

# Monastic Medicine: A Unique Dualism Between Natural Science and Spiritual Healing

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**I**n the early Middle Ages, the excessive prevalence of illness and disease guided the practice and development of medical care. As a result of poor living conditions and the technical inadequacies of medieval medicine, disease was a constant menace in Europe and often controlled people's daily lives. In response to illness in general and to large-scale epidemics of dreaded diseases such as plague, leprosy, and influenza in particular, individuals and societies began searching for new, more effective means of medical practice. In this context, medicine expanded into a large and important occupation and encompassed a variety of professional and folk practices, ranging from natural, physical-based medicine to religious medicine, magical medicine, and herbalism [1].

*One of the most important medical developments of this time was the introduction of medieval monastic hospitals, which arose as a source of medical care in the early Middle Ages. Monastic health care was a result of the work of well-educated monks with access to*

historical documents containing medical information and with a calling to serve God by helping people [2]. Between 500 and 1050, monastic hospitals served as centers of hospitality in medieval society, offering treatment to monks, pilgrims, paupers, and even nobility. Although the monks, being primary care givers, often focused on natural, physical-based medical practices, including well-respected techniques such as general cleanliness in providing care for the sick, bloodletting, and herbalism, their physical treatments appear to have been of mixed and nonessential value. As demonstrated in monastery design and historical church records, a unique feature of the monastic medical system was its use of these physical treatments as a manifestation or extension of spiritual or religious rather than natural knowledge-based medicine.

Monastic medical practice acknowledged that natural causes lead to illness and disease, and monks commonly performed natural, physical treatments on patients. The design and function of monastic hospitals, however, shows that this natural healing was incorporated in a complex doctrine that emphasized the importance of the spiritual element in healthcare. Monastic natural or physical medical care remained subordinate to the practice of religious medicine. Monks focused on treating a patient's soul, in addition to his body, believing that God had ultimate authority in one's health and recovery.

An excellent example of this arrangement is the design of The Plan of St. Gall, a historical document that provides an ideal example of both the architecture and life of a monastic hospital. Although the plan was never used for a specific site, it was intended to assist Abbot Gozbert of St. Gall in the reconstruction of his monastery in 820, by explaining "what buildings [and ways of life] an exemplary Carolingian monastery should be composed of and in what manner they should be arranged"[3]. The plan reveals the importance of both the spiritual and physical treatment of illness in monastic medicine. In addition, it clearly delineates the derivation of monastic hospitals as extensions of almshouses and hospitality centers for pilgrims and paupers.

The health care in St. Gall was governed by the Rule of St. Benedict, a document that presents a code of rules for monastic living. With regard to the welfare of the sick and the way in which monks cared for the sick, Benedict explains: "Before others and above all, special care must be taken of the ill so they may be looked after, as Christ . . . The sick must remember they are being taken care of for the honor of God" and Christ himself [4]. In a Benedictine monastery, healthcare to monks was expected to

emulate the treatment of Jesus Christ. Although St. Benedict does not comment on the actual methods of treatment, he focuses on the spiritual aspect of medicine through biblical allusions. As a result, the monastery of St. Gall serves as a striking example of the predominance in monastic medicine of spiritual medicine over natural, physical healing.

The physical medical practices of the monks of St. Gall all can, in some fairly direct manner, be related to spiritual medicine. Cleanliness and diet were, for example, specific allowances to be applied in dealing with illness. The ill monks "are allowed to take baths, as often as their condition required and, in contradistinction to the healthy monks . . . the sick are allowed to eat meat when they are very weak" [5]. By achieving cleanliness and eating well, the monks often regained physical strength and were able to rejoin normal monastic activities, at which time diet and bathing would return to a normal, limited schedule. Even the allowance of bathing for sick monks, a typical physical practice of secular medicine, descends from the spiritual rule of St. Benedict: "Let the use of baths be afforded to the sick as often as may be expedient, but to the healthy, and especially to the young, let them be granted seldom" [6]. The cleanliness that arrived with frequent bathing most likely contributed to recovery of sick monks through elimination of bacteria and infection.

An important aspect of the monastery plan was inclusion of the medicinal herb garden, which "furnished the physician with the pharmaceutical products needed for his cures" [7]. Cultivation of this garden was a chief duty of physicians and an expected feature of monks' daily lives. Physicians "made medicines and prescribed courses of treatment" based on both empirical and theoretical bases of herbalism [8]. Specifically, plants served as natural remedies, with specific principles of action which were to cure patients. As a result of empirical observation and education, physicians and experienced herbalists confidently prepared and administered "a large number of plant species whose names, properties, and uses were common knowledge" [9]. In addition, physicians relied on medieval medical texts for theoretical explanations of the efficacy of herbs, based on Galen's theory of four humors, as well as alternative explanations such as theories of magic and astrology. Specifically, Galen's universally accepted theory explained that the human body was composed of and theoretically analyzable into four humors: blood, phlegm, black bile, and yellow bile. Health was "defined as the perfect equilibrium of . . . the four humors. Disease was defined as an imbalance or poor mixture" of the four humors [10]. Certain

herbs were considered to have “humoralistic compositions,” which would theoretically cure illness by restoring proper humoral balance [11]. However, underlying the scholastic and empirical basis of herb use, monastic medicine maintained a spiritual base for its practice. Monks believed that the divine origin of herbs remained a primary reason for their healing powers: “A dependence on the power of herbs . . . without reference to their Creator [God] was regarded as improper for a Christian” [12]. Because God “causes herbs to grow,” their medical utility is fundamentally spiritual [13]. In addition, many plants were used by monks and Christians in general in sacred rituals and ceremonies. They often had “well-known symbolic association” and appealed to spiritual bases, as well as physical effects in medical care [14].

Monastic medicine also relied heavily on bloodletting and phlebotomy to both cure the sick by removing excess humors from a patient’s body, as well as in a preventative measure to “cleanse the body of old blood in danger of being corrupted by disease and thus to restore vitality” [15]. While this was clearly a physical practice, the broad monastic view was that this provided cleansing of the body and the ability for the patient to return to a more spiritual state [16]. This spiritual view is visible in monastic portrayals of bloodletting procedures: A physician is often shown “bleeding a patient under the interested gaze of a large kingfisher” [17]. This bird symbolized a resurrected Christ, thus adding a spiritual aspect to the medical care. The religious motif signifies “hope of the patient for restored health,” which was ultimately dependent on God [18].

Monastic medicine, typified by St Gall, involved a wide variety of natural medical practices that commonly demonstrated scientific knowledge and reasoning by monks: “The illness displayed by a sick monk was checked through an examination of pulse, urine, stool, and blood to determine the trouble and formulate a prognosis” [19]. Although this physical, natural medicine often proved successful in curing monk’s ailments, monastic medicine was not based on a purely secular framework but largely framed in terms of how these physical or natural remedies served as expressions or tools for spiritual healing.

The architectural design of the monastic infirmaries confirms that a spiritual element of health care constantly existed amidst natural medicine. Buildings were designed so that ill monks would remain in touch with God. The novitiate where new monks were trained and the infirmary of St. Gall

shared a building complex in the monastery. The importance of spiritualism in the infirmary is demonstrated by the inclusion of a “chapel for the sick” in which ill monks were able to continue daily prayer [20]. In addition, the meals in the infirmary were accompanied by scriptural readings as in the main refectory, and the infirmary had its “own oratory so that the sick could attend mass. If they were too weak to be taken into the oratory, the office was read to them in the sick ward” [21]. Despite illness and medical treatment, each monk was expected to maintain religious duty, mostly because it was thought that spiritual healing was the way for curing illnesses.

The monastic infirmary of St. Gall consisted of a warming room, a dormitory, a supply room, and a refectory, and it was reserved for ill and aging monks in the monastery. Lay people were accommodated in a separate house for pilgrims and paupers, which often served as a shelter for itinerant, poverty-stricken people of villages surrounding the monastery. The fact that these two groups were not included in one large building complex is specified by “monastic custom,” as well as the rule of St. Benedict [22], and it indicates that monks should be separate because of a different degree of possibility for spiritual healing. Whereas lay people often received physical medical care and were in part cared for out of monastic’s responsibility for hospitality, monks were cared for primarily to nurture their spirit in hope of the Lord’s cure: “For ‘superior Christians’ [monks] . . . medicine is of significantly less importance than reliance on God for healing” [23]. In addition, physicians did not have a place in the monk’s infirmary [24]. This setup again indicates that because God was always present, the medical care taker may live elsewhere. These living arrangements emphasize the dominant role of spirituality in monastic medicine in the early Middle Ages; the presence of God remained more significant than nursing or medical care.

Similarly, the overall location of houses for medical care in relation to the design of the entire monastery resulted from monastic rule. In the plan of St. Gall, all medical facilities, including the monks’ infirmary, a house of the physicians, a medicinal herb garden, and a house for bloodletting, were grouped together in the northeast corner of the monastery [25]. Buildings were located in certain areas, because of religious requirements. For example, the monastic church was adjacent to the dormitory of the monks as a result of the monks’ required recitations of the holy office. The placement of the medical facilities resulted from the abbot’s “religious duty to

live in close conjunction with the sick, as the rule of St. Benedict required him to do” [26]. Monastic rule required the abbot to “ensure the sick are never neglected,” and therefore, the abbot lived closely to the sick, serving as a link between sick and well monks [27]. This building layout originated from spiritual requirements, and it also contributed to physical, secular medicine by isolating “patients with communicable diseases” [28]. The idea of isolating contagious patients originated from spiritual medicine rather than presumed natural explanations and serves as example of the guiding force of spiritual medicine over natural, secular practices.

The architectural basis of spiritual medicine is a visible characteristic throughout other examples of religious medicine and can be identified both preceding and following the monastic movements in the early Middle Ages. As early as the fifth century B.C., Greek civilization had well established a “temple culture,” in which citizens would be able to interact with Gods who “protected all human activities and provided for particular needs, including health” [29]. Specifically, communal worship of Asclepius, a deity considered to be a powerful healer in the Greek tradition, arose in temples in an effort to end numerous epidemics and individual illnesses. These temples, called Greek Asklepieia, serve as examples of the origination of a wholly spiritual medicine: “It was widely accepted that because the medical art dealt with changes of a divine nature, it was similarly a gift of the gods” [30]. In fact, the Asklepieia carry spiritual medicine to the furthest extreme. Priests oversaw medical care, and because treatments were entirely spiritual, the ill patients themselves were not even required to be present at the healing temple: “Some ‘patients’ were simply stand-ins for others at home too ill to undertake the pilgrimage” [31]. This absolute form of spiritual medicine, which often derived treatment from patient’s dreams and contrasted accepted medical convictions, utilized the same architectural patterns as St. Gall with respect to association of a church with the hospital ward area: In Greek Asklepieia, “patients could see the temple through the portico from their beds,” just as monastic infirmaries included chapels for the sick [32]. This visible characteristic and similarity with Greek Asklepieia further supports the idea that monastic medicine placed ultimate authority on spiritual healing.

In addition to this spiritual link with the past Greek practice of including temples in hospital design, monastic infirmaries show architectural resemblance to cathedral hospitals that followed them in the thirteenth and fourteenth centuries. Although

these cathedral hospitals reflected a more sophisticated design with their increasing interest in privacy (by partitioning patient wards into small rooms), they maintained a sense of spiritualism in their layout. In particular, these hospitals were identical to both Greek and monastic predecessors in the incorporation of a chapel for the sick: “A chapel was . . . a prominent part of the buildings, reflecting the importance of worship in hospital life. It could be large and impressive, as big as a parish church” [33]. St. Mary Chichester, an English cathedral hospital, serves as an ideal architectural example in which the infirmary is built on an east-west axis with the chapel at its east end, resembling the nave or chancel of a parish church. Similar to practices in monastic infirmaries, the chapel “enabled the sick in their beds to be close to the worship and gain the healing which services, especially the mass, were believed to provide” [34].

While the Greek Asklepieia relied solely on spiritual medicine and the late Middle Ages cathedral hospitals incorporated both natural and spiritual practices in a delicate balance, the monastic hospitals clearly represented a transitory phase in which the authority of God over medicine was unquestioned but still supplemented by physical treatments.

The history of the monastic rule of St. Gall offers further evidence that medical care evolved as a spiritual phenomenon which was ultimately in the hands of God, not religious or lay health care providers or natural therapies [35]. In a book written for the instruction of medicine to monks around 551, Cassiodorus the Senator emphasizes that the ultimate result of illness, recovery or death, is the concern of God: “Learn, therefore, the properties of herbs and perform the compounding of drugs punctiliously; but do not place your hope in herbs and do not trust health to human counsels. For although the art of medicine be found to be established by the Lord, he who without doubt grants life to men, makes them sound” [36]. Cassiodorus’ teachings support the idea that natural medicine was viewed as subordinate to spiritual healing. Although natural medicine has positive results in health care, it is a materialistic teaching of the Lord. Monks were permitted and encouraged to practice natural medicine, but only with the knowledge that the Lord created it and ultimately reigns over a patient’s health and survival.

Because the spiritual aspects and ultimate divine control over patient outcomes were well accepted in the early Middle Ages, the question arises of why the monks even attempted natural, physical treatments. Educated monks continuously studied a wide variety of subjects, including medicine. But if they believed that illness had ultimately supernatu

ral causes, why was natural medicine pursued and how did it develop out of spiritualism? The simple answer is that monks believed that natural medicine had spiritual bases [37]. The rationales for the use of physical medicine and natural therapies within monasteries can be identified primarily from the historical records of the early church fathers, including Clement of Alexandria, John Chrysostom, Augustine, and Basil. Because of the church fathers' promotion of natural medicine as a consequence of spiritualism, Christianity and monasticism accepted it as a common and useful practice.

The basic spiritual principle which instructed monks to practice natural medicine was that "the material world was created by God for man's use" [38]. Natural and physical forms of medical care were created by God, in order to assist humanity in coping with and curing illnesses. Although these practices treat the body and not the soul, they remain fundamentally spiritual because of their divine origin. In their writings, the church fathers focused on this divine origin, explaining that the efficacy of natural treatments stems from God's will behind their use. Clement of Alexandria explains that medicine in general, including natural principles, was fundamentally spiritual, having creation initiated by God: "Health obtained through medicine is one of these things that has its origin and existence as a consequence of divine Providence as well as human cooperation" [39]. This divinity of natural medicine is supported by other church fathers. John Chrysostom specifies that "God gave physicians and medicine" [40]. Augustine attributes the healing properties of medicine to God:

*For as the medicines which men apply to the bodies of their fellow-men are of no avail except God gives them virtue (who can heal without their aid, though they can not without His), and yet they are applied; and if it be done from a sense of duty, it is esteemed a work of mercy or benevolence; so the aids of teaching [medicine], applied through the instrumentality of man, are of advantage to the soul only when God works to make them of advantage. [41]*

In effect, the natural therapies of medicine only work with God's will. God is capable of healing patients through spiritual medicine without the help of natural medicine and physicians, but the physicians have no utility without the assistance of God. The early church fathers answered the difficult question of why monks practiced natural medicine, despite their unquestionable belief that ultimate authority rested in God. Simply, all cures, both spiritual and physical, were a gift of God. Monks utilized spiritual

and natural medicines, but their ultimate concern never leaves the commitment to God and spiritualism. Because the efficacy of natural medicine comes directly from God, to resort to it without first praying to and trusting in God would be useless.

In addition to the writings of the church fathers, the monks' spiritual treatment of disease stems from the important idea that God creates illness as punishment for sins. The monks believed that "pain, disease, and other such trials often were sent for admonition, for correction of the past, and to make one mindful for the future" [42]. Prayer and good behavior served as a way to ward off illness. However, the monks viewed sickness not as a punishment, but as a way to become closer to God. Disease and sickness was "sent or permitted for his [a Christian's] ultimate good by a God who loves him and will cause all things to work together for his good" [43]. In this viewpoint, monks used spiritual medicine as a way to improve their relationships with God and refresh their souls, having confidence that any suffering was necessary by God's plans [44]. As exemplified by St. Gall and the Greek Asklepieia, patients in monastic hospitals were kept in close contact with chapels and continued to attend religious services, continuously praying for a cure and in many cases, repentance of sins.

In addition, monastic rules and ways of life reflected the teachings of the early church fathers, by requiring both spiritual and natural medical practice. Monastic rules were based on church doctrines and historical documents and were required by the church and presumably by God. For example, Basil's *The Long Rules* presents a standard for the lifestyles of monks, including the expected approach to medical care:

*To place the hope of one's health in the hands of the doctor is the act of an irrational animal . . . Yet, to reject entirely the benefits to be derived from this art is the sign of pettish nature . . . We should neither repudiate this art altogether nor does it behoove us to repose all our confidence in it . . . When reason allows, we call in the doctor; but we do not leave off hoping in God. [45]*

Basil instructed monks in monasteries and hospitals to utilize both spiritual and natural medicine. He specifies that God had ultimate control in recovery from illness, but also that natural medical practices should not be ignored. Basil supports the complementarities of spiritual and natural medicines, encouraging monks to practice both.

The medical marketplace of the Middle



Ages, from about 500 to 1300, involved a wide variety of professional and semi-professional groups. Medical practitioners included academically trained physicians, surgeons, barber surgeons, religious leaders, and herbalists, among others [46]. In this diverse environment, monastic medicine and hospitals maintained a large following by lay people, in addition to functioning for the spiritual medical care of monks: “The number of these hospitals [which were under supervision of religious orders] at their maximum . . . was surprisingly large, and they were ubiquitous in the populated parts of the country” [47]. In addition to their expansive numbers, monastic practices were considered among the most successful forms of medical care in the Middle Ages. For example, the English royal family, who “could always command the most reputable medical service available,” commonly sought the aid of monks and abbots when ill [48]. In general, monastic medicine’s balance between spiritual and natural care was appealing to both lay and religious people who desired physical comfort and spiritual refreshment.

Toward the end of the Middle Ages, monastic medicine and hospitals declined from their peak of success. By the end of the thirteenth century, both the total number of monastic hospitals and monk physicians declined dramatically, partly as a result of church imposed doctrines [49,50]. Fundamental church teachings accepted the practice of natural, physical medicine within monasteries, along with and under the control of God and spiritual medicine. However, when monks began to leave their monasteries to practice natural medicine for temporal gain, church leaders grew skeptical of its use:

*The official attitude of the church toward the practice of medicine by its clergy became increasingly hostile in the late middle ages. . . . From the early formative days of Christian dogma the church had looked with suspicion on the pagan origins of [physical and natural] medicine. . . . Nevertheless . . . it was not possible for clergymen to avoid interest in medical matters. Since they were the sole possessors of the skills necessary to interpret and use the medical work of the ancients, they could not escape their role in medical development. The lure of profit was another thing; many clergymen could not resist the chance for material gain. [51]*

Because of monks’ use of natural medicine for profit, the church began to question all facets of this type of care, examining its malpractice and inconsistencies with early church teachings and monastic rules. Church leaders questioned the pagan origins of nat-

ural medicine, which may have conflicted with the divine origin and purpose explained by the church fathers. Furthermore, they examined the reasoning behind monks’ practice of natural medicine. Many monks turned toward the profit of natural, secular medicine, while others studied and propagated only natural and not spiritual ideas. Generally, the church accepted physical and natural therapies, if monks practiced them as a materialistic form of spiritualism directly given and guided by God. When monks began to focus solely on natural medicine as a secular vocation, however, the church restricted natural medical practices “as part of the movement to reform the monastic orders and recall them to their original spiritual mission,” mainly by limiting the medical role of the clergy [52].

Initially, in order to prevent the monks’ practice of medicine from having professional and secular purposes, the church issued an injunction in the Clermont Council of 1130, which forbid the “study of . . . medicine ‘for the purpose of temporal gain’” [53]. This ruling had the intent of prohibiting monks and clergy from practicing medicine “for professional purposes,” but “there was no inveighing against incidental and private study and practice” [54]. Subsequently, the church more stringently outlawed the practice of professional or secular medicine by monks in the Council of Tours in 1163; with this edict, monks were no longer permitted to leave their cloisters for more than two months at a time and according to some interpretations, were absolutely prohibited from “the practice as well as the teaching of [any form of] medicine [55]. Other readings of the Council of Tours concluded that neither the study nor the practice of medicine by monks was prohibited. Instead, it is thought that like previous documents, the council reacted against only the pursuit of natural medicine as a for-profit profession [56,57]. It is important to note that the works of medieval canon law governing the involvement of monks and clergy in medicine are often unclear and have been interpreted in different ways. Secondary literature often contains “inaccuracy and confusion” on the topic, with frequently conflicting conclusions [58]. In an effort to clear up misconceptions, Historian Darrel Amundsen’s examination of primary documents leads to the conclusion that “the prohibitions [against monks’ practice of medicine] were not nearly as restrictive as they usually appear in the secondary literature” [59]. At the same time, however, Amundsen points out that “knowledge of the law does not equal knowledge of its interpretation and application . . . [two areas in which] considerable work remains to be done” [60]. Although his readings of primary

church documents did not find any direct statements in which the church forbade the practice of medicine by monks, it is difficult to determine how the church edicts were followed in the Middle Ages. Because of the large number of secondary sources citing a direct outlaw of natural medicine by the church [61], it seems that the primary source documents analyzed by Amundsen may have been applied as a stringent prohibition of monks' medical practice, despite their wording to a different effect. Despite the differences in interpretation of canonical law, it is clear that interdictions of the church contributed significantly to the visible decline of monastic medicine, as well as its eventual disappearance and subordination to physical, secular medical care in Renaissance and modern times. With regard to the role of spiritualism in monastic medicine, the change from a widely followed medical art to a disappearing practice offers proof that church officials, including many monks, believed spiritual factors should always control natural medicine. Church fathers taught that spiritual practices alone were enough to cure illness and that natural care should be purely complementary and subordinate. At the time when spiritualism began to lose its dominance in monastic medical practice as a result of monks increasing practice of natural medicine as a secular profession, the church took steps to discourage and possibly even forbid natural practice entirely.

The monastic medical system represented a transitional period in the history of medicine during which natural, physical medicine and principles of spiritual healing uniquely coexisted. The ability to practice physical medicine in this religious context was based on the subordination of this practice to the predominant realm of spiritual belief and was fostered by the doctrine that the effectiveness of physical medicine was possible only because of this spiritual link and the religious base for physical treatments. Although this relationship represented a phenomenon particularly characteristic of monastic Christianity, it followed quite naturally earlier Greek practices with a similar health-religious link and led to cathedral based medical practices with residual elements of this link. When the physical practice of medicine became increasingly secular and monks began to practice natural medicine as a for-profit profession, the threat to monks' vows of poverty and obedience and to what were viewed within the monastic system as the fundamental and predominant spiritual elements of healing became too great for the monastic system of medicine to be sustained. As a result, the unique role of this monastic medical practice ended due to deliberate institutional changes in policy. It

is an ironic legacy of this important movement that today, many health care providers recognize a mind-body connection and that the role of spiritual healing, although certainly not generally considered a predominant practice objective, remains an important element intertwined with success in modern medical care.

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