comes from the Latin word *caritas*, meaning Christian love of humankind.⁷⁰ While *philanthropia* assumed the ideas of inequality and loftiness, *agape* did not. *Agape* assumes that we all sacrifice for each other in the way Christ sacrificed for us, which is the opposite of loftiness. In addition, *agape* is not restricted to friends or community. While Christians primarily directed their charity to fellow Christians, *agape* was intended for every single person regardless of social class, religion, or economic status. For example, Paul in his letter to the church in Ephesus says, “Therefore be imitators of God, as beloved children. And walk in love, as Christ loved us and gave himself up for us, a fragrant offering and sacrifice to God.”⁷¹ This reference to God’s love, or *agape* love, shows that Christians are

⁶⁸ 1 Jn 4:8 (ESV)

⁶⁹ Ferngren, *Medicine and Health Care in Early Christianity*, 98.

⁷⁰ Definition, *Oxford English and Spanish Dictionary*, “Caritas”

⁷¹ Eph 5:1-2 (ESV)

to imitate God in loving others sacrificially. Again, this differs from the pagan view of philanthropy, which was often reserved for people helping members of their own community.⁷² Both Greco-Roman and Christian culture pursued philanthropy or charity as means, though to different ends. The pagan culture viewed philanthropy as a means to honor and power, while the Christians followed a way where the end of charity was love for one another.

⁷² Ferngren, *Medicine and Health Care in Early Christianity*, 87.

CHAPTER THREE

The Christian Hospital

This chapter will begin with an analysis of Christian charity to non-Christians in the third and fourth centuries. It will focus on the Plague of Cyprian (249-270 AD) and how the Christians' reaction to the surrounding sickness and death differed from the pagans and from what they had done before. The plague killed thousands and, in the midst of it, Christians became well-known for providing self-sacrificial care for the afflicted. It will be shown that Christians put themselves at great risk to care for the sick, regardless of whether or not they were a Christian.

Next, the first monastic hospital - the *Basilea* - established by Basil of Caesarea will be examined. The *Basilea* had six distinct social service components: aid to the poor, to the stranger, to the orphan, to the leper, to the elderly and infirm, and to the sick. The three main features of the *Basilea* - inpatient care, professional medical staff, and charitable care - differentiated the hospital from anything that came before. Somehow, Basil created a hospital that was Christian in both origin and practice, as well as highly functional. The *Basilea* ended up providing a template for centralized medical care that would be used internationally. This institution became a place where the sick received free, professional, inpatient, compassionate care without stigma.

Monasticism in the Fourth Century

Monasticism comes from the Greek *monos*, which means “solitary” or “alone.” Its cognate, *monachos*, means “deserted.” The use of *monachos* can be traced back to a Christian monk living in Egypt around 324 AD.⁷³ Early Christian monasticism was practiced by Christians who chose to withdraw from their social ties and turn to a life of solitude, being set apart, community, or personal discipline.⁷⁴ Historian Gary Ferngren says that community-based monasticism had “from its beginning placed a premium on practical charity of all kinds, particularly medical charity...”⁷⁵ While the origins of monasticism can be traced to Buddhists in the fifth century BC and Christians in the fourth century AD, this section will focus specifically on community-based Christian monasticism and how it spread throughout the Mediterranean, Asian, and European worlds.

Saint Pachomius the Great was born in Egypt in the late third century to pagan parents, converted to Christianity, and went on to establish a series of monasteries in his lifetime. Pachomius introduced community-based monasticism or “*cenobitism*” was in the 4th century in Southern Egypt. What made community-based monasticism unique from urban (*apostactite*), isolated (*anchorite*), or disciplinary (*ascetic*) monasticism was the focus on rules and the emphasis on living together in community with other monks.⁷⁶

⁷³ Stephen J. Davis, *Monasticism: A Very Short Introduction* (Oxford: Oxford University Press, 2018), 41.

⁷⁴ Davis, *Monasticism: A Very Short Introduction*, 48.

⁷⁵ Gary Ferngren, *Medicine and Health Care in Early Christianity* (Journal of Roman Archaeology, Johns Hopkins University Press, 2009), 124.

⁷⁶ Davis, *Monasticism: A Very Short Introduction*, 42-43.

These rules covered “entrance requirements, material possessions, manual labor, and a regimented daily schedule of work and prayer.”⁷⁷ This *cenobitism* was termed “Pachomian monasticism” as a reference to its founder. In addition to its rules, Pachomian monasticism included a novel organizational system that served the purpose of differentiating the monks and nuns from the outer society and ultimately bringing them together in Christian community. Pachomian monasticism became the model of “Christian communal monastic life in the West,” through the “cultivation of spiritual disciplines, but also by the larger cultural contributions of monasteries, which came to serve as centers for the production and preservation of books and as places specializing in the care of the sick.”⁷⁸ Ferngren adds that “the rise of charitable foundations occurred in tandem with the monastic movement.”⁷⁹ The fourth and fifth centuries saw the spread of these community based monasteries as well, including Basil of Caesarea’s Byzantine monastery in Asia Minor.⁸⁰

The Plague of Cyprian

Cyprian of Carthage was a pagan convert who became the bishop of Carthage from around 248 until 258 AD.⁸¹ Some of his writing and sermons refer to the state of the plague, and how the Carthaginian Christians responded to it. The plague of Cyprian,

⁷⁷ Davis, *Monasticism: A Very Short Introduction*, 65.

⁷⁸ Davis, *Monasticism: A Very Short Introduction*, 68.

⁷⁹ Ferngren, *Medicine and Health Care in Early Christianity*, 124.

⁸⁰ Davis, *Monasticism: A Very Short Introduction*, 69.

⁸¹ Kyle Harper, *Pandemics and passages to late antiquity: rethinking the plague of c.249-270 described by Cyprian*, (Cambridge University Press, 2015), 229.

which struck in the middle of the third century, changed Christian practices of charity and healthcare. It came from Ethiopia and spread to Egypt, North Africa, Italy, and Scotland to become an empire-wide epidemic.⁸² The plague had a high mortality rate and lasted for around fifteen years. Though there is no evidence that points to a specific disease, it is believed that it was spread through airborne transmission, which would explain the rapid proliferation of the disease.⁸³

Dionysius was the fourteenth patriarch of Alexandria. He was a prominent bishop at the time, and fragments of many of his letters are preserved in Eusebius' *History*. He wrote an Easter letter to the brethren of Alexandria to encourage their faith during the time of the plague. He also stressed the importance of Christians caring for others:⁸⁴

At all events most of the brethren through their love and brotherly affection for us spared not themselves nor abandoned one another, but without regard to their own peril visited those who fell sick, diligently looking after and ministering to them and cheerfully shared their fate with them, being infected with the disease from them and willingly involving themselves in their troubles. Not a few also, after nursing others back to recovery, died themselves, taking death over from them and thus fulfilling in very deed the common saying, which is taken always as a note of mere good feeling; for in their departure they became their expiatory substitutes. At all events, the very pick of our brethren lost their lives in this way, both priests and deacons and some highly praised ones from among the laity, so that this manner of dying does not seem far removed from martyrdom, being the outcome of much piety and stalwart faith. So, too, taking up the bodies of the saints on their arms and breasts, closing their eyes and shutting their mouths, bearing them on their shoulders and laying them out for burial, clinging to them, embracing them, washing them, decking them out, they not long after had the same services rendered to them; for many of the survivors followed in their train. But the Gentiles behaved quite differently: those who were beginning to fall sick

⁸² Ferngren, *Medicine and Health Care in Early Christianity*, 116.

⁸³ Harper, *Pandemics and passages to late antiquity: rethinking the plague of c.249-270 described by Cyprian*, 232.

⁸⁴ Dionysius of Alexandria, *To the Brethren in Alexandria* (*Eus., H. E. vii. 22*) Edited by Charles Lett Feltoe.

they thrust away, and their dearest they fled from, or cast them half dead into the roads: unburied bodies they treated as vile refuse; for they tried to avoid the spreading and communication of the fatal disease, difficult as it was to escape for all their scheming.

It should be acknowledged that Dionysius's account of the plague may have been exaggerated. His Christian audience in Alexandria needed encouragement for what they were going through and to see themselves as heroes. Yet while there may be some exaggeration, his Easter letter cannot be dismissed. The citizens of Alexandria were suffering the plague at that very moment, and therefore outright lies would have been impossible to perpetrate.⁸⁵ The distinction between Christian care of the sick and that of the Gentiles (non-Christians) is observed in his letter. Notably, Christians extended to treatment to others who were sick, even if it came at the own expense of their own health.

Like the plague of Athens (430-29 BC), the Antonine plague (166-172 AD), and the later Justinian plague (541-749 AD), political leaders did not deal with the spread of the disease; rather, it was the responsibility of individuals to care for themselves. Public health was a private matter, one that the authorities played little role in.⁸⁶ Without intervention, people were dying even in the streets from the plague. Ferngren says this about the difference in care between Christians and non-Christians during the plague:⁸⁷

⁸⁵ Harper, *Pandemics and passages to late antiquity: rethinking the plague of c.249-270 described by Cyprian*, 228.

⁸⁶ Ferngren, *Medicine and Health Care in Early Christianity*, 116.

⁸⁷ Ferngren, *Medicine and Health Care in Early Christianity*, 118.

“Without a concept of private charity no activity was undertaken by individuals, philanthropic organizations, or temples to ameliorate the condition of the sick, and they and their families were left to fend for themselves, often with wholly inadequate resources. It was the Christian belief in personal and corporate philanthropy as an outworking of Christian concepts of *agape* and the inherent worth of individuals who bore God’s image that introduced into the classical world the concept of social responsibility in treating epidemic disease.”

Here, we see an illustration of the ideas discussed in the previous chapter. The Christian view of *agape* and their belief in the inherent dignity of persons defined how they treated others in the midst of the Cyprian plague. Pontius the Deacon, who was the biographer of Cyprian and eyewitness to the plague, said that during the plague, the Christians provided care “to all men, not to those only who are of the household of faith.”⁸⁸ Outside of one’s family, it seems, Christian churches were the only source of care for the sick during the epidemic in Carthage.

Despite this, the early years of the Cyprian plague were marked by a wave of persecution. In 249, the emperor Decius arrested senior clergy and required that every single person in the empire sacrifice to the pagan gods. Refusal to do so resulted in death. The clergy did not stop caring for the sick; rather, their efforts were increased in the face of persecution.⁸⁹ The care that they provided became a turning point in Western healthcare, as they served both Christians and non-Christians alike.

This kind of sacrificial, *agape*, love was discussed in the previous chapter – self-sacrificing love that was reflective of Christ. The care that Christians had for their fellow non-Christians stemmed from their faith. Because *agape* love provided the foundation of

⁸⁸ Pontius, *Vita Cypriani*, 9 (Trans. R. E. Wells, with modifications).

⁸⁹ Ferngren, *Medicine and Health Care in Early Christianity*, 118.

Christian charity, it was the foundation for their care of the sick as well. Dionysius explicitly described the Gentiles as *not* showing this kind of care, which made Christians and their compassion for others unique. At great cost to themselves, they helped victims of the plague, just as Jesus had done for them on the cross.

Basil of Caesarea

Basil of Caesarea is generally regarded as the founder of the first hospital. He was born in 330 AD in Cappadocia, a region in what is now modern-day Turkey, to a wealthy Christian family.⁹⁰ Known as “Basil the Great,” he became the bishop of Caesarea in 370. In this position, Basil had a lot of influence in the fourth century on the development of theology and monastic communities.⁹¹ After his appointment as bishop, he established the hospital at Caesarea, which was started after a famine in the late fourth century.⁹² The word “hospital” comes from the Latin adjective *hospitālis*, meaning to be hospitable to guests and strangers.⁹³ With its affiliated monastery, this hospital was not only massive but also encompassed several kinds of charitable care. The hospital provided care for six populations: the poor, the strangers and homeless, orphans, elderly and infirm, lepers, and the sick. They were treated by Christians, and all were brought together in Basil’s

⁹⁰ Crislip, Andrew, *From Monastery to Hospital: Christian Monasticism and the Transformation of Health Care in Late Antiquity* (The University of Michigan Press, 2005), 103.

⁹¹ Crislip, *From Monastery to Hospital*, 103.

⁹² Ferngren, *Medicine and Health Care in Early Christianity*, 124.

⁹³ Definition, *hospitālis*, Oxford English Dictionary

hospital.⁹⁴ This was the first time that all of these populations were treated charitably within the same place.⁹⁵

Helping the poor was an essential part of Basil's endeavors. In *De Beneficentia*, one of his homilies delivered in the late fourth or early fifth century, Basil said of a Christian's responsibility to the poor:⁹⁶

Therefore, he who has received the command of perfection has heard that "he [i.e., the rich man] must give all his possessions, after having sold them, to the poor and follow him [i.e., Christ], in order to have treasure in heaven." He should train himself daily in the perfect commandment itself - not neglecting the one in need but assisting the needy one from his possessions lest they fail utterly to obey the Savior. For if the Lord showed so much love to us so as to give even himself for us, how could we have [any] consideration for money to our damage, and not put above all considerations the tranquility of our brethren?

It is clear that he held charity to the poor in high regard because of his faith. To follow Christ meant helping the "brethren" - or brothers. In his letter to the Galatians, Paul says that Peter, James, and John had a request: "all they asked was that we should continue to remember the poor, the very thing I had been eager to do all along."⁹⁷ The place in the hospital where the poor were helped was called the *ptochotropheion*, meaning "poorhouse."⁹⁸ The use of the Greek *ptochos* indicates that the poor were homeless and beggars, who had no home to go to.⁹⁹ They would have been the ones sleeping in the

⁹⁴ Crislip, *From Monastery to Hospital*, 105-107.

⁹⁵ Ferngren, *Medicine and Health Care in Early Christianity*, 124.

⁹⁶ Holman, Susan R., et al. "De Beneficentia: A Homily on Social Action Attributed to Basil of Caesarea." *Vigiliae Christianae*, vol. 66, no. 5, 2012, pp. 457-481.

⁹⁷ Gal 2:10, (ESV)

⁹⁸ Crislip, *From Monastery to Hospital*, 107.

⁹⁹ Crislip, *From Monastery to Hospital*, 107.

streets and begging on the street corners, the forgotten ones of society. Basil's hospital sought to give them a place to belong and be helped.

In addition to the poor, Basil's hospital helped the strangers – the homeless and those who were shipwrecked in the Mediterranean¹⁰⁰ – and orphans as well. The orphans, who were often abandoned by their lower-class parents because they could not afford to take care of them, were taken into the monastery and “were provided with all the necessities of life and were raised by the monastics acting as surrogate parents.”¹⁰¹ In a sermon he gave about the rich in the late fourth century, when he was a priest in Caesarea, Basil said:

For if you had clothed the naked, if you had given your bread to the hungry, if you had opened your doors to every stranger, if you'd become a father to orphans, if you had suffered together with all the powerless, what possessions would now be causing you despondency? Why should you now be upset to put aside what's left, when you'd long since have taken care to distribute these things to the needy? Now, on a market day, no one is sorry to barter his goods and get in return such things as he has need of; but to the extent that he purchases things of greater value with what is cheaper, he rejoices, having gotten a better deal than his trading-partner. But you, by contrast, mourn, in giving gold, and silver, and goods — that is, offering stones and dust — in order to obtain the blessed life.¹⁰²

Serving the poor and the orphans, just like serving the poor, were ways for Christians to make offerings of something other than money. In the Gospel of Matthew when Jesus is teaching his disciples about who will inherit the Kingdom of God, he says, “then the King will say to those on his right, ‘Come, you who are blessed by my Father, inherit the kingdom prepared for you from the foundation of the world. For I was hungry and you

¹⁰⁰ Crislip, *From Monastery to Hospital*, 108.

¹⁰¹ Crislip, *From Monastery to Hospital*, 108.

¹⁰² St. Basil's *Sermon to the Rich*, J.-P. Migne's *Patrologia Graeca*, vol. 31, cols. 277C-304C.

gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me...”¹⁰³ Basil’s reason for including the poor, strangers, and orphans in his hospital was because it is the responsibility of Christians to take care of the less fortunate. He also mentions that offering to those in need can be helpful for achieving eternal life, which may perhaps indicate an appeal to salvation through works. The orphans were provided with an education and training in a craft, which ensured that they would have some sort of skill once they left. The strangers were given a place to stay as well – the *xenon* or “guesthouse.”¹⁰⁴

The lepers and elderly were also cared for in the Basilea. In the fourth and fifth centuries, lepers were treated as social outcasts and left to die. Leprosy was a severe bacterial disease which was viewed as contagious in antiquity.¹⁰⁵ Most importantly, leprosy did not have a cure. Those who were afflicted were cast out of society with no place to go. They were considered infectious and dirty.¹⁰⁶ Ferngren says about the difference of the pagan and Christian treatment of lepers:¹⁰⁷

“In late pagan culture medical explanations of disease and of contagion often led to the isolation and social ostracism of lepers. But Christian bishops never attributed the disease and the suffering it brought to God’s punishment. Rather, they considered lepers to be victims of misfortune, whether it was the result of physical or social factors.”

¹⁰³ Matt. 25:34-36 (ESV)

¹⁰⁴ Crislip, *From Monastery to Hospital*, 109.

¹⁰⁵ Ferngren, *Medicine and Health Care in Early Christianity*, 143.

¹⁰⁶ Ferngren, *Medicine and Health Care in Early Christianity*, 125.

¹⁰⁷ Ferngren, *Medicine and Health Care in Early Christianity*, 143.

Basil did something unprecedented by establishing the *keluphokomeion*, or a place for the care of lepers.¹⁰⁸ While these lepers did not have hope of a cure, they were cared for and fed. Treating those with leprosy was relatively unheard of prior to Basil. In fact, it was considered a waste of resources to provide medical treatment to those who were sick beyond recovery. On the other hand, Basil worked with the lepers himself,¹⁰⁹ showing that they too ought to receive basic dignity and care. In addition to the lepers, Basil's hospital also was a place for the crippled and elderly to visit for comfort. Those who could not care for themselves were cared for here: churches and synagogues were the only places that offered charity to them.¹¹⁰

The sixth and last social service provided by at Basil's hospital was medical care for the sick. This *xenodocheion* was unique in that it was staffed by healthcare professionals. Basil himself was trained in Hippocratic medicine, which may have translated to a similar standard of care to the other healthcare workers.¹¹¹ In addition, Ferngren says that the *Basilea* "employed a regular live-in medical staff who provided not only Christian aid to the sick but also medical care in the tradition of secular Graeco-Roman medicine."¹¹² The hospital was also linked to the nearby monastery, and therefore, monastics served in the hospital. Also important was that the residence for the

¹⁰⁸ Crislip, *From Monastery to Hospital*, 113.

¹⁰⁹ Crislip, *From Monastery to Hospital*, 115.

¹¹⁰ Crislip, *From Monastery to Hospital*, 115.

¹¹¹ Crislip, *From Monastery to Hospital*, 116.

¹¹² Ferngren, *Medicine and Health Care in Early Christianity*, 125.

patients within the hospital was temporary, meant for administering medical care to those who needed it.

The poorhouse for the elderly, lepers, and cripples was a more permanent option.¹¹³ Like orphans, the sick were offered work in workshops, where they were able to learn a skill. Crislip identifies two reasons for this: it was a way for patients to earn a living, and it gave them a way to pass the time.¹¹⁴ The latter corresponds with the monastic roots of the hospital. In fact, the patients were expected to hold some Christian disposition, which was taught by education in moral character.¹¹⁵ There was a holistic aspect to the medical treatment: Basil's aim was both medical and spiritual intervention. Ferngren makes a note about this as well: "In the tradition of *Christus medicus*, administering spiritual medicine was the first duty of medieval hospitals. Caregivers were aware of the importance of rest, diet, and nursing, but they recognized that the 'passions of the soul' were important in healing and encouraged cheerfulness. Basil considered psalmody important in soothing the soul."¹¹⁶ *Shorter Rules*, an ascetic writing by Basil that listed out rules for monasteries, contains a passage that explains this more fully:¹¹⁷

Question: We who serve the sick in the hospital are taught to serve them with such a disposition as if they were brothers of the Lord. Now if the man who receives our services cannot be given this title, how ought we to attend to him?

Answer: Since the Lord said 'Whosoever shall do the will of my father which is in heaven, he is my brother and sister and mother,' if a man is not as such describes, but is convicted of being a sinner worthy of that sentence 'He that

¹¹³ Crislip, *From Monastery to Hospital*, 117.

¹¹⁴ Crislip, *From Monastery to Hospital*, 118.

¹¹⁵ Crislip, *From Monastery to Hospital*, 117.

¹¹⁶ Ferngren, *Medicine and Health Care in Early Christianity*, 130.

¹¹⁷ Basil, RB 155, translated by Clarke (referenced in Crislip, *From Monastery to Hospital*), 117.

committeth sin is the bondservant of sin,' he needs first of all exhortation and admonition from the superior, But if he persists in the same conduct, the condemnation pronounced by the same Lord clearly rests upon him, 'The Bondservant abideth not in the house,' and that by the apostle who is advised, 'Put away the wicked man from yourselves.' In this way those who serve will be free from doubt and all who live together will be in safety.

Christian moral instruction was important to Basil. This passage indicates that sins committed by patients can be forgiven, but if they repeatedly commit the same sins, then they will be asked to leave. The healthcare workers who served the patients were doing so because they regarded them brothers and sisters in Christ.

Finally, we see that there are three distinct features of the treatment of the sick at the hospital. The hospital contained inpatient facilities, professional medical staff, and charitable care.¹¹⁸ Ferngren notes that these features make Basil's hospital distinct from what had been done before to help the poor, and that Basil "played a pioneering role in bringing monasteries within the administrative structure of the church."¹¹⁹ Inpatient medical facilities that provided charitable care were relatively unheard of and were new concepts. Charitable care, or care provided at no cost, was unique. In other words, there was no reward for caring for the sick. There was no expectation of reciprocity, as was the case in pagan philanthropy.

Basil created and funded the hospital through donated land, funding raised from benefactors and bishops, and regulated labor.¹²⁰ The charity of wealthy individuals was also sought to help fund such endeavors.¹²¹ Once the hospital was established, it went on

¹¹⁸ Crislip, *From Monastery to Hospital*, 141.

¹¹⁹ Ferngren, *Medicine and Health Care in Early Christianity*, 129.

¹²⁰ Crislip, *From Monastery to Hospital*, 142.

¹²¹ Ferngren, *Medicine and Health Care in Early Christianity*, 129.

to influence medical institutions all around the Mediterranean world and the Latin West.¹²² Basil of Caesarea found a way to establish a hospital that had an active monastic practice, and this partnership created a kind of Christian charity care that was replicable. His hospital - the first documented hospital in history - provided free medical care to the poor, lepers, sick, elderly, orphaned, and strangers. For the first time, a model of how to combine Christian charity, social service, and medical intervention was created.

¹²² Crislip, *From Monastery to Hospital*, 142.

CONCLUSION

This thesis has explored methods of healing and medical care prior to the Christians, compared pagan philanthropy to Christian charity, and concluded with a study of how Christian charity revolutionized healthcare, resulting in the first hospital. Healing cults, such as the cult of Asclepius, were spiritual in nature. Spiritual healing, or healing derived from the power of gods, incorporated sacrifice and reverence to deities as cures for diseases. On the other hand, rational medicine, which began with Hippocrates of Cos, was characterized by empirical knowledge and the examination of the role of nature in illness. The scientific, or rational, elements of disease and treatments were explored to improve outcomes for the sick. Rational medicine played a major role in Roman military hospitals, which served specific purposes for the care and recovery of Roman soldiers.

In the fifth century BC, the Hippocratic Oath proliferated and set basic guidelines for physicians. It introduced a standard in medicine, to which the aspiring physician promised to adhere to the practice and responsibility of beneficent healing. Both Christian and pagan physicians followed the Oath, and both parties did so with different understandings of either philanthropy or charity. This led to a discussion on pagan philanthropy, which was marked by a nature of reciprocity. The research shows that much of the “generosity” shown by the pagans had an ulterior motive of showcasing wealth and status. Unless being philanthropic was beneficial for the giver, it was not

deemed important or necessary. Standing in contrast to this was Christian charity, where love of man stemmed from the self-sacrificial love of Christ. This self-sacrificial *agape* love gave Christian charity its purpose. As opposed to the reciprocal nature of pagan philanthropy, Christian charity has a sacrificial nature.

Two theological aspects of Christianity that influence charity are the *Imago Dei* and *agape* love. The book of Genesis emphasizes the *Imago Dei*, or the image of God. This image is endowed onto all of humankind, and through this, there is an internal aspect of each person that requires that they be treated with dignity and love since they are each a reflection of God. Next is *agape* love, or love that is freely given and unlimited. This sacrificial nature of *agape* love is understood in the Gospels of the Bible, where Christ demonstrates His love of man through his sacrifice on the cross for humankind's redemption. Because Christ sacrificed his life for us, we are to sacrifice ourselves for others. The *Imago Dei* mandates that humans are endowed with dignity through their Creator, and *agape* love shows how to exercise sacrificial love for each other. This was seen during the Plague of Cyprian in the third century. While Christians prior to this plague cared for one another, Christians in Carthage during the plague sacrificed for the afflicted whether Christian or non-Christian. This model of self-sacrificial Christian love turned itself into self-sacrificial medical care.

Through the analysis of sources in this work, it is seen that Christians first developed charitable medical care. Their focus on providing care to all who needed it and making sure that this care was both professional and charitable formed the basis for the first hospital founded by Basil of Caesarea in the late fourth century. The combination of monastic oversight and professional medical care within the *Basilea* created a new kind

of healthcare that was free and accessible to anyone who needed it. While healing cults were a place for the sick to visit, there was no aspect of rational medicine that played a role in the treatment of patients such as in the *Basilea*. Roman military hospitals were similar to the *Basilea* in having a hospital environment and rational treatment, but these hospitals were not charitable and did not service everyone. Rather, they were restricted to either soldiers or slaves. Basil's hospital was open to anyone who needed treatment.

Christian healthcare differed from other types of healthcare, and it transformed the entire environment of hospital care. Understanding the origins of the Christian institution is essential for applying such care in a modern-day healthcare environment. In *The Social Transformation of American Medicine*, historian Paul Starr notes that in 19th century America, "hospitals had gone from treating the poor for the sake of charity to treating the rich for the sake of revenue and only belatedly gave thought to the people in between."¹²³ He also says that in modern-day America, the two least-trusted private industries are healthcare and pharmaceuticals.¹²⁴ Healthcare today looks very different than it did in Basil's time. Looking at the current state of healthcare through the lens of what it used to be seems to show a dramatic shift in the purpose of healthcare. Understanding the implications of the sacred relationship that is defined by *agape* love and applying it to healthcare today has the potential to alter much of what we see. Christian charity distinguished itself from other types of generosity and led to Christian healthcare. Applying this concept of charity may present a new way to approach the distrusted system of healthcare today.

¹²³ Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and Making of a Vast Industry* (Basic Books, 1982), 159.

¹²⁴ Starr, *The Social Transformation of American Medicine*, 493.

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