

Monastic Hospitals in Byzantine Egypt: Pachomius and Shenoute's Hospitals as Coenobitic Models

Karim Yassin¹ Nashwa Soliman² Nader Zekry³

¹ Assistant Lecturer, Faculty of Tourism & Hotels, University of Sadat-City

² Associate Professor, Faculty of Tourism & Hotels, University of Sadat-City

³ Associate Professor, Faculty of Tourism & Hotels, University of Sadat-City

ARTICLE INFO

Keywords:

Healthcare facilities in Byzantine Egypt
Pachomius hospitals
Shenoute hospitals
Monastic hospitals in Byzantine Egypt
Byzantine hospitals in Egypt

(JTHH)
Vol. 1 No. 4, (2020)
pp 55-69.

Abstract

Caring the sick is a fundamental concept in early Christian Egypt. its development in Egypt affected by the previous healthcare stages, up till it reaches its form of monastic hospitals. Defining the phenomenon of monastic hospitals in byzantine Egypt as one of the healthcare facilities in this period, and showing the efforts of early Coptic fathers to offer models for the coming centuries, are very important. Byzantine monastic hospitals were charitable institutions, and were differed in some aspects from all classical healthcare facilities (healing temples of gods and goddesses, physicians' clinics or shops, public physicians, slaves' hospitals, and military hospitals) that were before the fourth century AD, in Egypt. Early monastic fathers developed the hospitals as independent building inside their monasteries for serving the sick and the needy, who came to hospitals to receive shelter, food, and medical care. Early Coenobitic fathers, like Sts. *Pachomius* and *Shenoute* put the rules and regulations to organize healthcare facilities in their monastic communities. The objectives of this study are; firstly, to show the distinguished characteristics of Byzantine monastic hospital, that make it differ from the previous healthcare facilities in Egypt. Secondly, to declare the *Pachomius's* rules and *Shenoute's* canons, that were related to their hospitals and healthcare facilities in their monasteries as models for healthcare systems in Coenobitic monasteries in Byzantine Egypt.

Introduction

Helping and healing the sick are two of the main concepts in early Christian Egypt, that confirmed by early monastic Coptic fathers who followed the teachings of Jesus Christ. According to the New Testament, Jesus's healing miracles are many; he heals the sick people (Mat 4:23-25; 15:29-31), helps blind men to get their eyesight (Mat 9:27-31; Luke 18:35-43), the deaf to listen (Mark 7:31-37), the mute to speak (Mat 9:32-34), the paralytic to foot (Mat 9:1-7), heals the leper (Mark 1:40-45), exists the evil spirits (Mark 9:14-32), and raises the dead (Luke 7:11-17; 8:40-42). Jesus Christ gives the parable of the Good Samaritan to all his followers to encourage them for helping and healing the sick and the needy (Luke 10:25-37). Jesus gives this certain example to teach his followers this genuine behavior. Mark Anderson refers that the Samaritan took his charge to an inn (called a pandocheion in Greek) and not to a

hospital (called a nosokomeion in Greek) because there were no hospitals in the early first century (Anderson, 2012, p. 6).

Developing the classical idea of *agape* or love of the God, Christianity regarded charity as motivated by *agape*, a self-giving love of one's fellow human beings that reflected the incarnational and redemptive love of God in Jesus Christ (Ferngren, 2009, p. 84). But by the time, the word *agape* (*caritas*) was replaced by *philantropia* (φιλανθρωπια) in the vision of the fathers of the second century (Telea, 2012, p. 154). Deeper and more extensive in scope than ancient Greek *philanthropia* and Jewish communal care, Christian *philantropia* involved the expression of love and compassion, not only for members of a religious community, or for fellow-Greeks, citizens, allies, relatives and friends, but for human beings in general, as the images of God (Kapsambelis, 2011, p. 65).

During the early three centuries AD, However, Christians were encouraged privately to visit the sick and aid the poor, the early church established some forms of organized assistance. Each church had a mission charged by a presbyter and seven deacons (see Acts 6:1-6), their main targets were to help the poor, visit and heal the sick, and report them to the presbyter. Alms which collected every Sunday, were distributed for who were sick or in want (Ferngren, 2009, p. 114). May be, those missions were enough during the early centuries AD. But when the Christianity became the official religion in the fourth century AD in Egypt, its followers were increased, and it was become necessary to establish such permanent institutions for the needy or the sick to receive shelter, food, and medical care (Telea, 2012, p. 152).

Healing centers in Egypt for caring the sick date back to the ancient Egyptian civilization. They were documented in the ancient temples of Egypt, where ill people were brought to be cured by the priests through rituals and magico-religious practices (Forshaw, 2014). These places generally provided a short refuge for the acutely sick people, good air, and some kinds of treatment based on medical herbs, hot and cold baths, rich, diet and uncontaminated water from sacred springs (Riva & Giancarlo, 2013, p.1). Asclepius – the Greek medicine God – had over 670 shrines for him around the Mediterranean world (Ferngren, 2009, p. 137). There are many temples of Asclepius in Egypt, such as in Dier el-Bahari (Van der Ploeg, 2018, p. 120). The healing process in the temples of Asclepius (Asclepieion) was held in different ways: Asclepius cured some of his patients in their dreams, by incubation (*incubatio*), whereas some others he healed through personal epiphany or through a proxy (Błażkiewicz, 2014, p. 55). There is an opinion suggested that the hostels attached to the Asclepieia were precursors of the first Christian hospitals, where those who were too poor to afford the attention of physicians were freely cared for (Ferngren, 2009, p. 138).

In ancient Egyptian civilizations the ways of healing the sick people were varied, which means that the temples of the healing Gods and Goddess not the only facilities. physicians' clinics (*iatreia*), or public physicians (*archiatri*) were available (Ferngren, 2009, p. 124). In the Greco-Roman Egypt, indeed, many doctors were in private practice and worked in shops or office (*iatreion* or *taberna*), where they treated and then sent home the poorest patients, but the rich were visited by personal physician at their own home (Riva & Giancarlo, 2013, p.1-2).

In contrast with the early Christian hospitals, all those health care facilities in ancient civilization did not give a long-term care for the sick (Ferngren, 2009, p. 138). Whether in the temples of Asclepius where the sick stood for a night, or the physicians' clinics where there was no stay for the sick.

There is another opinion said that the roman infirmaries, called (*valetudinarian*), which were maintained by legions and large slaveholders, have most often been adduced as parallels or precursors. But on contrary, they offered medical aid to a restricted population (soldiers and

slaves) and were never available to the public. Moreover, they were created for economic or military reasons, not as charitable foundations (Ferngren, 2009, p. 124).

Table 1: *Classical health care facilities that were before the fourth century AD.*

Physicians' Clinics and Public Physicians	<ul style="list-style-type: none"> – This facility was hold in a clinic, called an <i>iatreion</i> in Greek and a <i>taberna</i> in Latin, or in the patients' homes. – No beds allowed for their patients in their clinics. (No Inpatient care) – Patients do not get an extended care. – This care was by no means free. – This care was not provided especially to the needy. – There was another type of public physician recorded in Egypt from the first to the fifth century CE. These physicians seem to have functioned exclusively as forensic medical examiners whose testimony was used to determine wrongful death or simply that a death had in fact occurred. These physicians also practiced their facility for a fee.
Slave and Military Infirmaries	<ul style="list-style-type: none"> – Slave and Military Infirmaries are called <i>valetudinaria</i>. – There is no reference to a slave infirmary can be dated later than 80 CE, leaving a significant temporal gap before the rise of hospitals under Constantine. – Military Infirmaries for soldiers were in the site of training or arenas. So, the services of gladiatorial <i>medici</i> were not available to the public. – We know considerably more about military than slave <i>valetudinaria</i>. – Military <i>valetudinaria</i> were no more charitable than slave <i>valetudinaria</i>.
Healing Temples	<ul style="list-style-type: none"> – Those temples were dedicated under the names of the Greek god Asclepius and, to a lesser extent, of the Egyptian goddess Isis. – The healing process was through what is called the incubation. – Temples did not provide extended care. The incubation period was by definition overnight but there was no provision for long term stay. – In fact, no one was allowed to die or give birth within the temple precincts (events that often take place in hospitals of every age) because these processes were ritually polluting. – Healing temples were also not charitable institutions.

Note: Data for this table based on the information that gathered from Crislip's study, and Anderson's study. (Crislip, 2008, p. 120-127; Anderson, 2012, p. 24-31)

Hospitals in byzantine period were distinguished with three characteristics that set them away from other forms of classical health care facilities that mentioned above. Firstly, hospitals offered an inpatient facility, which means that patients came to the hospitals to receive their course of treatment and provided with sleeping quarters and food as long as they might stay. This sets the hospitals apart from physician's clinics that depended on an outpatient basis only. Secondly, hospitals provided professional medical care for its patients, whatever their social ranks. However, military infirmaries also had a highly professional care, they were for restricted rank (soldiers). It also distinguishes hospitals from the ancient hospice, which served only to house the sick and helping them until their death, and from lay home care provided by family or public physicians. Thirdly, hospitals offered its services for free. They were established as public charities to serve those who could not afford proper health care (Crislip, 2008, p. 101-102).

Hospitals in Byzantine Egypt

According to the fore mention characteristics of hospitals in Byzantine period, there is an opinion which calls that the birth of the modern hospitals was in Byzantine period (Miller, 1997). But this opinion is unfair for all the classical civilizations around the Mediterranean (Egyptian, Greek, etc.), in which we found many of health care facilities attached to the temples of gods and goddesses of healing and the public buildings. So that we can say that the idea of presenting health care facilities (Hospitals) did not invent in the byzantine era but it has developed greatly in this period with keep the efforts of ancestors as a base.

But the question now, is: what difference did hospitals make? Hordon answered in very genuine way that the poor had no conceptual place in the urban society in the ancient city, and the establishment of the Christian church by Constantine helped to pave the way for Christian bishops (Lovers of the poor) to usurp the already weakened power of the local lay notables, through a "Christian populism" (Hordon, 2005, p. 361). So, the hospitals highlighted the poor as the defining group in the new Christian representation of the society, and the hospitals contributed to a quiet social revolution in the ancient city, and that the Christian bishops who invented the poor. So, hospitals have been imaged, not altogether fairly, as stairways to heaven (Hordon, 2005, p. 361-365).

Searching about the origins of the byzantine hospitals is one of the greatest difficulties for two reasons, as Timothy Miller said: Firstly, there are many different terms to describe philanthropic institutions in Byzantine sources. Those words such as (*xenon*) or (*nosokomeion*) which came to designate hospitals exclusively might have had more general meaning in the formative stages of byzantine philanthropic institutions (Table 2). So, it is difficult to mention that this institution was hospital unless the passage includes information of the kind of services which the institution offered. Secondly, he said that philanthropic institutions of Latin West were developed far more slowly than in the Byzantine east empire, while he searches about west hospitals (Miller, 1984, p. 53-54).

Before hospitals, Palliative care, which included bathing, anointing and clothing, was offered to Christians and non-Christians alike on a voluntary basis by non-professional lay persons, who later came to include orders of medical attendants or church helpers such as the *spoudaioi* and the *philoponoi*. After the persecution of Christians ceased, a variety of permanent charitable institutions, both 'secular' and 'religious', began to be established, in which care of the sick was provided (Kapsambelis, 2011, p. 31). Ferngren believes that overall these establishments focused on caring rather than on curing. Because Christians sought, however, to fulfill the words of Jesus, "I was sick and you took care of me" (Mt. 25:36). The care of the sick was initially a duty incumbent especially upon deacons and deaconesses, although all Christians were expected to honor Jesus's injunction (Ferngren, 2009, p. 145).

So that, as Crislip claims that the similarities between the monastic health care system and the Late Antique hospitals are too great to ignore, and without a doubt the historical origin of the hospitals lies precisely in the monastic life (Crislip, 2008, p. 138).

Table 2: *Nomenclature of philanthropic institutions in Byzantine sources.*

ENGLISH	GREEK	COPTIC
Hospice	– <i>Xenodocheion / xenona</i> (place for reception of strangers)	– <i>ma mpro</i> (place of the gate)
	– <i>oiketheson ton xenon</i> (guest-house)	
	– <i>xeneon ton lelobemenon</i> (place for crippled strangers)	
Hospital	– <i>Nosokomeion</i> (place for the care of sick)	– <i>ma nnrome etshone</i>

	– <i>katagogion ton nosounton</i>	(place of the sick)
	– <i>oikon tois asthenousin</i>	(house for the sick)
<i>Shelter for the poor</i>	– <i>Ptocheion / ptochotropheion</i>	(place for nurture of the poor)
	– <i>Katagogion ptdchon</i>	(inn for the poor)
<i>Home for the elderly</i>	– <i>Gerokomeion</i>	(place for the care of the elderly)
<i>Maternity hospital</i>	– <i>Lochokomeion</i>	(place for the care of birthing women)
<i>Orphanage</i>	– <i>orphanotropheion</i>	(place for the nurture of orphans)
<i>Foundling hospital</i>	– <i>brephotropheion</i>	(place for the nurture of infants)
<i>Home for widows</i>	– <i>cherotropheion</i>	(place for the care of widows)
<i>Home for the blind</i>	– <i>tuphlokomeion</i>	(place for the care of the blind)

Note: This table based on the terminologies table that stated in Anderson's study. But Anderson informed those classifications in (Greek – Latin – Syriac- Coptic) languages. (Anderson, 2012, table 1.1)

Health and Medical care were incorporated into the vocation of monastics throughout the Eastern Empire. Whenever possible, the monastic infirmaries were staffed by physicians, who were often monks themselves. So, some scholars claim that the hospitals were birthed from the monastics (Kapsambelis, 2011, p.32). Early coenobitic monasteries developed a sophisticated health care system that offering the same level of health care to which a wealthy one can access outside the monastery. So that, "Crislip" claims that the monastic infirmaries considered as (proto-hospital), that treating, feeding, and housing sick monastics (Crislip, 2008, p. 37-38; Kapsambelis, 2011, p. 33).

Miller said that "no sources refer to permanent charitable foundations of any kind before the 4th century of the Christian era" (Miller, 1984, p. 54). Although, the agreement with him about maybe there was no permanent charitable institution before 4th cen., but the logic refused the generalization while he said, "any kind". Because it stopped on what kind of philanthropic services offered.

The first evidence of Christian permanent charitable institutions comes from the East empire. At Antioch Bishop Leontios (344-358) A.D founded several hostels for the poor and the strangers of the city. Moreover, Eustathios, bishop of Sabasteia in Asia Minor (between 357 and 377) founded *phochotropheion* (house for nourish the poor) in his city. But the two institutions did not have any indications that they served the sick people (Miller, 1984, p. 54).

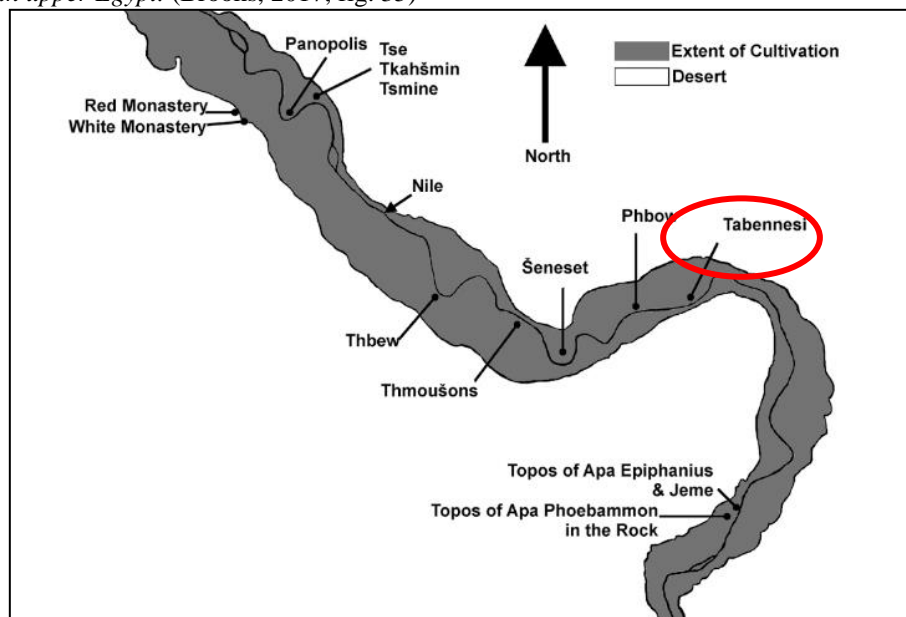
According to Miller, Crislip, and Daphne, Bishop Basil of Caesarea (370-379) was the first who incorporated the monastic health care system into a public hospital for the sick monastics and non-monastics alike, in Cappadocia (Miller, 1984, p. 54; Crislip, 2008, p. 140; Kapsambelis,

2011, p.33). Crislip said that Basil believed that the ideals of monastics had to be engaged with Christian life outside the cloister, theologically, economically, and charitably.

However, Crislip concedes that Basil did not invent the hospital, nor did any of his Arian rivals, nor was the hospital adapted from the temples of Asclepius, military or slave valenudinaria, clinics, or public physicians (Crislip, 2008, p. 140).

Opposing this opinion that Basil was the first one. Because, there is an infirmary in the monastery of Pachomius (AD 323) at *Tabennesi* in Egypt (see: fig. 1) which has been regarded by some scholars as the first hospital, although it was not a public hospital (Kapsambelis, 2011, p.36).

Fig. 1: *The ancient city of (Tabennesi), where the monastery of Pachomius located, and the nearby important Coptic cities in upper Egypt.* (Brooks, 2017, fig. 35)



Crislip points out that the monastic infirmary (such as Pachomius) served as a model which had more development in Basil's hospital (Crislip, 2008, p. 138-140). But Ferngren argues this theory when he said that it does not solve the problem, however, but merely takes the question of origins back one step (Ferngren, 2009, p. 125). Additionally, Ferngren thought that "If we stress the gap that separated the proto-hospitals that preceded the Basileias from the first (fully developed hospital), we court the danger of imposing essentialist definitions on the development of the institution" (Ferngren, 2009, p. 127). Further, he claims that the monastic health care system came from the family care, in another meaning that the monastics consider themselves as a one family and when one of them is sick, he must gain the care as his family provided to him. This was in the coenobium monasteries (Ferngren, 2009, p. 126-127).

Daphne speaks about the organization of late antique hospitals, says that services could have been provided by a single individual – whether layman or monastic – familiar with Hippocratic medicine. As an infirmary in a monastic setting it was subject to the rules governing the monastery, while in an urban setting it came to be placed under the care of *archiatroi* or supervised by *xenodochoi*; while initially entirely under Church administration it gradually came under the umbrella of the Byzantine state. The limited number of *archiatroi*, highly-skilled and trained physicians had already been receiving a public salary, as well as special honors and privileges, since the second century AD (Kapsambelis, 2011, p. 35).

Ferngren concludes that late antiquity hospitals grew out of the monastic movement, which provided much of the personnel to staff medical institutions. In many cases the model of earlier, palliative care of the sick remained the only care available. Over time some hospitals - always a minority - came to employ physicians. Some early Christians entered into medicine in the late fourth century may have been motivated in part by the desire to serve the sick in hospitals. The first hospitals were founded to provide care for the poor. The pattern persisted, and hospitals remained for centuries what they had been intended to be from the beginning, institutions for the indigent while those who could afford a physician's care received it in their homes (Frengren, 2009, p. 130).

Miller points out that byzantine hospitals were firstly appeared in larger cities, especially in commercial cities, where people who had left their homes collected in search of employment. The surviving sources first mention *xenones* for the sick in trading and political centers (Miller, 1984, p. 56). However, the agreement with this opinion, there are some references to hospitals (*nosokomeion*) attached to monasteries and churches in large and small cities in Byzantine Egypt; like monastery of St. Pachomius in nearby Thebes, monastery of St. Jeremias in Saqqara, Hermopolis Magna, Arsinoe (Faiyum), Oxyrhynchus (*el Bahmasa*), and White monastery of St. Shenoute in Sohag. Now we will speak about the hospitals that were in Pachomius' monastery and Shenoute' monastery, through *Pachomius' Rules* and *Shenoute' Canons*, as models of Coenobitic monasteries in Byzantine Egypt.

Hospitals of Pachomius' monasteries

It is tradition that the first Christian cenobitic monasteries were founded and developed by Pachomius at the village of *Tabennesi* (Goehring, 1996, p. 269), around 323 C.E (Chin, 2012, p. 104-105), or at least the earliest cenobitic monasteries that had a detailed rule of organization "*Regula*" (Crislip, 2002, p. 17). Pachomius demonstrated that conditions could be as conducive to spiritual development in a congregation of many people living together in one place, subject to one leader and governed by a common rule (Wipszycka, 2018, p. 189).

Pachomius's writings deal in many situations with sickness and health care for the Pachomian monastics and non-monastics. It is clear in the biographies of Pachomius in *first Greek life* of Pachomius, *Bohairic*, and *Sahidic* (that trans. by Armand Veilleux in *Pachomian Koinonia I*, 1980), and *Pachomian Chronicles* and *Rules* (that trans. by Armand Veilleux in *Pachomian Koinonia II*, 1981), and *Pachomian Instructions* and *letters* (that trans. by Armand Veilleux in *Pachomian Koinonia III*, 1982). Pachomius justifies the care for the sick, as is common in his social teachings, as a necessary fulfillment of the scriptures, at least as Pachomius interprets them. He explains: This [care for the sick] is to fulfill the warning left to us in writing: "*Anyone who does not look after his own relations, especially if they are living with him, is worse than an unbeliever*" (Pach., *Ep.*, 5.2. *Pachomian Koinonia III*, 1982, p. 63).

Crislip mentions that Pachomius's discussion of the sickness and health of monastics must be understood in the context of Pachomius's overriding interest in forming a community built upon mutual respect and mutual support. More specifically, Pachomius intended the monastery to act as a surrogate for the biological family or household, the only reliable source for the necessities of life in antiquity. Although they lived among virtual strangers, monastics were expected to live as a family, providing all the supports that biological kin normally would: food, shelter, clothing, emotional support, and health care. A call to mutual aid undergirds all of Pachomius's writings, and indeed characterizes the memory of him as preserved in his *Lives*. In the other passages in which Pachomius draws attention to the sickness and health of monastics, it is likewise in the broader context of the exhortation to mutual assistance (Crislip, 2005, p. 161).

The First Greek *Life of Pachomius* (*V. Pach. G¹*) among the earliest Pachomian texts, records that the first indication to a monastic hospital while Pachomius built it after establishing the administrative structure of the monastery. The text as following:

"[Pachomius] appointed another house of stewards to give comfort to all the sick brothers with attentive care according to their rules, and over them a housemaster (*oikiakos*) and a second (*deuteros*) in the same way." (*V. Pach. G¹*. 28 = *V. Pach. Bo. 26. Pachomian Koinonia I*, 1980).

Crislip comments that this passage, set in about AD 324, is the earliest known reference to a monastic infirmary — or rather to its nursing staff and administration. Even though this work dates from a period somewhat later than the beginning of Pachomius's career, it shows that at least by the time of his successors Horsiese and Theodore 346-380, because it is difficult to date episodes from the various *Lives of Pachomius* to the time of Pachomius himself since the *Lives* include biographical traditions that developed after the death of Pachomius and historical anachronisms that reflect the period of Pachomius's successors. So, there was an entire unit of monastics and administrative personnel dedicated to the care of the sick according to set procedure: Pachomian memory held that this innovation was due to Pachomius himself (Crislip, 2008, p. 11). Pachomius put some *Rules* to organize the work inside his infirmary of his monastery, for all his monastery monastics and non-monastics, which been as model for the coenobitic monasteries through the next centuries, as following:

Table 3: *Pachomius's Rules which related to his monastery infirmary.*

Rule no.	Text
Pach. <i>Praecepta</i> 40	- If some sickness is alleged, the housemaster shall proceed to the ministers of the sick and receive from them whatever is necessary.
Pach. <i>Praecepta</i> 41	- If one of the ministers is sick himself, he shall not have permission to enter the kitchen or storeroom to get something for himself; but the other ministers shall give him whatever they consider he needs. Nor shall he be permitted to cook for himself what he desires; but the housemasters shall get from the other ministers what they consider he needs.
Pach. <i>Praecepta</i> 42	- Let no one who is not sick enter the infirmary. The one who falls sick shall be led by the master to the refectory for the sick. And is he needs a mantle or a tunic or anything else by way of covering or food, let the master himself get these from the ministers and give them to the sick brother.
Pach. <i>Praecepta</i> 43	- Nor may a sick brother enter the cell of those who are eating and eat what he wants, unless he is led there to eat by the minister in charge of this matter. Nor shall he be permitted to take to his cell any of the things he has received in the infirmary, not even a fruit.
Pach. <i>Praecepta</i> 44	- Those who cook the meals shall themselves serve them in turn.
Pach. <i>Praecepta</i> 45	- Let no one touch wine or broth outside the infirmary.
Pach. <i>Praecepta</i> 47	- No one may dare visit a sick brother without the superior's leave. And except by the order of the housemaster not even a relative or a blood brother shall be authorized to serve him.

Note: Data for this table depended on Pachomius' Precepts, that translated by Armand Veilleux, in Pachomian Koinonia II, 1981.

The infirmary of *Pachomius'* monastery was architecturally distinct and spatially removed from the rest of the monastic buildings. Crislip said that the reason for the separation was out of fear of social disruption rather than of contagion; whatever activities occurred inside the infirmary were to be far from the healthy monastics (Crislip, 2008, p. 12). There is a permission that must take before entering the infirmary. There is no information about the architectural layout of the infirmary; number of rooms, monastics per rooms, beds per monastics, or what special medical facilities were available. But hypothetically, if we take as a rough parallel the military infirmary, with which Pachomius might conceivably have had some contact during his army service before he founded his first monastery, there may have been one bed for every ten to twenty monastics, according to Crislip (Crislip, 2008, p. 11). The only firm information that our sources provide is that the infirmary had its own storeroom, refectory, and kitchen.

Hospitals of Shenoute' White monastery

White monastery was an ascetic community near modern Sohag and Akhmim in upper Egypt. White monastery is part of a large federation (Coquin, et al, 1991). It gains its fame from one of its pioneer leaders, St. *Shenoute the archimandrite* of Atripe 348-465 AD (Timbie, 2015; Emmel, 2005). In 388/89 AD, *Shenoute* inherited an institution that followed the model of the Pachomian communal monasteries of Upper Egypt and established his own unique form of coenobitic monasticism. *Shenoute's* literary corpus is in Sahidic Coptic, with over 3,800 pages preserved. The surviving works, which include treatises, monastic rules, and sermons, are divided into nine volumes of *Canons*, which were addressed to specific monastic communities and contain rules of behavior, and eight volumes of *Discourses*, which are mostly homilies he presented to a combined monastic and lay audience. (Emmel, 1993; 2004)

Shenoute deals with health care and sickness in his writing many times. Also, there are indications of infirmaries which he built one for men and another for women. Unfortunately, there is no archeological evidence of hospitals in White monastery (Grossmann, et al, 2004; 2009; Brooks, et al, 2009; 2011-2012; Davis, 2010). But these indications are significant for explaining the monastery and reconstructing it as a kind of archeology based on literary texts alone (Brooks, 2011-2012, p. 348).

In the infirmary of the White monastery, the sick monks or nuns are attended, respectively, by a professional male or female doctor, who examines, gives prognosis, and prescribes treatment, as following:

"And especially, whichever male applies medication to a woman outside the congregation or applies medication to genital organs of a male in the territory of the congregations or elsewhere, shall be under a curse. As in our (men's) domain so shall it also be for those in the village (the nuns). No female physicians, either, shall function in this way at any time in these congregations. And if a physician among us happens to apply medication to suffering organs of some within these abodes (*topos*), or if a great emergency arises and any physician from among us goes to that place, or outside physicians, they shall be permitted to examine the one of us who is sick, and in that place they shall seek out what ought to happen and what ought to be done, in accordance with our written regulations." (*Shen. Can. 9. Codex FM 186 = FR-BN 130³ f. 26v. Layton, 2014, p. 288-289*)

Additionally, *Shenoute* put a rule for going to doctors in the hospitals as following:

"No persons among us shall go to a doctor to be treated for an invisible internal sickness, in their head, heart, or belly: but only to treat a pustulated swelling, a *deute*, a tooth, an eye, and any external sickness of this kind." (*Shen. Can. 5. Codex XS 386 = GB-BL 3580 f. 40v. and 372bis = SU-MP 294 f. 1r. Layton, p. 192-193*)

Furthermore, *Shenoute* put a system for choosing carefully the nurses who were occupied in the hospitals. He refers to that they must be in God-fearing all the time, having been selected out of many, who are not timid, and who abound in love and zeal, shall be assigned to the infirmary, and they shall not be lazy so as to neglect cleaning their vessels in the infirmary. Whoever are found to have left behind something rotten, or whose vessels for food preparation or for serving people who visit us are dirty, even drinking vessels and any vessel presented to people in the infirmary, shall be removed from appointment to this job (*Shen. Can. 9. Codex YX 58 = EG-CF Copte 177 v. Layton, 2014, p. 230-231, 232-233*).

Also, *Shenoute* mentioned that it is must to occupy a pair of nurses in the infirmary at all times, in shifts, one shift for each, except on the occasion when the sick does not occupy both of them, as following:

"A pair of people shall be assigned to the gatehouse at all times, one shift for each except on the occasion of days when the tasks do not occupy both of them; and a pair for the infirmary, one shift for each, except on the occasion when the sick do not occupy both of them. And likewise, the cooks in the refectory shall work in shifts. And also those in the village (the nuns), too, shall be careful to act according to these words— [all] who are assigned to any job there." (*Shen. Can. 9. Codex YX 58–59 = EG-CF Copte 177v.–178r. Layton, 2014, p. 232-233*)

Responsibilities of nurses in the hospitals of the White monastery rest with the superior, whom the nurses must obey; he or she oversees the diet of the sick (*Shen. Can. 5. Layton, 2014, p. 153*), and issues orders to implement how the illness will be practically treated. Somehow parallel to the authority of the superior is that of a medical committee of somewhat more than a dozen members (*Layton, 2014, p. 56-57*).

Special food and drink and other comforts are available to the sick upon demand, and they must receive it with thanks (*Layton, 2002*). *Shenoute* saw that this is not shameful, but it is a serious and shameful matter when people among us exceed the ordinances that are laid down for us and eat and drink stealthily, whether they are sick or have labored in ascetic practices (*Shen. Can. 5. Layton, 2014, p. 151*). While some of the sick people eat twice a day, the order shall be given to them by the father superior to eat at the hour that he has indicated to the server for him to feed them (*Shen. Can. 9. Layton, 2014, p. 158-159*). Everything of foods for the sick was in the appointed measure, such as the oil or the salt that all the dishes of the sick are needed in the infirmary, as following:

"And if people among us, whether male or female, are sick and need to eat in the infirmary and request a little oil for the brined anchovies or the salted food or the charlock or any dish of this kind, it shall be given to them in the appointed measure, neither pouring it over them beyond the measure nor, again, letting them experience a shortage."

"And also, as for all the dishes that are cooked for the sick, whether green vegetables or gruel or any other dish whatsoever that is cooked in that infirmary, they shall not pour a lot of oil on them beyond the measure, nor again shall they leave them short."

(*Shen. Can. 5*. Codex XS 325-326 = GB-BL Copte 3580 f. 34r. Layton, 2014, p. 162-163)

Also, the wine was in measure for the sick. So, all servers in the infirmary shall do appropriately in whichever measure the father superior commands them to administer to each, according to each kind of sickness, according to *Shenoute* canons (*Shen. Can. 5*. Layton, 2014, p. 165). Sick people stay in the infirmary as long as necessary for reviving their health (*Shen. Can. 9*. Layton, 2014, p. 285).

The permanently disabled monks or nuns; the elderly, the lame, the crippled, and the blind receive compassionate treatment. They are served two meals a day instead of one. They shall all live with one another. They are allowed to keep a more normal diet while others fast in Lent. They have more comfortable cells "furnished as they wish" including a chamber pot. The time that they arrive at early morning prayer is flexible. They may relax the asceticism of a two-day fast (Layton, 2014, p. 55).

According *Shenoute* canons, "if little children who are not yet come of age and are unable to reason fall sick or languish, they shall not leave them alone when they go to the dawn or evening gathering. Rather, someone shall be put in charge of them as they are sleeping in the houses or the infirmary". (*Shen. Can. 9*. Codex DF 184 = IT-NB IB7 f. 39v. Layton, 2014, p. 264-265)

In a citation from "Our Father" or "Our Fathers" in works by St. *Shenoute's* successor *Besa*, there are many rules that related to the hospital of the monastery, such as:

"No person shall go to the infirmary to visit any person without first having made a request or without having been sent—morning, noon, or evening—and especially after they have come from eating or at night. The one who is found there at those hours shall be censured like one who has sinned in a great sin." (Layton, 2014, p. 339)

"No people shall talk in the infirmary while they are sitting and eating or drinking the necessary little drink. But they shall drink it with propriety and the fear of God." (Layton, 2014, p. 339)

These rules have an indication that the hospital of the White monastery played an important role and continued during St. *Shenoute's* successors periods. Additionally, those successors preserved their father's regulations for organizing the community, especially the hospitals of this community. So that, one can say that St. *Shenoute* made the model for the coming centuries and put the regulations for all the Cenobitic monasteries in upper Egypt afterwards.

Conclusion

According to the surviving sources, archeological, literary, and documentary evidences, Byzantine monastic hospitals were independent building from whole the monastery buildings but was inside the enclosure wall. Those hospitals offered healthcare and medical care, food, and shelter for the needy and poor who were around them in the same cities and villages or surrounding ones.

Byzantine hospitals in Egypt highlighted the poor as the defining group in the new Christian representation of the society, and hospitals contributed to a quiet social revolution in the ancient city, and that the Christian bishops who invented the poor. So, hospitals have been imaged, not altogether fairly, as stairways to heaven.

Monastic Hospitals have a private administration system, while each hospital had a manger who, you cannot enter the hospital without his permission, under him there are several administrators, and there is an organization for the physicians of the hospital with their specializations.

Early monastic fathers, like *Pachomius* and *Shenoute*, developed healthcare facilities in Byzantine Egypt, by establishing hospitals inside their monasteries, for serving the sick monastics and the public sometimes, and by putting the regulations that organized these healthcare institutions inside their communities. Indeed, these two monastic fathers' regulations, have been the model for the Coenobitic monasteries in Egypt, during the following centuries.

The hospitals of *Pachomius'* monastery and *Shenoute'* white monastery, were architecturally distinct and spatially removed from the rest of the monastic buildings. The reason for the separation was out of fear of social disruption rather than of contagion; whatever activities occurred inside the infirmary were to be far from the healthy monastics.

There is a permission that must take before entering the infirmary. There is no information about the architectural layout of the infirmaries of *Pachomius* and *Shenoute*; number of rooms, monastics per rooms, beds per monastics, or what special medical facilities were available. But hypothetically, if we take as a rough parallel the military infirmary, with which *Pachomius* might conceivably have had some contact during his army service before he founded his first monastery, there may have been one bed for every ten to twenty monastics. The only firm information that our sources provide is that the infirmary had its own storeroom, refectory, and kitchen.

REFERENCES

- Anderson, M. A. (2012). *Hospitals, Hospices and Shelters for the Poor in Late Antiquity*, (PhD, unpublished), Yale University.
- Błażkiewicz, M. (2014). Healing Dreams at Epidaurus. Analysis and Interpretation of the Epidaurian iamata, *Miscellanea Anthropologica et Sociologica*, 15 (4), 54–69.
- Brooks, D. L. (2005). An Archaeological Mission for the White Monastery, *Coptica* 4, 1-26.
- (2017). *The Monastic Landscape of Late Antique Egypt: an Archaeological Reconstruction*, Cambridge: Cambridge university press.
- , et al. (2011-2012). The White Monastery Federation Project: Survey and Mapping at the Monastery of Apa Shenoute (Dayr al-Anba Shinūda) Sohag 2005-2007, *Dumbarton Oaks Papers*, 65/66, 333-364.
- Chin, C. P. (2012). *Geography and Social Structure of Monasteries: Cultural Diffusion or Convergent Evolution?* (MA degree), San José State University.
- Coquin, R. & Martin, M. & Grossmann P. & Severin, H. G. (1991). Dayr Anba Shinudah, *Coptic Encyclopedia* 3, (ed.) by: Aziz S. Atiya, New York: Macmillan Publishing Company, 761-770.
- Crislip, A. T. (2002). *The Monastic Health Care System and the Development of the Hospital in Late Antiquity*, (PhD), Yale University.
- (2005). Illness and Ascetic Merit: The Moral Signification of Health and Sickness in Early Egyptian Monasticism, *Essays in Honour of Frederik Wisse*, ed. By: Warren Kappeler, *ARC: The Journal of the Faculty of Religious Studies*, 33, Montreal: McGill University, 151-182.
- (2008). *From Monastery to Hospital: Christian Monasticism & the transformation of Health care in Late Antiquity*, 4th (ed.), Ann Arbor: University of Michigan press.
- Davis, S. J. (2010). Archaeology at the White Monastery, 2005–2010, *Coptica* 9, 25-58.
- Emmel, S. (1993). *Shenoute's Literary Corpus. (Volumes I-V)*, (PhD), Yale University.
- (2004). Shenoute's Literary Corpus, *CSCO*, 2 Volumes, Leuven.
- (2005). Shenoute, *Encyclopedia of Religion* 12, 2nd ed., Thomson Gale, 8318-20.
- Ferngren, G. B. (2009). *Medicine & Health Care in Early Christianity*, Baltimore: Johns Hopkins University press.
- (2014). *Medicine and Religion: A Historical Introduction*, Baltimore: Johns Hopkins University press.
- Forshaw, R. (2014). Before Hippocrates: Healing Practices in Ancient Egypt, in: *Medicine, healing and performance*, ed. by Effie Gemi-Iordanou et al, Oxford & Philadelphia: Oxbow books, 25-41.

- Goehring, J. E. (Jul. 1996). Withdrawing from the Desert: Pachomius and the Development of the Village Monasticism in Upper Egypt, *The Harvard Theological Review*, 89 (3), 267-285.
- Grossmann P., et al. (2004). The Excavation in the Monastery of Apa Shenute (Dayr Anba Shinuda) at Suhag, with an Appendix on Documentary Photography at the Monasteries of Anba Shinuda and Anba Bishoi Suhag, *Dumbarton Oaks Papers*, 58, 371-382.
- , et al. (2009). Second Report on the Excavation in the Monastery of Apa Shenute (Dayr Anba Shinuda) at Suhag, in: *Dumbarton Oaks Papers*, 63, 167-219.
- Hordon, P. (winter 2005). the Earliest Hospitals in Byzantium, Western Europe, and Islam, *Journal of interdisciplinary History*, 35 (3): Poverty and Charity: Judaism, Christianity, and Islam, 361-389.
- Kapsambelis, D. (2011). *Invention or Evolution in The Provision of Health Care in Late Antiquity in The Eastern Roman Empire: The Case of The Hospital*, master's thesis, University of Wales.
- Layton, B. (2002). Social Structure and Food Consumption in an early Christian Monastery: the evidence of Shenoute's Canons and the White Monastery Federation A.D. 385–465, *Le Muséon* 115, 25-55.
- (2014). *The Canons of our Fathers: Monastic Rules of Shenoute*, Oxford: Oxford University Press.
- Miller, T. S. (1984). Byzantine Hospitals, *Dumbarton Oaks Papers: Symposium on Byzantine Medicine*, 38, 53-63.
- (1997). *The Birth of the Hospitals in the Byzantine Empire*, (2nd ed.), Baltimore: Johns Hopkins University Press.
- Pachomian Koinonia I: The Life of Saint Pachomius and his Disciples*. (1980). trans. with intro. by Armand Veilleux, Cistercian Studies Series 45, Kalamazoo & Michigan: Cistercian Publications Inc.
- Pachomian Koinonia II: Pachomian Chronicles and Rules*. (1981). trans. with intro. by Armand Veilleux, Cistercian Studies Series 46, Kalamazoo & Michigan: Cistercian Publications Inc.
- Pachomian Koinonia III: Instructions, Letters, and Other Writings of saint Pachomius and his disciples*. (1982). trans. with intro. by Armand Veilleux, Cistercian Studies Series 47, Kalamazoo & Michigan: Cistercian Publications Inc.
- Riva, M. A. & Giancarlo, C. (2013). The Charity and the Care: the Origin and the Evolution of Hospitals", *European Journal of Internal Medicine*, 24.
- Van der Ploeg, G. (2018). *The Impact of the Roman Empire on the Cult of Asclepius*, Leiden & Boston: Brill.
- Telea, M. (Sep. 2012). Medical care in Byzantium from Mission to Devotion, *European Journal of Science and Theology*, 8 (2), 151-162.

Timbie, J. (2015). Shenoute of Atripe, *The Wiley Blackwell companion to patristics*, ed. by Ken Parry, 184-196.

Wipszycka, E. (2018). The Second Gift of the Nile: Monks and Monasteries in Late Antique Egypt, *JJP: Journal of Juristic Papyrology*, 33, Warsaw.