
MEDICAL CARE IN BYZANTIUM FROM MISSION TO DEVOTION

Marius Telea*

'1 Decembrie 1918' University of Alba Iulia, 5 Gabriel Bethlen Str., 510009, Alba Iulia, Romania

(Received 20 May 2012, revised 31 August 2012)

Abstract

As successor of Christ, the Church not only is in Christ's service as a whole, but it is the Body of Jesus Christ who serves the world and its most important needs, being animated by the mission of its Head. The Church not only fulfils its mission as a factor overlapping human society but it fulfils it by being within this society and by working for its members. Even if the Saviour said His Kingdom is not of this world (John 18.36), pointing to its divine origin, His Church is active in this world and for the people that live in it.

In the context of these highly complex social states: sufferings, shortages, injustices, etc., contemporary man most definitely needs a multilateral mission from its neighbours. Nowadays, Christianity needs an all-embracing love, a proper organization of how this love is used and a unity between Christians in order for such large-scale action to take place.

Strong evidences indicate that the direct ancestors to the modern hospitals originated in the Eastern provinces of the Roman Empire in the fourth century A.D. From there they were imported into the Latin West in two waves, first, early in the fifth century to Italy and Gaul, and then again in the twelfth century when they were reintroduced by the Crusaders into Western Europe, where they finally developed into the hospitals of today. The Byzantine hospitals, therefore, were the first institutions known to offer care to the sick and, in addition, according to some, were the models for the hospitals that eventually developed in the Islamic world and in the Latin West. There is no doubt that the concept of the modern hospital originated with the early Byzantine hospitals.

Keywords: hospital, charity, medical care, nosokomeion, Basiliad

1. Introduction

We are living in a pluralist, secularized, and mercantile society in which each individual follows his own interest, and most of the times he tries to solve his problems through his own means. That is why, through its characteristic position and its means, based on its ontological mission to serve one's neighbour and on its unique experience, the Church is called to an active involvement in finding solutions for individuals' and societies' problems, especially at a

* E-mail: marius_telea66@yahoo.com

community level. For every state and society, the reality of poverty, of human suffering, and of all other human needs has always been the problems requiring a solution. Modern societies have created a network of social work structures and institutions based on modern social ethics and on functional relationships. To these the Church has added Christian love and mercy by being active in this respect through its own system of social intervention.

Even if charity may be inborn in all men, it was only with the advent of Christianity that, in the Greco-Roman world, it was emphasized to the point that it came to be considered a paramount duty of every believer to practice it [1]. Among the members of the Church, in the main cities of the Empire some deacons were charged with the distribution of alms [2]. By 250 A.D., the Church had, in Rome, an organization to distribute aid to the poor, while elsewhere wealthy Christians reserved a room in their house to provide food and shelter for those in need [3].

During the Byzantine epoch, the charities organized by the Church for the sick, the poor, the elderly citizens, etc., were famous. These were built around the Church and had a priest as counsellor. Most of them functioned inside the monasteries; however, it must be underscored that all institutions of the Church involved in social work were supported from public contributions. Out of their impressive list we will only mention the categories into which they were divided and a few examples of the most respected ones [4]. A scholar in the field of medical history said that the hospitals (*nosokomeion*) “were in every respect perfect and almost similar with the same type of institution existing today ... Those were the first fully equipped European hospitals” [5]. The Byzantine hospitals treated all illnesses, including leprosy. The documents of those days mention many fundraising events in favour of the lepers that were organized by the Christians [Saint John the Chrysostom, *In Psalmo* 48, P.G. 55, col. 515; Saint Gregory of Nyssa, *De Pauperibus Amandis*, P.G. 46, col. 345; Asterius of Amasea, *Homily* 4, P.G. 40, col. 224 AB].

The ‘xenones’ (*hospices*) or ‘xenodochiums’ were houses built for strangers, for pilgrims, and for travellers. The researchers say that the ‘nosokomeions’ and ‘xenones’ were not very different one from the other, because both of these institutions provided care for the sick. Most likely, they also provided shelter for the poor and the ill [6].

Before the mass conversions that followed Constantine the Great (306-337), the number of Christians requiring economic assistance remained low enough that the bishop and his deacons could carry out the distribution of necessary goods within the traditional framework of the congregation. There was no need for a specialized institution. As the numbers of poor increased, however, the collections at services were no longer sufficient, and permanent institutions to provide food and shelter on a daily basis became necessary. Such hostels were first created in the Eastern part of Empire and were usually called ‘xenodocheia’ or ‘xenones’ (from the word ‘xenos’, which means ‘stranger’, or ‘guest’: In the Byzantine world, the terms ‘xenodocheion’, ‘xenon’, or later ‘nosokomeion’,

were used interchangeably, depending on the time and circumstances and later came to designate hospitals exclusively) [7, 8].

By the reign of Julian the Apostate (361-363), Christian communities throughout the East had established 'xenodocheia' (also called, less frequently, 'katagogia-lodges') to house and feed the poor [7, p. 73]. This undoubtedly appealed to the more compassionate among the pagans, because the emperor Julian himself, apostate that he was, appealed (unsuccessfully) to these fellow-pagans in 362 to imitate the Jews and the Christians in their charity [3, p. 79].

It would appear, therefore, that when Christianity became the official religion of the Roman state, hostels, which were the embryos of what later we would call hospitals [8], came into existence in the Christian world.

Throughout the history of the Church there have been numerous charitable institutions: the 'brefotrophiums' or the day-care centres for children, the 'orphanotrophiums' or the residences for orphans, the 'partenaghegeios' or the asylums for virgins, the 'gerontocomiums' or the asylums for the elderly, the 'ghirocomeas' or the asylums for widows, the 'nosokomeions' or the hospitals, the 'ptochtrophy' or the asylums for the poor, and the 'xenodochiums' or the guest houses for pilgrims. (We define hospital as an institution for the medical care of the sick and wounded and not as an asylum for the destitute, infirm, or aged or as a hostel for the reception of pilgrims, travellers, and strangers.)

All these institutions looked for support from powerful groups within the society of the Eastern Roman Empire. For centuries, emperors, public officials and private philanthropists, the Church bishops, the monastic leaders, the lay aristocrats, and the doctors thought about creating institutions for the ill that could insure housing, medical care, and the doctor's experience both for men and for women [9].

2. Sickness and Health in Byzantium

The concepts of sickness and sick person that Christianity and the Holy Fathers brought into a world in which the sick one had not awakened any interest for that society was revolutionizing. In the primitive society, the sick were not in the sphere of interest of the members of the community. After researching the causes of the illnesses, people concluded that the unseen spirits are at the origin of all illnesses. In this context, the wizard appears as an intercessor that also has healing abilities. At the other end of how illness is perceived, we have the Semitic peoples who did not consider the ill man to be the innocent victim of the invisible spirits, but, on the contrary, they considered that person to be a sinner who brought upon himself the divine wrath for the sins he had committed [10].

The healthy person was the ideal citizen's prototype in ancient Greece, while the incurable sick person was considered abject, because society could not be based on disabled people. Christianity eludes human barriers that are based on people's state of health. Christianity brought about freedom, hope, and salvation's new insight into the ancient world, which had been based on

injustice, exploitation, and slavery, completely destroying their compassionless attitude towards the ill [10].

For the Christians, the medical act, the interpretation, the identification of the biological and spiritual causes, the determination of the disease's evolution and prognosis, the prophylaxis and treatment thereof are done in the Church based on dogma and Christian morals. Christ is the absolute Healer without Whom cure is not possible.

The Church and the hospital are two complementary spaces in the human being's health. Christ's commandments start from the existence of a man's illness and aim towards his healing. The doctor's prescriptions are not some legally qualified formulas; they also begin from the person's illness and aim towards his healing [11].

The hospital is the most appropriate place in which one can perceive God's love from the community's perspective. The sick person serves God through patience and obedience, the doctor through his commitment, and the priest through his ministration. From ancient times, very well-established lines were created in regard to the paradigm of the disease and the space associated with its treatment. Sickness had always been seen as an accident in man's life, and that is the reason for which the preoccupation for understanding its causes and for the respectful nursing of the sick has taken different aspects, culminating with the organization of special social spaces and social human categories – the doctors – that were placed in the service of the ill.

The generous idea of philanthropy and the hospitalization of those that are ill and suffering had been known from antiquity. (At the beginning, in the vision of the Fathers of the second century, the term *philantropia* referred to the love of God for man. Starting with the third century, it designated the mutual help people offered one another. In time, the word *agape* (*caritas*) was replaced by *philantropia* (φιλανθρωπία). It culminated in the fifth century when it received a deep Christological meaning [12].) Despite this noble ideative approach, peoples with a highly developed civilization, such as the Egyptians and the Babylonians, did not have either state or private hospitals.

In ancient Greece, the citizens of the great cities were encouraged to donate money that was used in public purposes to take care of the poor, thus institutionalizing the term of 'philanthropy'.

The foundation of the hospital as an institution that helps those in need who do not have financial means was initiated later. We find its early beginnings during the period that followed the spread of Christianity throughout the world. We learn about the chief principle of the Christian doctrine from the dialogue between the Saviour and the young man who asked Him which the greatest commandment in the Law was. This principle is the love of God and of one's neighbour, a clear sign that individual salvation is conditioned by the love for other human beings [13].

3. Byzantine Hospitals

The first versions of a hospital appeared in fourth-century Byzantium when the church itself took the initiative of hiring professional doctors, of organizing their practices, and of paying them. Using Byzantine medical texts, imperial laws, monastic rules, saints' lives, narrative histories, poems, and sermons of that era, Timothy S. Miller reconstructed the way in which the Byzantine hospitals functioned. The evidence gathered from these sources proves that the Byzantine hospitals (*xenones*) started to focus exclusively on the care and the healing of the sick beginning in the early fourth century, and that these philanthropic centres continued to expand their medical services, especially during the reign of Emperor Justinian I (527-565).

The first permanent charitable institutions (hostels) made specifically to help the sick and the less fortunate members of society were built in the urban areas of the eastern Mediterranean in the fourth century. Such, for example, were those founded by Bishop Leontios (344-358) in Antioch (called 'ptochotropheion' – a house to nourish the poor) [3, p.82] and the one built by Eustathios, Bishop of Sebaste (c. 357-377) [9]. Around 370 A.D., Saint Ephraim established in Edessa a similar centre ('xenodocheion'), which was supported by charity [7, p. 449-450]. Usually in charge of the 'xenodocheion' was a 'nosokomos', an administrator, who, when these institutions became hospitals, was usually a physician [7, p. 162-163].

Such institutions did not develop in the West, possibly because of the too advanced decline of a society that was in the process of being destroyed by barbaric invasions. The eastern part of the empire, on the other hand, was to enjoy a period of relative peace and prosperity (until the troubles of the seventh century), and there hospitals flourished. We notice, however, that according to Saint Jerome, in late fourth century Rome, widow Fabiola, a descendant of the old Fabii family, founded a hospital. Her example was shortly followed by Saint Paula who also built a hospital. Later, Mason de Merida, a Goth bishop (573-606), built a hospital in which Christians, Jews, slaves, and free men were all welcome [10].

In the eastern part of the empire, Saints Basil the Great (330-379) and John Chrysostom (344/354-407) played an essential part in the founding and development of these institutions. The former built a complex for social and medical care in a peripheral neighbourhood from Caesarea in 369 [10]. This establishment, called 'Basiliad' after the Saint's name, was an assembly of the institutions mentioned above and were designed to supplement the state's lack of care in this area [14]. The Bishop of Caesarea asked the authorities for their support in order to give consistency to his philanthropic undertakings. In order to do so, Saint Basil expanded the area in which the services were provided so that it included the poor, widows, the elderly, travellers, and strangers. In a letter to the governor of Cappadocia written in 372, in which he defends himself from the calumnies of his enemies regarding the church and the hospitals he had recently established in the suburbs of Caesarea, Saint Basil writes: "And whom do we

wrong when we build hospices for strangers; for those who visit us while on a journey, for those who require some care because of sickness, and when we extend to the latter the necessary comforts, such as nurses, physicians, beds for travelling and attendants?" [15].

His establishments, built as fortresses on the outskirts of the cities, were meant to gather in one place all these poor people and to ensure them a life as acceptable as possible. Of course, he did not have the intention of transforming those people into inactive retired persons. He had envisaged workshops and other forms of community work for the ones able to perform it. Moreover, he had thought about founding schools for the ones fit for these. He provided doctors, attending personnel, and medical supplies for the sick [16].

Saint Basil the Great generalized his initiative by asking his bishops to establish in several other places this type of institution for the sick and for the poor as he had done in Caesarea in Cappadocia. Saint Basil the Great gave his faithful a fully equipped establishment for social work in which he invested the rest of his fortune and all his heart and something more: his soul, his care, his time, and his joy of being a parent. By doing this, he transformed the sporadic and accidental character of Christian charity into a permanent and organized institution of the Church.

The revolutionary novelty that the creator of the 'Basiliad' offered to fourth-century society is that every human, especially the ones who did not have the financial means to ensure their subsistence, not only had their daily bread, but they also found the possibility of affirming themselves according to their talents and inclinations. With this kind of ideal, Christianity would no longer be afraid of the competition of the dying paganism, which had been structured on social discrimination. Saint Basil the Great was a preacher of mercy, and his actions have been long debated in sermons.

If we take into consideration society's moral and economic life during the time of Saint Basil the Great's activity, we will see that this was corrupt all throughout the empire. Society was divided into well-defined classes, most of the lands belonged to a small group of people, people's fortunes did not come from honest work, most assets were in the hands of the rich, taxes were burdening the working class and stripping them of their last savings, the ploughmen were crushed under the weight of taxes and they started abandoning their lands, and farm produce decreased, becoming more and more expensive.

From a moral point of view, the situation did not appear to be better: vices were added to the limitless enrichment, greed had climaxed, and the exorbitant luxury fed moral decadency and the oppression of the poor. If we add slavery and human trafficking (considering that there were multiple occasions when the poor sold their children in exchange for a piece of bread) to all the other immoralities mentioned above, we will have a full picture of the time during which Saint Basil the Great lived, worked, and preached.

At a theological and social level, the 'Basiliad' was the model according to which the Church, Byzantine or national, organized its mission.

This practical aspect of serving one's neighbour was perfected by Saint John Chrysostom and through his activity. Shortly after becoming a bishop in Constantinople in 387, he asked the intendant for the Bishopric's accounting books and, by reducing the useless expenses, he applied the surplus to helping the poor and to organizing a hospital after the example of Saint Basil the Great's. His words show that the pulpit had become a tribune of analysis and of exposure of the inadvertencies that had shocked simultaneously the Christian, social, and human conscience [17]. From his advice in regard to helping the poor, the sick, widows, strangers, travellers that did not have a shelter, prisoners, and all the other needy people, we understand that the Constantinopolitan Church could not deal with all of society's issues.

Until recent times, all such establishments of the Church have followed the model of Saint Basil the Great's foundation. For example, the Church of Alexandria formed bodies of nurses at the bishop's request. These were called 'parabolani' and during the period 416-418 they had more than 500 members. Patriarch John III, called 'the Merciful' (610-619), built a hospital in Alexandria in 610, and there are obviously others who established hospitals in Constantinople, Jerusalem, Alexandria, Antioch, Ephesus, Chalcedon, etc. [18].

Among the continuators of Saint Basil the Great's work we can name Saint Ephraim the Syrian in Edessa (375). Around 420, that is, some fifty years after the foundation of the hospice by Saint Ephraim mentioned above, Bishop Rabbula of Edessa established in the city hospices for the poor and hospitals for the sick. They each consisted of two separate establishments, one for men and the other for women, supervised by monks appointed by the bishop. Subsequently, other hospices and hospitals were established in the same city by the Church.

Hospitals became increasingly numerous, larger, and more complex. Ephesus in 420 had one with over 75 beds; by 500 A.D. Edessa, a town of 8.000-10.000 souls, had three hospitals, even if small [3, p. 83]. Jerusalem in 550 A.D. had a hospital with 200 beds, while that of St. Sampson in Constantinople was even larger. Antioch and Constantinople, following the example of Edessa, by 600 A.D. had some hospitals in which there were male and female wards. In 650 one section of St. Sampson's hospital was devoted to ophthalmology patients [19]. Although usually hospitals were run by a church, a medical family ran their own hospital at Oxyrhynchus, Egypt, in 570 A.D. [3, p. 84].

Many documents (law texts, saints' lives, and accounts of pilgrims) confirm that by the end of the sixth century hospitals, even if consisting of no more than a room near a church, were ubiquitous in the Eastern empire [3, p. 84]. Their existence, however, was not limited to the Byzantine world. According to Zachariah of Mitylene, writing in 569, the king of Persia between 553 and 556 established a 'xenodocheion' at Nisibis on the advice of Christian

physicians attached to the court. The endowment (from the royal treasury) consisted, among other goods, of mules, camels, provisions, and physicians [20].

Although the first Byzantine hospital of the late fourth century treated only patients who were destitute, about a century later they may have also been treating patients who were not, after the monastic leader Theodosius the Cenobiarch opened a separate 'xenon' to treat people who were above the poverty level [21]. Later this became more common. The 'Miracle Sancti Artemii', written around 650, reports two cases, one of a deacon of Hagia Sophia and the other of a cantor, who were treated at the 'Sampson Xenon' and 'Christodotes Xenon', respectively [22]. Still later, even the sister-in-law of the emperor would seek the care of doctors in a hospital.

In the seventh century, Monastery Pantocrator in Constantinople had a famous monastic hospital. The 'Typicon' of this monastery describes in detail two monastic philanthropic institutions: on the one hand, there was a place in which 24 elders and cripples were cared for, while on the other hand there was a hospital that provided medical care for 50 patients. The large numbers of doctors and nurses, their salaries, and their promotions were also mentioned in the documents of the time [7, p. 13]. Hence, the Byzantine hospital is the strongest proof of healthy and salutary synergies between the Christian Orthodox Church and rational medicine [23].

The 'Miracle Sancti Artemii' describes the staffing and organization of the 'Christodoted Xenon': medics or trained nurses (*hypourgoi*) assisted the physicians (*archiatroi*); physicians made daily rounds of the wards; nurses attended the needs of the patients and carried out the instructions of the physicians; and servants (*hyperetai*) were responsible for the menial tasks in the hospital. On special holidays (e. g., Christmas) the physicians were not required to make the usual daily rounds [22, p. 28-31].

John of Ephesus (sixth century), in his 'Ecclesiastic History' states that, in the most important cities of the Byzantine world, there were two kinds of institutions for the care of the sick: hospitals and diaconates (*diakonai*): "Among the various charitable institutions at Constantinople which had sprung from Christianity, no mean place was held by diaconates, which were institutions for the care of the sick and persons in distress. The utility of them was the greater, because, while the hospitals were attended only by clergy, monks and nuns, the diaconates gave an opportunity to pious laymen also to devote themselves to works of active benevolence: while in those specially set apart for women, numerous ladies, who might otherwise have found no fitting field for their energies, piously tended the suffering members of Christ's flock. Among those at the capital, two especially were famous for their size and reputation, and both belonged to the orthodox communion. Of these, the first and largest was founded by the divine Paul of Antioch, who filled with zeal visited the chief and most famous cities of both East and West, and founded in them diaconates, in which the word of our Lord was visibly fulfilled, that 'this is my rest' for their object was to give rest to those to whom trouble has distressed." [24]

The pious laymen and ladies referred to in the quotation were the 'spoudaioi' ('the zealous ones' or 'the praiseworthy') [25] known also as 'philoponoï' ('lovers of suffering' in the sense of 'friends of those who suffer') [26]. These were devoted Christians belonging to groups attached to large churches in the major cities of the East. They were semi-monastic in discipline (e. g., they adopted chastity or, if married, continence) [25], and among other pious works participated in the care of the sick [27]. They had no medical training, however, and their function consisted mainly in providing shelter (in the diaconates), food, clothing, and non-medical care to the indigent sick of the large urban areas. (In Alexandria a similar group was known as 'parabalani' or 'parabolani'. The members of the group were apparently enlisted from the poorer classes of Alexandria, and they were engaged in transporting and nursing the sick. Possibly founded to help during the plague of the middle of the third century, the group became involved in the religious controversies of the fifth century and it acquired a reputation for promoting violence [2]). Often they would find the destitute in need by searching at night the streets and alleys of the city [25, p. 795-796]. The first reference to the 'spoudaioi' goes back to the beginning of the fourth century. They are mentioned frequently from the fourth to the seventh centuries, but rarely thereafter [25, p. 796].

As for the diaconates, their existence is of considerable interest to the medical historian. As we have seen, John of Ephesus states that they, contrary to the 'xenones', were lay institutions. Because no physicians are mentioned in connection to the diaconates, it would appear that the sick were treated not medically but miraculously, that is, not by the medicine of Galen and Hippocrates but by the will of God [25, p. 797]. Two questions that immediately present themselves are: What was their role in relation to hospitals? And, why did they exist at all? It has been suggested that they met a need that the hospitals did not meet: the treatment of those indigents who required care and who could not be treated in hospitals because of their large number.

In addition, the diaconates followed the tradition of non-medical care of the sick of the earlier church, which as we have seen above was performed by the early 'xenodocheia'.

We do not know how long the diaconates survived, because references to them are scanty after the seventh century. The diaconates may have faded away with these lay groups, and the need for supernatural medicine was being entirely fulfilled by the churches and the 'anargyroi'.

In Constantinople, at least four 'xenones' survived the catastrophes of the seventh century, and, after the empress Irene (797-802) founded a new hospital at the end of the eighth century, prominent emperors often followed her example. This tradition culminated in the building of the famous 'Pantocrator Xenon', one of the greatest hospitals in antiquity, by John II Comnenus (1118-1143) in 1136. The 'Pantocrator', particularly well organized and royally funded (in other words, it did not have to rely on religious charity and on religious authorities), had a hierarchy of physicians and included teaching facilities. From its 'Typikon' [28], we have much information about its structure and function

(medical teaching, wards and clinics, number of doctors, drugs used, diets, etc.), we also learn that there was a full-time instructor in charge of teaching medicine to the sons of doctors attached to it [29] (which suggest that the hereditary transmission of the medical profession, an old custom, had not died or was revived). From the unpublished poem describing the stay of the sister-in-law of the emperor at the hospital, we know that the physician on duty made the rounds of patients accompanied by young doctors or students. They examined the patient and suggested possible treatments under the supervision of the physician in charge [30]. The 'Pantocrator' had also a home for the elderly, and, outside the city, a leprosarium. There is no evidence, however, that the famous hospital was typical [3, p. 85-86]. In other words, we do not know whether the hospital, although on a larger scale, was modelled after other Byzantine hospitals (of which we know very little), or if it was 'merely a singular monument to imperial extravagance and paraded piety' [31]. The evidence concerning this point (that is, the degree of similarity between the 'Pantocrator' and other hospitals of the time) is scanty [32].

We do not know, however, about the existence of other hospitals in addition to those mentioned above. At the beginning of the ninth century, Metropolitan Theophylact built a two-story hospital in Nicomedia and provided it with physicians. In the twelfth century in Thessalonica, there was a large hospital where people could obtain their medicines, probably on an outpatient basis. During the thirteenth century, Bishop Phocas built a hospital in the ancient city of Philadelphia in Asia Minor. Around 1290, Theodore Metochites (1270-1332) mentioned hospitals in his native city of Nicaea. In the late tenth century the emperor Nicephorus II Phocas (963-969) implied that in his day at least there were enough hospitals to serve the needs of the population throughout the Empire [30].

From the study of the historical record, it would appear that Byzantine hospitals after the eleventh or twelfth centuries played a central and new role in the practice of medicine. They seem to have been medical centres in a very modern sense: physicians would treat seriously ill patients in the hospital, whereas those with minor ailments were treated in the dispensary attached to the hospital. In other words, at least in Constantinople in the eleventh-twelfth centuries, many patients with serious conditions were treated by physicians in hospitals. This is, of course, quite different from the traditional Greco-Roman practice of seeing patients in their homes [30].

Among the evidence supporting the existence of hospital-based medical practice are several items found in primary sources. The 'Typikon' of the 'Pantocrator' reveals that physicians worked there in alternate monthly shifts: half of the physicians worked in the hospital (for low pay) for a month, while the other half was free to visit private patients (usually members of the higher social strata) and charge high fees [28]. This should not suggest, however, that only the poor sought medical care in the hospitals. Occasionally, very wealthy patients would seek the care of hospital doctors.

4. Conclusions

Hence, the evidence indicates that the direct ancestors to the modern hospitals originated in the Eastern provinces of the Roman Empire in the fourth century A.D. The Byzantine hospitals are the strongest proof of healthy and salutary synergies between the Christian Orthodox Church and the rational medicine.

The philanthropic and social work of the Church is part of its mission towards one's neighbour and constitutes one of the main aspects of contemporary Christian theology with ever deeper implications in the life of the Church, especially in terms of social ministration and apostleship.

As successor of Christ, the Church not only is in Christ's service as a whole, but it is the Body of Jesus Christ who serves the world and its most important needs, being animated by the mission of its Head. The Church not only fulfils its mission as a factor overlapping human society, but it fulfils it by being within this society and by working for its members. Even if the Saviour said His Kingdom is not of this world (John 18.36), pointing to its divine origin, His Church is active in this world and for the people that live in it.

In the context of these highly complex social states: sufferings, shortages, injustices, etc., contemporary man most definitely needs a multilateral mission from its neighbours. Nowadays, Christianity needs an all-embracing love, a proper organization of how this love is used and a unity between Christians in order for such a large-scale action to take place.

In this respect, ministry is seen as a fundamental truth in the Biblical revelation, in the patristic tradition and in the history of the Christian Church, and it is a dynamic factor in the contemporary ecumenical movement.

The divine feelings of philanthropy and mercy are the fruit of a long and laborious Christian education carried out with tact and unlimited love towards the ones that were meant for this. Today, more than ever, the secularized society in which we live and which is dominated by science and technology needs more humanity, more mercy and love for one's neighbour, and more philanthropy.

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