

The conception of hospital care at the time of epidemics in the II–III centuries

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One of the topical issues in medicine remains identifying the historically proven causes of the emergence of hospital care. Historiography holds an opinion about the bloom of this socio-medical phenomenon between the IV and V centuries. At the same time the circumstances that affected its rapid development have not yet been exhaustively researched. This article presents historical facts, which support the key role of the Christian philosophy in the institutionalization of providing the medico-social assistance in the III century.

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In modern scientific literature, there is general agreement about the dawn of hospital care in the 4th and 5th centuries. However, according to many scholars, research on the processes leading to the emergence of this phenomenon is insufficiently detailed, particularly within the Eastern Roman Empire. The Christian church in the 2nd and 3rd centuries was actively engaged in institutionalizing services to the needy. Several historical facts bear witness to this fact, including the establishment of low Church officials, the increase in the number of clergy, regulating aid to the poor and sick, as well as the means of distributing financial resources. In other words, support for the sick in the early church was viewed as a social (charitable) service. With this in mind, many researchers note that the clergy and volunteers responsible for caring for the sick did not always have medical knowledge and such knowledge was more likely the exception.

The socializing function of the early church was actively promoted. Due to Christian influence, the importance of charity and social service gradually increased in Greco-Roman society from the 2nd century on. The expression “social services” was initially used in Russian historical science to identify the social activities of religious

groups. However, many scholars argue that this position too strongly restricts the concept of social service, which is not limited solely to this type of social activity [2].

In modern sociology, “social services” is analyzed only within the context of the history of social work and charity and is viewed as a basic type of activity of the church. People engaged in social services are commonly called volunteers. Social services can be seen as an ideology founded for the protection and aid of the socially defenseless segment of society. It allows for the development of new political institutions, social structures, culture and supports by social political practice [2]. Contemporary social services is viewed as an activity directed at positive social change through the use of charitable organizations, volunteering, peacekeeping, protection of human rights, and humanitarian aid. This understanding of social activism coincides with what was characteristic of the early Christian community.

Particularly important information about the establishment of charitable and institutionalized social services and the rendering of medical assistance can be found by studying the history of epidemics in the 2nd and 3rd centuries. In the year 250, a plague (called the Cyprian plague) struck the territory of the Roman Empire. It is believed to have begun in Ethiopia and quickly spread through Egypt and Northern Africa. From there it reached Italy and then Scotland, reaching dan-

gerous proportions [1, 2]. This epidemic lasted, according to various sources, from 15 to 20 years and took the lives of many Roman citizens. In an environment lacking any notion of public hygiene and a dominant view that healthcare was a private matter, the government took minimal measures in rendering medical aid and creating acceptable sanitary conditions in cities.

The spiritual stimulus, high level of self-discipline, and efficient administrative structure established during the first two centuries of Christianity laid the foundation for the creation of organized medical and social assistance. The principles of human love and "Christ's love" were the basis for an active concern for people. It broke down the cultural, ethnic, and social stereotypes of Greco-Roman society.

The ideological core of Christianity could renew life in Greco-Roman cities, wallowing in deplorable sanitary and hygienic conditions. It offered new norms and types of social relations which could deal with the many pressing urban problems. In times of ethnic conflicts, Christianity offered a new foundation for social solidarity. "And for cities faced with epidemics, fires, and earthquakes, Christianity offered effective relief in the fight against epidemics, fires, and other natural and social cataclysms..." [5].

The scale of charitable activities of the early church was gradually broadened. This, in turn, demanded the creation of a more complex organizational structure.

Of course, the charitable activities of the commanded a large number of people; however, its resources and capabilities were not limitless. The clergy was not always able to cope with its responsibilities towards the suffering. Many Christian communities began to create low ranking Church officials to relieve the priests of some of their burden. These included subdeacons and sextons. Antiquity lacked any sensible notions of the government's social responsibility for the life of its citizens, disease prevention, and the organization of general medical treatment. The idea, rooted in paganism, that epidemics were punishments or manifestations of the wrath of the gods, created a basis for believing that similar kinds of disasters were like public sacrifices, an idea that made no

sense. Moreover, the predominant understanding was that the government was incapable of taking strides to eliminate the spread of disease or to nurse the sick. All of this laid the foundation for inaction and, as a consequence, for the growth in infectious diseases. Unlike the pagans, Christian communities displayed solidarity when faced similar tragedies such as epidemics. Moreover, they displayed tolerance and actively cared for the sick and poor, regardless of their religious beliefs. Thus, during the Cypriot plague, despite their wide scale persecution, Christians developed a systematic program of healthcare for the sick in the largest cities of the empire. St. Dionysius the Great, when describing life in Alexandria during the plague (247-264 A.D.), noted the selflessness of the clergy, deacons, and laity, who, risking their own lives, administered first aid to the infected. Saint Cyprian during the plague in Carthage in 252 asked his community to help any infected people (including pagans), despite the fact that Christians themselves were blamed for the epidemic. This request was addressed to all levels of the population, both rich and poor alike. As a result, the rich provided the funds, and the poor administered first aid in the fight against the epidemic. Of course, such a large-scale effort could not have been maintained on a completely voluntary basis. One theory maintains that the clergy hired gravediggers and sextons. Moreover, by the 4th century, the activity of the Christian church began to be thought of as little more than a service for burying the dead. Emperor Constantine created a free burial service to be administered by the clergy. According to Julian Ostupnik, it was precisely the proper care that Christians took in burying the dead that was a key factor in the establishment of Christianity as a dominant religion in the Roman Empire [5].

Many sociologists and historians note that there is scientific evidence to support the theory that new religions originate or appear as a response to social crises [6-10]. R. Stark suggests applying management theory to the analysis of this problem. In practice it would be like this. When an epidemic destroys a significant portion of the population, a large number of people remain who have been deprived of previous social

relations that forced them to observe certain social and moral-ethical norms. With an increase in mortality among the population, paganism lost its place as the dominant religion and, accordingly, ideological and social barriers were removed for Christianity. The high rate of survival among Christians allowed for the development of new social structures, which resulted in the pagans assimilating new Christian values.

Historiography, notes an interesting phenomenon, which arose during the Cypriot plague and is described by E. Gibbon [12]. According to him, this plague sparked the advent of medical communities called “Parabalani”, well known in Alexandria during the 5th century. This community was made up of the lower classes of Alexandria. They provided transport and care for the sick, thus offering a kind of first aid. According to some data, the group consisted of up to 500 people and they were under the supervision of the Patriarch of Alexandria. In analyzing the etymology of the word “parabalan”, historians connect it with the term “paraballesthai” (i.e. ten zden, psuchen), “those reckless ones who help the sick despite risks to their own health” [5]. There is also a different theory that holds that the *parabalani* appeared only after the legalization of Christianity. However, if the etymological perspective is accurate, then it convincingly bears witness to the fact that there were such communities during the plague, when these people were exposed to great risk of infection. G. Ferngren argues that the *parabalani* were known to exist only in Alexandria and that they most likely appeared specifically during the plague in the middle of the 3rd century. The Alexandrian patriarch at that time, Saint Dionysus the Great, hired unemployed men to do volunteer work and tried to increase the charitable resources of the church [4].

It is important to note the fundamental role of the church in introducing the very concept of charity to Greco-Roman consciousness. Early Christians considered charity not as a one time or occasional act of virtue for “whenever the mood strikes you” or “whenever it is convenient”, but as an absolutely necessary and essential part of their everyday spiritual life. Before the advent of Christianity in ancient society, there existed a model of

euergesism (the rich fulfilling their civic duty by sharing their property with all of their fellow citizens according to the “bread and circuses” principle). In the period of later antiquity, the feeling of community in city-states weakened and the ideology of euergesism was replaced by the ideology of private charity, when a separate social group appeared – “the poor” (the homeless, immigrants, people who found themselves in difficult living situations, etc.). From the Christian perspective, the poor were particularly blessed by God, and Christians believed that giving alms demonstrated love for the Savior. It is not a coincidence that after the legalization of Christianity, the government tasked churches with caring for the poor. P. Brown, citing John Chrysostom in one of his works, provides data that shows that one-tenth of the population of Antioch was poor [13]. Because bishops began to distribute charitable government resources, their significance in the community grew sharply: they acted as intermediaries and a means of influencing authority. If distribution of charity had previously been an important government role, then in the 4th century this function was passed on to the church in exchange for exemption from taxes. In this way, the phenomenon of “love for the poor” became a staple in the lives of Roman cities. The urban poor came to be seen as in need, requiring special relations and social support. This fact provides evidence of a change in the relationship towards man in Western culture and characterizes the transition from ancient society to Christianity.

This conception was further developed as the origin of the idea for creating the first hospitals. In essence, a hospital is a typical Christian institution, founded on the principles of charity and welfare [7,14]. In ancient times, there was no analogue of Christian hospitals, which rendered medical aid to those in need. Among healthcare institutions of the time, historians note infirmaries for soldiers or slaves (so-called valetudinarians), temples of Asclepius, medical clinics or the activities of public doctors. Roman institutions offered medical care, above all to Roman soldiers, officials, and gladiators. In his 1888 work “Doctors of Ancient Rome”, A.A. Streltsov, using the epigraphic method, examines in detail the history of

this social group, from the moment of its origin to the time when it began to wield considerable influence on the course of civic and political life of society [15]. This work discusses the ancient view towards the work and importance of doctors and how it changed under the influence of Christianity. It describes the growing privilege of the emperor's doctors and sheds light on the scientific works of doctors in ancient Rome.

A more widespread form of providing medical assistance was the so-called healing temple of Asclepius. Contemporary historians attribute its popularity with the fact that they were free for the poor, who could not afford the services of private doctors. One may be sure that many pilgrims left disappointed in the abilities of the gods to heal their illnesses. In the opinion of several scientists, the living quarters adjoining the temple of Asclepius were the precursors of the first Christian hospitals for the poor [16]. If this assertion is correct, then it is logical to assume that this occurrence should have become the basis to compare the characteristics of charitable activities at the temple of Asclepius and the social activities of Christians. However, these facts only provide evidence about the pilgrim's desire for healing; nothing is known about the long-term care in these institutions or the compassion of the priests towards those suffering. It is here where basic differences appear between pagans and Christians, offering continued care for the sick and relief from illness and suffering (both bodily and spiritual).

The fall of healing temple culture occurred in connection with an active development of rational medicine and a decrease in religious pagan feelings. Various social cataclysms served as a background. Christian values were an initial factor. Hospital care arose within the framework of a new moral imperative, based on the value of human life, charity, and the idea of voluntary social service.

E Crislip claims that the first monastery infirmaries were prototypes of early hospitals, which appeared in the 370s [14]. He suggests that Saint Pachomius created the first such establishment as early as 324 and that this was the prototype of hospitals. E Krislip is convinced that the practices of the first monastery infirmaries became the histor-

ical foundations of the phenomenon of hospitals. However, G. Ferngreen believes that this supposition does not provide an answer to how the idea of hospitals arose. It only postpones the possibility that there may have been influences [4]. In his opinion, monastic sources could not explain the development of medical support systems. They do not have any indication of a turning point or a description of structure. On the other hand, there is an opinion in the historiography that the system of medical assistance was understood in monasteries as an indivisible part of monastic life and was therefore not described in the literature [4, 5, 12]. According to G. Ferngreen, E. Krislip does not give sufficient importance to the fact that the experience acquired by Christianity over several centuries of caring for the sick could have formed a basis for developing an effective working establishment for the provision of charitable medical assistance in the end of the IV century. Another historian of medicine, P Braun, holds this opinion. He noted that the views of Emperor Constantine towards Christianity significantly influenced the construction of hospitals [13].

In the opinion of another scholar, P. Xordena, in order to correctly evaluate the development of medical charity, it is necessary to distinguish the understanding of "care" (the provision of palliative assistance) and "treatment" (the provision of medical therapy) [17]. In early Christian society, there were no clear distinctions of those authorized to provide medical assistance. In this period, it was difficult to distinguish the experience of an orderly from the prescriptions of a doctor.

Modern historiography usually views the outstanding Basil (IV cent.) as one of the first examples of a large healing establishment. In order to understand its significant role in the development of hospital care, one should analyse the innovations introduced at Basil. They included: first, the availability of doctors and service personnel; second, the provisioning of established assistance; third, the all-encompassing nature of the institution. The size and number of hospitals made them unique for their times but they were not institutions of an exclusively medical nature. Without question, Basil took a significant step forward in the development of medical services and of

course, this hospital would not have arisen without the predecessor monastery infirmaries.

According to P. Xordena, when analyzing the role of hospitals in the II – IV centuries one must consider the accessibility of the institutions [17]. B. Natton noted their limited accessibility to the needs of cities of that period and their limited capacity for admission [18]. However, T. Miller emphasizes the rapid spread of these types of institutions [19]. V. Natton agrees with him in that, in the course of centuries, it was precisely hospitals that became the basic instrument against illness [18]. These historical evaluations, in the opinion of G. Ferngreen, could not avoid a liberal approach [4]. The so-called hospitals reviewed by P. Xorden were, more often than not, temporary refuge created for emergency situations.

During the period of Late Antiquity, another form for providing charitable assistance arose in the cities of the Roman Empire. A group was formed from the laity, the *spoudaioi* and the *philoponoi*¹.

Their duties included two components: caring for the sick and fulfilment of several liturgical obligations (participation in burials, reading of prayers, songs etc.). The *spoudai* were intermediaries between the clergy and the laity. However, despite the ascetic life style, they were not part of the tradition of communal parishes.

“They organized special shelters, but of course, these were not hospitals. Healing there was not based on the doctrines of Hippocrates and Galen, but on God. They were secular organizations based on the support of the laity (*philoponoi*) and there was no medical assistance. They provided only palliative assistance such as bathing, oil rubdowns, distribution of food and clothing. These organizations saw their mission as helping the suffering, who’s numbers were so huge that hospitals could not manage them all. According to some sources, the laity were volunteers and their provisions were not paid for. However, the Church did provide assistance. Their ascetic life style allows one to suppose that they lived very modestly. It is important to note

¹ In fact, they were one and the same – the laity (“zealots”) in the territory of Egypt were known as *philoponoi* (“lovers of labor”).

that citizens from wealthier families sometimes joined these movements (despite prohibitions against wealthier citizens entering such organizations due to financial obligations imposed by the State), while the *parabalani* came from the lower classes. These organizations existed for some time. However, most scholars are convinced that after the VII century secular organizations of this type fell into decline” [20].

The earliest information about the laity are in a letter written in 312 by the Patriarch Alexander, who mentions them in the period during 303 to 305. In the sources, one may find partial reference to them from the IV to VII century and several subsequent scattered references. [3-5, 14, 17].

In the end of the IV beginning to the V century, hospitals spread rather quickly throughout the territory of the Eastern Roman Empire, where bishops took the building initiative upon themselves. Similar institution appeared in the Western Empire after more than a century. Specialized early Christian charitable institutions known as “*xenodocheia*” did not always care for the sick and only a few of them had the resources to pay for doctors [21, 22]. More often than not, it was *washypourgoi*, medical assistants with no special medical training, who worked there. It would not be entirely correct to say that professional medical personnel worked in these hospitals.

Therefore, we can say that early hospitals (during Late Antiquity) grew from the social work of the Church and monastic service and that they replenished their personnel from monastic orders. In many instances, the first models of palliative care for the sick were all that was available. In time, several hospitals (the minority) would include the services of doctors. The first hospitals were intended to care for the poor. This model persisted for centuries. As in the beginning, hospital remained institutions for the have-nots (although they also provided other medical assistance); those who could afford it could obtain home treatment from a doctor.

It is worth remembering the limited medical arsenal of the period. From Hippocrates to Galen, the majority of prescriptions made by a doctor were of a dietary and rehabilitative nature. Its basic effectiveness was treatment and care of the

patient and this is precisely what early Christian charitable institutions provided.

When the early Church arose, an organizational model of medical charity appeared – parish guardians for the sick founded by diaconal services. This model was based on the untrained labor of the laity. They tried to alleviate illness by means of care, in other words palliative medical assistance. This activity was concentrated within the framework of Christian society and was initially only voluntary. Later, when it became apparent that this was insufficient, lower church ranks began to appear, specialized groups such as the *spoudai* and the *philopoi*. This tradition continued to exist even after the construction and spread of hospitals. Social organizations based on parishes and hospitals existed like two complementary structures.

A distinguishing feature of Christian charity was that it formed a tightly cohesive early church community. The Christians created what became known as “a miniature universal state charity within an empire that generally did not have enough social service” [4]. During epidemics, the church extended its hand to pagans, thus significantly influencing the spread of the Christian religion. Charity was initially mostly concentrated in the voluntary diaconal services of local orders, but

gradually spread due to personnel growth from the lower church ranks. Later, it was extended by hiring workers for emergencies during epidemics.

Neither pagan temples nor mystical polytheistic culture created charitable societies similar to those in Christian churches. The reason was a lack of any ideological basis for helping the sick. As noted by E. Dodds: “Brotherly love was not an exclusively Christian act of kindness. However, during this period, Christianity seemed to practice it more efficiently than any other group. The church provided a feeling of social protection. It cared for widows, orphans, the aged, the unemployed and the invalid. It provided means for the poor to warm themselves and medical care during plaques. But in my view, there was something even more important than physical wellbeing. It was the feeling of belonging that the Christian church could provide” [23]. E. Dodds suggests that the successful creation of the Christian community, which cared not only for their members but, for all, was “one of the basic reasons, maybe even the most important reason, for the spread of Christianity” [23]. The charitable activities of the church was significant to its early success. The main contribution of Christianity towards the development of medical assistance became the development and promotion of church social activities.

REFERENCES

- Zubanova S.G., Patyulina N.D., Ruzanova N.P. *Sotsial'noe sluzhenie Tserkvi: svyaz' traditsii s sovremennost'yu*. [Ruzanova Social ministry of the Church: fusion of tradition and modernity]. M., 2012. 358 p.
- Reshetnikov O.V. *Kontsepsiya sotsial'nogo sluzheniya v sovremennom obshchestve*. [Reshetnikov OV The concept of social service in modern society]. M., 2008. 44 p.
- Kohn G. C. *Plague of Cyprian*. In *Encyclopedia of Plague and Pestilence*. Ed. By G.C. Kohn. New York, 1955. P. 250–251.
- Ferngren G. B. *Medicine and Health Care in Early Christianity*. JHU Press, 2009. 264p.
- Stark R. *The Rise of Christianity: A Sociologist Reconsiders History*. Princeton University Press & Harper, 1996. 272 p.
- Thornton R. *Demographic Antecedents of a Revitalization Movement: Population Change, Population Size and the 1890 Ghost Dance*. *American Sociological Review* 40. 1981. P. 88–96.
- Johnson P. *A history of Christianity*. New York: Atheneum. 1976. 556 p.
- Walsh J. *Refutation of the Charges of Cowardice against Galen*. *Annals of medical history*. 3. 1931. P. 195–208.
- Bainbridge W.S., Stark R. *Superstitions: Old and New*. *The Skeptical Inquirer*. 4. 1980. P. 18–31.
- Bainbridge W.S., Stark R. *The Consciousness' Reformation Reconsidered*. *Journal for the Scientific Study of Religion*. 20. 1981. P. 1–16.
- Bainbridge W.S., Stark R. *Superstitions: Old and New*. *The Skeptical Inquirer*. 4. 1980. P. 18–31.
- Gibbon E. *The history of the decline and fall of the Roman Empire*. Ed. By J.B. Bury. 7 Vols. 1911. Reprint, New York: AMS Press, 1974. 339 p.
- Brown P. *Poverty and leadership in the later Roman Empire*. Hanover, N.H.: University press of New England, 2002.

14. Crislip A. T. From monastery to hospital: Christian monasticism and the transformation of health care in late antiquity. Ann-Arbor: University of Michigan press. 2005. 235 p.
15. Streltsov A.A. Vrachy u drevnih rimlyan: epigraficheskie ocheri. [Physicians in Ancient Rome: epigraphic notes]. Edition 3. (Year 1888). M., 2012. 152 p.
16. Henderson J., Horden P., Pastore A. The impact of hospitals 300–2000. Bern: Peter Lang, 2007. 426 p.
17. Horden P. The Byzantine Welfare state: Image and Reality. Bulletin of the society for the social history of medicine. 37. 1985. P. 7–10.
18. Nutton V. Medicine. The Cambridge Ancient History. Vol. 9, ch. 33.
19. Miller T. The Birth of the Hospital in the Byzantine Empire. 2d ed. Baltimore, 1997.
20. Petrides S. Spoudaei et philopones. Echoe d'Orient. P. 341–348.
21. Grant R.M. Early Christianity and Society: Seven Studies. San Francisco, 1977.
22. Horden P. The Earliest Hospitals in Byzantium, Western Europe, and Islam. Journal of Interdisciplinary History. 2005. N35. P. 361–389.
23. Dodds E.R. Pagan and Christian in the age of anxiety: some aspects of religious experience from Marcus Aurelius to Constantine. Cambridge, 1988.

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