




Spring 4-1-2007

Review of Andrew T. Crislip, *From Monastery to Hospital: Christian Monasticism and the Transformation of Healthcare in Late Antiquity* (Ann Arbor: University of Michigan Press, 2005)

Caroline T. Schroeder

University of the Pacific, cschroeder@pacific.edu

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Recommended Citation

Schroeder, C. T. (2007). Review of Andrew T. Crislip, *From Monastery to Hospital: Christian Monasticism and the Transformation of Healthcare in Late Antiquity* (Ann Arbor: University of Michigan Press, 2005). *Journal of Early Christian Studies*, 15(1), 122–124.
<https://scholarlycommons.pacific.edu/cop-facarticles/90>

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Andrew T. Crislip

*From Monastery to Hospital: Christian Monasticism
and the Transformation of Health Care in Late Antiquity*

Ann Arbor: University of Michigan Press, 2005

Pp. x + 235.

Accounts of ascetics miraculously curing the sick have captivated audiences both ancient and modern. Now Andrew Crislip turns our attention to a less scrutinized form of ascetic healing: institutional care for the ill. *From Monastery to Hospital* examines organized health care in late antiquity, arguing that the nearest antecedent to the hospital was the Christian monastery. Crislip meticulously combs Egyptian papyri and monastic texts (including some unpublished texts of Shenoute), Basil's *Shorter* and *Longer Rules*, Augustine's rules, and other sources for references to the infirm and their care. He interprets the evidence using social-scientific research models and methods, particularly sociological studies of sickness and hospitals. The book is infused with modern medical terminology such as "inpatient care," "outpatient care," "health care delivery," "providers," etc. Though this language may feel anachronistic, it works to support linguistically the broader argumentative claim that early monasteries conform to the same models of care as hospitals. Crislip's prose is clear and unadorned, geared toward presenting as much social-historical information as possible. Each chapter is divided into several layers of sections and subsections, a format which makes information easily accessible but contributes to a documentary feel to the volume.

The first half of the book describes care for the sick in early monasteries,

contextualizing the material with a wealth of background information. There is a brief introduction to monasticism and the book's sources. The first chapter details specific medical practices in *coenobia* and *lavra* monasteries, including personnel and practical considerations (e.g., where to house the sick) and treatment procedures. Both types of monasteries provided outpatient care to sick ascetics in their cells. For more intensive inpatient care *coenobia* built infirmaries while *lavra* monasteries converted communal church buildings into sick rooms. Crislip convincingly demonstrates that many Egyptian monastics practiced traditional, Egyptian medicine. He also distinguishes between "nonmedical healing," which relies "exclusively on the perceived aid of a divine or quasi-divine agent," and medical treatment (21).

Chapter 2 considers health care as a service which monasteries provided in their roles as "surrogate families." Since the ancient household was the traditional support network for the ill, the ascetic renunciation of family and property necessitated the development of an alternative system to care for sick monastics. The *coenobium's* typically large population led to the establishment of a separate building for the sick with its own routines, staff, supplies, and kitchen. This infirmary and its dedicated "nursing" staff were coenobitic monasticism's two greatest contributions to premodern health care.

The second half of the book addresses the monastery's role in the historical development of institutional medicine. The use of sociological models is most illuminating in Chapter 3, which argues that a specific social role emerged for the ill. Crislip demonstrates that while Greco-Roman society typically shunned the sick, in monasteries the ill occupied an identifiable social position, known in sociology as the "sick role" (68–69). The sick role exempts the ill from traditional obligations (e.g., monastic work or diet) and imposes "a social obligation to get better" so that the sick can return to their former responsibilities. The ill are expected to seek "officially approved treatment," which in monasteries was strictly regulated since treatment involved privileges such as wine and extra food. As part of the sick role, unless ascetics suffered from a disease of demonic origin, they were not responsible for their disease or their recovery; healing came from care provided by the community, not personal prayer or sheer ascetic will.

The final chapter investigates the origins of hospitals. Crislip outlines the services provided by the *Basileias*, a charitable institution founded by Basil of Caesarea, attached to a monastery and staffed by monastics. He identifies three fundamental characteristics of hospitals (inpatient care, professionally trained medical staff, and charitable care), all of which the *Basileias* possessed, making it the first hospital. Using the same criteria, Crislip evaluates other ancient institutions that provided health care. He argues that only monasteries possessed all three attributes of hospitals; temples of Asclepius, physicians' clinics, "public" physicians, slave and military infirmaries, and "Arian charities" did not. (Similar to the charity at the *Basileias*, monasteries also provided charity to the poor and to visitors.) The author therefore concludes that "pre-Basilian" monasteries, especially Egyptian monasteries, are the hospital's nearest historical precedent.

While the argument that the hospital, whose first incarnation was organically connected to a monastery, was influenced most by monastic health care practices

is credible, the impact of other institutions is unnecessarily minimized in this chapter. For example, military infirmaries are dismissed as the hospital's closest ancestor because they did not provide *charitable* care, they were concentrated in Europe (not the East), and there is no evidence of Basil's familiarity with them (127). Yet, monasteries did not actually provide charitable inpatient care; as Crislip himself admits, Pachomius and Shenoute expressed reservations about extending the services of their infirmaries to non-monastics. And Basil's presumed ignorance of military infirmaries is a tenuous argument from silence. Some monks had been soldiers (like Pachomius); it is plausible that members of Basil's circle knew how the vast institution of the military operated. Additionally, the timeline of the evolution from monastery to hospital needs more explanation. Much of the evidence for "pre-Basilian" monastic proto-hospitals is culled from texts that do not pre-date Basil or from texts whose dating is problematic for the purposes of early fourth-century social history (Shenoute's writings, some Pachomian texts, the *Apophthegmata Patrum*, etc.). This chapter is on firmer ground with more nuanced positions such as the claim that Basil's hospital was the "institutional extension of the monastic health care system once monasticism was incorporated into the Christian administration of charity" (138), than it is when it attempts to plot a linear evolution of the hospital or to undermine arguments for other possible predecessors.

Nonetheless, this volume is a welcome addition to the field. *J ECS* readers will appreciate the breadth of information about monastic medical care, the exploration of the cultural role of the sick, and the attention to non-miraculous techniques of healing. Because of the significant background information it provides on ancient families and monastic life, the book will appeal especially to historians of medicine, historians of Christianity in later periods, and to students.

Caroline T. Schroeder, Stanford University