11 Mental Hospitals in Pre-Modern Society

Antiquity, Byzantium, Western Europe, and Islam. Some Reconsiderations

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Abstract
Historians of the pre-modern period mostly come up with early Islamic society as the 'true' inventor of mental asylums. To Michel Foucault, it was the rational response of the Age of Enlightenment that separated the mad completely from society. This paper argues that the famous quest for the *prima causa* has led historians to not seeing more fundamental issues: what was really going on in hospitals, or the profound impact of demonology and possession in different cultures alike. Moreover, I argue that the roots of the existential approach towards the mentally challenged at least go back to Late Antiquity: the miracles performed by Jesus, and subsequently by the saints, caused certain categories of disabilities to become more established and canonized than others.

Keywords: hospitals, mental health, demonic possession, seclusion

Introduction

Ever since the publication of Michel Foucault's seminal work *Folie et déraison. Histoire de la folie à l'âge Classique* (1961), the treatment of 'madmen' and the phenomenon of mental hospitals have been at the centre of many discussions on identity. To Foucault, the rational response of the Age of Enlightenment to the mad consisted in separating them completely from society by confining them, along with prostitutes, vagrants, blasphemers, and the like, in newly created institutions all over Europe. This process

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of 'the Great Confinement' strongly contributed to 'the madmen' being labeled as a separate category, whose outcast condition was also seen as one of moral error. In this contribution, I argue that the roots of such existential approach towards the mentally challenged at least go back to Late Antiquity. The miracles performed by Jesus, and subsequently by a plethora of saints, caused certain categories of disabilities to become more established and canonized than others. The category of the possessed and the 'mentally deranged', who were excluded from miraculous healing before, in Christianity received proper attention. Christianity also placed greater stress on the moral responsibility and the personal belief of those receiving healing.

Memory will play an important role in this chapter too, since the way charitable acts or institutions from the past were remembered to glorify a civilisation or to add to its reputation will be an important theme. From this aspect as well, it will appear that special care for the mad in specialized institutions goes back further than has been suggested by Foucault.

Throughout this chapter, women will now and then be mentioned, and the gendered aspect comes up in mentions of separate sections for women in care centres. In all, we only have very limited information on women and mental impairment in Antiquity,[1] and the paucity of the evidence is inevitably reflected in the present chapter.[2]

As the last chapter of this volume, this contribution takes a long time span approach, in which Greek and Roman Antiquity are confronted with later periods, up to the nineteenth century. The comparative approach will force readers to rethink conceptions of certain cultures being 'unique' in their approaches, and to question established opinions on matters as 'the invention' of the mental hospital. On a final note, I add that this comparative approach necessitated references to secundary sources only. Any attempt to bring the readers to the primary sources would not only have tripled the length of the study, but also encumber the article with very specific references to editions in many different ancient languages. However, the references are conceived as such that anyone who consults them gains immediate access to the primary source material.

1 Rose, 2018.

2 The absence if women is a recurrent phenomena in the sources of ancient history in general, but particularly when dealing with groups with very little importance for people – often elite males – who most often are behind these sources; cf. particularly the paper of Larsson Lovén in this volume.

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Some necessary preliminary remarks

Who were the first to have mental hospitals? Historians of the pre-modern period have gone to great lengths to prove the point they want to make. They mostly come up with early Islamic society as the 'real and true' inventor and promotor of mental asylums. In this paper, I argue that the famous quest for the *prima causa*, combined with a unnecesary wish to search for competition between different cultures, has led historians and the wider audience to not seeing more fundamental issues that were at stake. Indeed, this approach has obscured what was really going on in such hospitals, and has largely ignored the profound impact of demonology and possession in different cultures alike. Also, I believe that a confrontation with later periods makes clear why it is indeed justified to study the pre-modern era as a specific period for the treatment of mental health. I will therefore conclude this chapter with some reconsiderations about 'doing' pre-modern history and history of the modern period.

The pre-modern era is understood as a vast time span, starting from Egyptian and Mesopotamian civilisation about 3000 BCE up to the beginning of the Modern Period in Western Europe about CE 1500. Geographically, the area under study is again enormous as to the point of appearing unmanageable at first sight. I look from the West of Europe up to Indian civilisation, and I even briefly consider the Chinese tradition – thus taking into account manyfold cultural and religious traditions, among which Christianity, Islam, and Buddhism in their many forms stand out as the most prominent.

I define a hospital as an enclosure with personnel which gathered for a time (at least overnight) patients, who either hoped to be healed or, when such was not possible nor desirable, sought help and security for at least a while.[3] I regard mental conditions as any form of behaviour which a society regarded as strange or undesirable. Obviously, such behaviour did not necessarily lead to seclusion in a separate institution.[4]

Antiquity: from 3000 BCE to the High Roman Empire

It is relatively easy to summarize the history of taking care of those perceived as 'madmen' from 3000 BCE up to the High Roman Empire in just a few lines. The family, the clan, and the home unit were the invariable locus of care,

3 Risse, 1999.
4 Scull, 2015.

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while various and multiple *ad hoc* solutions must have existed for those who were destitute of close relatives (in 2 Kings 4:13 the Shunnamite woman tells Elisha that she is happy living with her own people). Wealthier fellow villages or citizens probably took care of them, networks of patrons or friends of the family might be of help, labour engagements in simple menial tasks or even begging or wandering around as an entertainer were other possibilities. The sources simply do not seem to be interested in cases like these, because they must have been part and parcel of daily life. Only extreme instances of poverty, and the misery of a life as a beggar seem to catch the eye of literary writers. Temples, shrines, and sanctuaries, often financially supported by local rulers, served as places where the poor, sick, or destitute gathered in order to find help. Infertility, leprosy, and terminal illness were the main motives for attending shrines in Mesopotamia, Anatolia, and Israel.[5] However, madmen were mostly carefully held away from the sacred places, as they were considered impure.[6] Surely, the thin line between a mental disease and a bodily disability must have caused certain ambiguities.[7] In any case exorcism, which could be a way of healing the madmen, was meant to take place outside the sanctuary. Matthew 21:14 is exemplary for this. The blind and the crippled come to Jesus in the temple to be healed. No possessed persons are healed by Jesus inside a sanctuary.

More than any other religious tradition, the Graeco-Roman world stands out for actually bringing the sick and what we would call the disabled into sacred places. The sanctuaries of Asclepius have often been mentioned in this context. The success of the sanctuary of Epidaurus was enormous: from the fifth century BCE on, similar *asclepeia* were dispersed all over Greece and Asia Minor, while the cult reached Rome in 291 BCE, when an *asclepeion* was established on the Tiber Island. During the Imperial period the Asclepius sanctuary of Pergamum was one of the largest and most influential temples of the entire Roman Empire. Ample archaeological finds, inscriptions on stones mentioning miracles and curing (the so-called *iamata* or healing reports), as well as votive tablets (small wooden or silver plaquettes with thanksgiving) provide a good picture of the daily goings in such sanctuaries. The sick and the hopeless flocked together from far and wide. They were often accompanied by attendants. Together, they had to sign in. The sick were cleaned ritually with mineral water and then deposited into an infirmary, the *abaton*. With a little imagination we can

5 Avalos, 1995.

6 Thraede, 1969, col. 45.

7 Kellenberger, 2011.

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imagine the night scenes in the halls for the infirm: rows of believers who were laid to rest after extinguishing the oil lamps. They were also allowed to sleep in the temple. In their dreams, they hoped to see the deity and to receive healing. All the material related to these healings has been carefully catalogued and studied. By now, it has become clear that people mainly attended the Asclepius sanctuaries for chronic cases that somehow put the medical doctors in despair.[8] As for evidence of longer stay (more than one night), our evidence is rather silent, though it is most likely that at least some people stayed for longer periods, which explains the presence of attending personnel, perhaps also doctors in the sanctuaries. A case from Rome even mentions a stay of hundred days.[9] While literally all sorts of diseases from head to toe are mentioned in the inscriptional documentation from the Asclepius sanctuaries, there is not a single case of what we label as mental diseases. One instance of hydrocephalus and one case of sleeplessness due to distress in the head come somewhat in the vicinity.[10] Apparently, cures for mental diseases were not sought for in traditional healing sanctuaries. In this, the Graeco-Roman temples were not different from their counterparts in the ancient world. An explanation for this is not that easy to find. The incurability of what we now call intellectual disorders must have been an obvious fact to people in the ancient world too.[11] There is no clear indication that a taboo on mental afflictions would have held these patients away from the sanctuaries. In fact, a passage in Aristophanes' *Wasps* tells the story of Philocleon, who was frantic about being a judge (in fact, Athens did not know professional judges, and citizens were called upon daily to judge in the Heliaea).[12] Nothing helped to heal the old man from his almost neurotic behavior: gentleness, purifying bathing and being handed over to the Corybantes. In the end, his son took him to the temple of Asclepius in Aegina and made him forcibly lie one night in the sanctuary (of course in vain, since before daylight he was to be seen again at the gate of the tribunal). Note that Philocleon's behavior is called 'an illness' (*nosos*) twice.[13]

Next to temples and sanctuaries, was there not anything as more or less specialized workplaces where doctors or medical personnel provided help for a certain period of time? Do we find instances of treatment of people with mental conditions in such centres?

8 Wickkiser, 2006.

9 *AE* 2001, 212.

10 LiDonnici, 1995, p. 101 and p. 107.

11 van der Eijk, 2013, p. 310.

12 Ar. *Vesp.* 85-135.

13 Ar. *Vesp.* 87 and 114; see also Harris, 2016, pp. 36-37.

Apart from some references to states or workplaces responsible for medical treatment and doctors attending the sick and injured in royal necropolis towns such as Giza in Egypt, hospitals, let alone specialized care centres for mental patients, do not seem to have belonged to any of the civilisations in Mesopotamia, Anatolia, or Egypt.[14] In the ancient Persian tradition, the Zoroastrian Videvdad, which probably goes back as far as the eighth century BCE, mentions a house of seclusion (*armēshtgāh*) for both men and women in a state of uncleanliness. The buildings original function was that of isolating individuals afflicted by serious diseases. The text cites a stay of three nights in which no contact with other humans, water, or fire was permitted, and cleansing of clothes and the body. Such measures point to the danger of contagion.[15]

After his conversion to Buddhism, fourth century BCE Indian king Asoka claims to have provided medicine for men all around his Empire. The text mentions dispensaries for the sick. Whether this also implied hospitals, is unsure. However, by the fifth century CE, travelers report on charitable institutions in the town of Pataliputtra (modern Patna), where nobles and householders had founded hospitals within the city to which the poor of all countries, the destitute, cripple, and the diseased may repair. All help was provided gratuitously. Physicians were present to inspect the patient´s disease, and when healed, they were supposed to depart. A manuscript translated by the monk Fasheng (c. 406-479 CE), mentions a *stupa* that had been built a two days journey east from Taxila. Fasheng reported that there were 'monks' apartments, a preaching hall and a cloister', and several thousand monks present. His further words are worth quoting:

> People from all countries who have illnesses of various kinds like leprosy, mental disease, deafness, blindness, or lameness in hand or foot, came to this *stupa*. They burnt incense, lit lamps, spread scented mud, repaired, and swept; and when they kowtowed and confessed, all diseases were become cured.[16]

A detailed history of early medicine and healing in Buddhist monasteries has noted the pre-eminence of Taxila in present-day Pakistan as a centre of medical education, from the first century CE until early in the fifth century.[17] As

14 Kellenberger, 2017; Beal, 2017; David, 2017.

15 Coloru, 2017, p. 66

16 Adapted from Miles, 2017, p. 95.

17 Miles, 2017, p. 95.

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Buddhism spread via the Silk Route to China, we can imagine how organized care came to being also in the Far East. In CE 218, when the Han dynasty broke up, Cao Cao (155-220), the founder of the Wei dynasty, moved beyond simply offering one-off donations to a system of organized care specifically for the disabled. He enacted legislation whereby disabled people (defined specifically as the blind and those afflicted with injuries or disease affecting the hands and feet), who were in danger of finding themselves destitute, would have the cost of their upkeep devolved upon the state.[18]

Again, the evidence we have for treatment of mental illness in care centres is extremely meagre considering the vast geographical area and time span under scrutiny. We may rightly suppose that 'madmen' were among the crowds of all sorts of ill people gathering in buildings, sponsored by benefactors as aristocrats and rulers, who found it important to extend their wealthy patronage. Whether increased ethical demands fuelled by religion were a motive for this, is a question which cannot be confirmed neither answered negatively.

Let us now again turn our attention to Graeco-Roman civilisation, which is much more documented as care for the mentally disabled is concerned. Graeco-Roman culture indeed had an extensive tradition of psychotherapy, starting from the Hippocratic doctors.[19] In the ancient medical tradition, it was crystal-clear that mental illnesses were viewed as treatable, and thus subject to therapy. In all, there was not anything as the early Modern and mostly Cartesian distinction of mind and body.[20] Ancient doctors described pharmaceutical cures, which took into account the balance of the different bodily humours. Next to this, purges, special diets, and blood-letting are recommended, together with a wide and varied panel of behavioural therapy, ranging from relaxation, music therapy, comforting words, and stories, over shock treatment and beating, to sensory treatment with soft bed linen and reassuring pictures on the wall, reading, travelling, and even theatre. Physicians as Celsus, Galen, and Aretaeus in the first and second century CE more than once mention patients, some of whom are clearly in a room, and in bed. For Late Antiquity, Caelius Aurelianus who worked and lived in fifth-century CE Numidia offers a goldmine of information on treatment of mental disease. His humanising approach (the *medicus amicus*) has sometimes been ascribed to Christian influences, but is also very much in line with this predecessors. Be this as it may be, also

18 Milburn, 2017, p. 114

19 Stok, 1996; Goodey and Rose, 2013.

20 Thumiger, 2017.

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with Caelius Aurelianus no indication of special institutions or care centres for his patients is found, and the rooms and beds he discusses were in all likelihood situated in private homes of the patients.[21]

The Graeco-Roman system of charity and social aid worked on euergetism and patronage. Help for others was provided rather because they were considered fellow citizens, than because of an ethical claim of charity required towards fellow humans.[22] What we know about ancient benefactors is often found on inscriptions about donations of grain, wine, or other food, as well as the organisation of events for the mob. Some patrons probably provided shelter for destitute clients without family.

Traditionally, apart from temples and shrines some other Graeco-Roman institutions have been viewed as predecessors of hospitals.[23] Roman military hospitals or *valetudinaria* come to the mind. Contrary to what has been suggested, they existed up to Late Antiquity, when military units indeed got smaller. It is now clear that legislation also had an eye for psychological conditions of soldiers and veterans, even up to attempts for suicide and *taedium vitae* after battle trauma, but again, no separate sections for such treatment existed.[24] The same goes for private *valetudinaria*, which Roman slave owners organized for their slaves: although there did exist a discourse on the mental state of slaves, no separate treatment for mental conditions seems to have existed. Finally, there is ample evidence on prisons in Antiquity, and imprisonment of the insane is attested and suggested in several legal sources. Again, no special institutions seem to have existed for this, and we should rather think of private confinement, often in the context of family members taking care of 'their own madman'.[25]

Late Antiquity as a turning point. The Christian East and its legacy

As specialized institutions for taking care of the insane was concerned, I see two crucial changes happening in the period of circa 300 to 600 CE. First, demonic possession was as it were brought into the spheres of sanctuaries and shrines. Second, Christian faith initiated the development of hospitals;

21 Gourevitch, 2017.
22 Veyne, 1976.
23 Harig, 1971.
24 Van Lommel, 2013.
25 Krause, 1996, pp. 87-88.

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the 'birth of the hospital' indeed needs to be situated in this period. The combination of both elements might even lead to shrines where the possessed gathered, which in that way became a sort of de facto asylums for the insane.

The attention to the phenomenon of demons and possession was surely not an exclusively Christian matter. The belief in demons causing illness was widespread all over the ancient Near East and the Mediterranean world, including Graeco-Roman civilisation, where also doctors occasionally resorted to demonology, surely in case of perceived insanity.[26] However, historians have referred to an increased interest in demonology from the late second century CE on. Indeed, later Judaism viewed belief in demonic powers as a particular feature of Judaeo-Christian circles, while examples are found already in the Old Testament.[27] The New Testament mentions a few cases involving the healing of 'disturbed behaviour' caused by a demon. Most but not all stories also involve physical illness caused by demons.[28] Surely, exorcisms take a prominent role in the Christian literature beginning in the third century CE; again, 'mental' cases and behaviour appear next to instances we might rather view as physical diseases, and also demonic possession was sensed as a bodily phenomenon, since the malign spirit dwelled inside intestines. But the fact remains that patients with perceived mental and/or behavioural problems, who previously were not supposed to be healed in pagan sanctuaries, could now hope for help within churches and shrines, possibly by 'charismastic healers' who were ecclesiastically ordained as demonologists.[29]

There seems to be large scholarly consensus that the first attempts of what we define as a hospital saw the light around the year 350.[30] Various explanatory factors have been adduced: urban monasticism, concurrence with the arians, and developing Imperial patronage. The first hospitals seem to have spread out first in medium-sized towns in Asia Minor, then to Greece and Armenia, and subsequently into the West, with a famous example from Visigothic Spain. All around the Mediterranean, from Italy (Ostia and Rome) and North Africa (Augustine's Hippo) – all areas in contact

26 Thraede, 1969, col. 51.

27 Ferngren and Amundsen, 1996, pp. 2965-2968

28 Mark 9:17-20 is on epileptic seizures; Mark 5:1-20 on a possessed man who lives in complete social isolation due to the Legion of demons which took control of him; Mark 1:21-28 has a possessed madman screeming at Jesus inside the synagogue; Mark 7:24-30 on a Phoenician woman with a possessed daughter kept at home.

29 Thraede, 1969, col. 75.

30 Miller, 1997; Crislip, 2005.

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with Byzantium – the hospital was viewed as 'something new'.[31] Under the influence of a strong monastic movement, both Egypt and Ethiopia from the fourth upto the sixth century had a strong tradition of caring institutions and hospices.[32] Led by Christian philanthropy and the teaching of the Church Fathers, the Byzantine state and society established and developed a remarkable system of institutional care for the sick and suffering. Patients were treated in charitable foundations sponsored by the state, the Church, or a monastery. Moreover, hospitals repeatedly appear in the sources in a remarkable line of continuity (from the fourth century to at least the sack of Constantinople in 1204) and in different corners of the Empire outside the major urban centers (Constantinople, Antioch, Alexandria, Thessaloniki). The most famous cases were the Sampson hospital in Constantinople, and an hospice attached to the Imperial monastery of Christ Pantokrator in Constantinople, founded by Emperor Ioannes II Komnenos (1118-1143). The danger with such 'unique' cases is that they are perhaps not that typical for a reality which seems to have existed throughout the Byzantine Empire. But even the big hospitals testify of per capita supply of about fifty hospital beds in Constantinople. Such would hardly meet the needs of the city which was at that time the most populated Medieval town in Europe. Though there are some indications of medical staff, most attendants seem to have been monks. The treatment seemed to have been curative, rather than functioning as a hospice for those suffering from a chronic disability.[33] On the other hand, houses for the poor (*ptochotropheia*) cannot and need not be distinguished that sharply from institutions we would view as medical. In all, we are poorly informed about the flow and the number of sick people receiving treatment in Byzantine health care foundations. The circumstances under which people could find a place in them, let alone the potential duration of their stay is mostly unknown. Surely, admission to a hospital was not a self-evident and recurrent reality for every sick person: family care remained the first option. We should imagine favoritism and social patronage as key elements in the decision to take patients in.[34] As for specialisation of such Byzantine hospitals, very practical criteria of categories easily discernable seem to have played a role: *brephotropheia* taking care of young infants (orphans), *tuphlokomeia* for the blind, houses for fallen women (the rehabilitation of prostitutes), as well as hospices who provided carer for the lepers, the

31 Horden, 2005, pp. 365-369.
32 Downer, 2017, pp. 367-368.
33 Efthymiadis, 2017, pp. 392-395.
34 Horden, 2008, pp. 45-74.

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so-called *leprokomeia*, as St Sampson's hospital, the most famous *leprosarium* in the City of Constantinople.[35] No special mental asylums seem to have existed, despite the claim about a *morokomeion* in late ancient Jerusalem; the term does not even exist in Byzantine Greek. There is no doubt that the insane were sometimes included in the institutions as described above, though it rather looks as if the chronically possessed were explicitly excluded from Byzantine hospitals, the sanctuary or the home being preferable.[36]

Some spaces could de facto evolve into gathering places where an amalgam of people suffering from a wide array of 'mental' diseases, be it viewed as caused by disturbed bodily humours or by demons, gathered. A sixth-century provision for a monastery in Jericho for demented ascetics by Saint Theodosius might have somehow resembled a mental asylum, but we also learn that their dementia was caused by their being over-zealous.[37] Any Byzantine hospital could be turned into a house where the possessed where in the majority, as witnessed in in the seventh-century Life of Theodore. Other hospitals were connected to shrines, and some became places where especially people 'tortured by spirits' gathered and found healing, as the clinic of Cosmas and Damian or the Anasteseion (the church of St Anastasia) in Constantinople.[38]

Islamic cultures: taking up the tradition, and further specialising?

The early Islamic tradition took over the institution of the hospital and the Greek medical tradition. At the same time, it seems as if this tradition was specific on at least one point: special asylums for the insane apparently existed in various towns of the Islamic East.

Greek medicine spread to the East. As such, the existence of a hospital (*bimārestān*) is attested in the Sasanian period in Iran: it was founded in the city of Gondēshāpur possibly under the order of Khusro I Anushirvān (531-579). This hospital also consisted of a medical school which received philosophers from the Eastern Roman Empire, after Justinian had closed the School of Athens in 529. At the same time, the institution hosted Syrian-speaking professionals who had been deported. The School of Gondēshāpur

35 Constantelos, 1991.
36 Horden, 2008, pp. 185-186.
37 Horden, 2008, pp. 185-186.
38 Wittmann, 1967; Horden, 2009, pp. 271-273 and, in general, Ivanov, 2006.

soon became one of the most important scientific centres of the period where Greek and Indian medical traditions were studied and developed.[39]

Scholars of early Islam have pointed to the fact that early ninth century Islamic hospitals of Baghdad were modelled on the East Christian *xenodocheia*. In 790, Timothy who was the patriarch of the Eastern Church in Baghdad, and an important figure at the Abbaside cour, describes a hospital which he refers to with the Greek name *xenodocheion* and the Persian *bimārestān*, as a large building which he had accommodated.[40] The earliest evidence on specialized care for the insane comes from Cairo in the year 872-873, when Ahmad ibn Tulun, the Abbasid governor of Egypt, is said to have founded a welfare institution where also insane were guarded.[41] The sad everyday reality of the madmen in Basra is attested with anecdotical details for the year 953 by at-Tanukhi.[42] During the years 1160-1173, the Medieval traveller Rabbi Benjamin reports on a large building in Baghdad, called Dar al-Maristan, where the demented who had become insane due to the great heat of summer had been imprisoned. They where kept in iron chains, until they were restored by winter time (and consequently released? the text does not tell). The charity of the caliph of Baghdad for the sick or the insane is explicitly mentioned by this Jewish author.[43] In 1183, the Muslim traveller Ibn Jubayr described the Nasiri hospital in Cairo, again a building for confinement of the insane, with a system of treatment for the madmen, who were enchained. In 1185, the same traveller mentions two hospitals, one old and one new, with treatment for confined lunatics, in Damascus.[44] In 1354, the governor of Mamluk sultan al-Nasir founded a hospital in Aleppo. For this hospital flowers, pools, and music are mentioned as well as separation of male and female patients; a rare instance in which the gendered aspect of the matter is touched upon.[45] The most famous hospital throughout the Islamic world is the Bimaristan al Mansuri, a house of healing founded in 1284 by the Egyptian sultan al-Mansur Qala'un, a large and sumptuous complex which attracted the attention of (Ottoman) visitors up to the nineteenth century. Seventeenth-century Turkish traveller Evliya Chelibi has described the place in great detail: specialized medical personnel with apprentices (even gathered in a guild), various sorts of treatment

39 Coloru, 2017, p. 66.
40 Dols, 1992, pp. 114-117.
41 Dols, 1992, p. 117.
42 Dols, 1992, pp. 117-119.
43 Dols, 1992, pp. 119-120.
44 Dols, 1992, pp. 120-121.
45 Dols, 1992, p. 121.

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(including unpleasant and gloomy conditions), the insane being cured after forty days, a separate section for women, possibilities for visitors.[46] A last description is due to Leo Africanus, who depicts the hospital of Fez in Morocco which he saw around 1517. Here the insane were bound in strong iron chains, and repeatedly thrashed by means of a whip.[47] Despite all these descriptions, it is impossible to estimate the numbers of insane patients in such institutions, but even the biggest of all, the Mansuri hospital, contained only a few dozen patients at one time; a very small number compared to the entire population of Cairo.

After such descriptions one would like to know whether these Islamic asylums for the insane were really so distinct from the Westerns tradition, and, if such is the case, how to explain this marked Islamic tradition. As will be clear from paragraph about the Latin Medieval West, one should be careful in overemphasising the uniqueness of the Arabic cases. In all, the account on the undoubtedly rather big and impressive Islamic hospitals should be explained by various factors: the attention paid to them by travellers in their narrations on conspicuous consumption, sumptuous buildings, and freaky inhabitants; the larger population of Medieval Islamic cities; and the keenness of rulers to emphasize both their own charity and wealth. By sponsoring such care centres, these rulers proudly continued Byzantine and Persian practice. Indeed, they liked to view themselves as such continuators. Be this as it may, scholars have been tempted to search for specific differences between the Christian tradition and the Islamic tradition as madness is concerned.[48]

A first explanation runs as follows. The Islamic tradition did not view insanity as a consequence of sin. Therefore, the insane were more likely to be of subject of medical healing. This, however, is a gross simplification of both the Christian and the Islamic views on sin and healing. In fact, both traditions now and then viewed (mental) illness as a divine punishment, but more often they emphasized rather the contrary, with God not being directly responsible for suffering, surely in the case of children.[49]

Another explanation departs from the strong survival of Graeco-Roman medicine in Islamic hospitals. This caused Islamic doctors to go on in the tradition of the ancient physicians, while western practice rather categorized mental patients in the category of the possessed. Again, this interpretation

46 Dols, 1992, pp. 121-127.

47 Dols, 1992, pp. 127-128.

48 Dols, 1984.

49 Ghaly, 2009; Kelley, 2009.

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does injustice to both traditions. Also the Latin West discerned between madness as a case for doctors, and possession as a case for priests, though in practice such distinctions were not easy to make.[50] Moreover, western monasticism to a certain extent emphasized the importance for monks to study the ancient herbal and medical lore. On the other hand, the Islamic tradition had always known the *jinn* as the possessed. It is somehow anachronistic to distinguish too sharply between folk medicine and belief on the one hand, and science on the other hand. The Islamic hospitals should rather be seen as melting pots of practices, where one could find folkloric practices alongside the most learned Greek approaches to treatment. One particularly resilient form, practiced then and today, is prophetic medicine, that was rooted in pre-Islamic Arabia and heralded as a spiritualist alternative to the non-Muslim Greek school of medicine.[51]

What happened in the Latin West? The Middle Ages

Both scholarly opinion and popular perception has held for a long time that the West did it less better. It was claimed that there were hardly any hospitals in the Early Middle Ages in the West of Europe, that they never reached the scale of their Byzantine or Islamic counterparts, and that there surely were no mental asylums in this part of the Medieval world. In this section, I will argue that such claims, though not entirely wrong, need to be nuanced. Also, I will try to explain the difference between East and West, which will turn out to be partly a matter of perception, and partly based on demographic facts.

The harder one searches, the more one finds. This might be a suitable motto for research on hospitals in the Merovingian and the Carolingian Middle Ages. Indeed, Merovingian writers even referred to hospitals as a phenomenon they recognized as typical for the East: *orientalium more secutus*. In all, Merovingian Gaul counted no less than 34 guesthouses or *xenodocheia*, connected to cities all over the country. They existed next to the institution of the *matricularii*, those inscribed for help on the list of monasteries, regularly getting help from the monks and living in the close environment of the cloister.[52] As monks were allowed and sometimes

50 Metzler, 2016; note also the careful distinction between madness and possession made in canon law in West and East, Pickett, 1952, p. 54-55 and Trenchard-Smith, 2010, p. 44.

51 Gaumer, 2017, p. 413.

52 Sternberg, 1991.

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encouraged to read the ancient physicians, we may suspect that they had some medical lore to help patients with all sorts of treatment.[53] We know very little on concrete numbers of people in these institutions, but the evidence we have suggests no more than some tens per centre.[54] Regions which somehow kept the urban traditions despite the shrinking population numbers, seem to have had a continuing tradition of hospital like charitable institutions, as was the case for Italy and more specifically for the City of Rome.[55]

Even the possibility of specialisation cannot be ruled out, though obviously most of the charitable institutions were concerned with the rather vague category of *debiles*, which included the poor and needy homeless, as well as the chronicly ill or what we would call the mentally or the physically disabled. Now and then, we read about the possessed gathered together at an *atrium* of a shrine for a longer time.[56] Already around year 400, there were the chronically possessed who gathered at the shrine of St Martin of Tours, and two hundred years later Gregory of Tours describes a shrine madman, who cured himself after a protracted diet of four months.[57] The leprous were the first category to be consigned in special houses or care centers.[58] But the Merovingian authors also point to young children (in *brephotropheia*) and old aged people gathered together in special places.[59] As for mental asylums, there is Gregory's the Great report of a priest miraculously curing an insane by the laying on of hands and prayer. The patients stayed in 'a house of the sick', where he disturbed the other sick people with his immense clamour and screams.[60] It is perfectly possible to imagine the insane being housed next to other patients in these Merovingian hospitals, with or without them being viewed as possessed by demons. On a practical level, they might have benefited from some support, cure, or treatment.

The story of hospitals in the Medieval West continues as follows. In the Carolingian age, most of such institutions were attached to big monasteries, and evolved into guest houses where pilgrims were hosted. Indeed, at least the Frankish lands were rural in character, with only a few small cities. The

53 Sternberg, 1991, p. 166; see also Horden, 2009, pp. 263-266 on Galenic theories on causation of madness with Christian writers.

54 Sternberg, 1991, p. 36.

55 Horden, 2009, p. 269 and Dey, 2008 on Rome.

56 Sternberg, 1991, pp. 99-100.

57 Horden, 2009, pp. 273-274.

58 Sternberg, 1991, p. 171 and pp. 217-221.

59 Sternberg, 1991, p. 269 and 252.

60 Horden, 2009, p. 261.

new rise of cities in Flanders and Italy and to a less extent in England in the eleventh and twelfth century meant an increase of hospital institutions. They were mostly concerned with the care for the 'sick poor'. This 'medecine without doctors' was often practiced by religious orders, and processes of religious healing (relics, confession) intermingled with non-doctoral doctoring, which nevertheless might have attained a degree of efficiency.[61] Specialisation was again a matter of practical approach. In fourteenth century England, an abortive attempt was made to found a hospital for insane priests, or those who had lost their memory. The project failed by lack of money.[62] The *Ospedale degli Innocenti*, the famous institution for orphaned infants and foundlings in Florence, stands out as the most known and best documented instance of specialized care centres. At the end of the Middle Ages, institutional care for the mentally ill became more acceptable across Europe, though still in very small scale. An analysis of literature on Medieval charitable institutions in Britain c. 1066-1600 suggests that a popular concept of intellectual impairment did exist. Some people with intellectual impairments were found in facilities as almshouses. Examples include St. John the Baptist in Chester or the Priory of St. Mary of Bethlehem hospital, which took in mentally incapacitated persons as well as the poor.[63] However, the support was neither extensive nor based on any medical or psychological construction of intellectual impairment. Rather, this support was on the basis of poverty.[64]

Both for the East and the Latin West, the phenomenon of hospitals was profoundly connected with the urban environment. This already explains a first difference. Since no cities in the West before the fourteenth century ever reached the numbers of population which we see in the Byzantine or the Islamic East, no comparable big charitable institutions can reasonably be expected up to the late Middle Ages. In the largely feudal West, no rulers of empires of the scale and organisation as the Byzantine, the Abbasid, or the Mamluk dynasty existed. As wealthy patrons, such emperors have been known to stress their evergetism; again, no such thing can reasonably be expected for the West. A third difference lies in the sources: up to the High Middle Ages, no detailled travellers' accounts, cherishing the memory of the *mirabilia* of towns as we encounter them for the East, have been preserved. This may be a matter of different emphasis, since after all there

61 Horden, 2007.

62 Metzler, 2017, p. 463.

63 Turner, 2017, p. 387.

64 Stainton, 2001.

were charitable institutions in the West which although smaller in scale and less lavish in appearance could be compared. But again, behind this lies a reality of towns of smaller scales and rulers of lesser means.

The Modern Period: a brief comparison

By the beginning of the Modern Age, various factors slowly and gradually lead to modified attitudes towards the insane in the West of Europe. Indeed, the Cartesian and Lockian approach which stressed the separation of the mind and the body, and the increasing distancing of the individual towards the world need to be understood in a New World, where wit and fast thinking became essential features of the economic and administrative structures of society.[65] Famously, Norbert Elias has pointed in his civilizing theory to the way in which particular individual psychic structures were molded by social attitudes. To Elias, post-Medieval European standards regarding violence, sexual behaviour, bodily functions, table manners, and forms of speech were gradually transformed by increasing thresholds of shame and repugnance. Such internalized 'self-restraint' imposed by increasingly complex networks of social connections developed the distancing and 'psychological' self-perceptions.[66] Also, the Reformation sometimes fostered the idea that one needed to work in order to gain his life (based on 2 Thess 3:10).

In the early Modern Age, more examples of specialized mental hospitals are known. Sixteenth century Hohen hospitals in Hessen only accepted people with chronic infirmities, and those with mental conditions formed the major part.[67] The second part of *Don Quixot*, published in 1615, in the first chapter contains the story about the madman from Sevilla, who was detained in a house for the mad (*la casa de los locos*). Here, one reads revealing information about madmen held in cages, their being naked, or having special cloths during the time of detention. Tellingly, it is presumed that after an enquiry in the form of a conversation, it could be proven that a lunatic had returned to his senses. In such case, he was free to go.

Processes of state formation, with new states longing for healthy citizens, combined with growing demographic and economic pressure, due to industrialisation in the eighteenth century, contributed to what has been called the economy of madness. Of course, cities in the past had always seen

65 Goodey, 2011.
66 Elias,1969.
67 Vanja, 2017.

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an amount of needy and insane people in towns, who did not have family support to rely on. But now, we see the numbers obviously increasing. It is exactly such process, combined with the intellectual attitudes which had spread in the Modern Period, that gave rise to first specialized mental institutions in the eighteenth century, be it by bourgeois initiative or by religious orders.[68] The term psychiatrics was only coined in 1808. For really larger institutes, endowed with medical personnel who took care of the insane, we have to wait till the nineteenth century, with the London Royal Earlswood Hospital, founded in 1853 as the most obvious example.[69] But the process seems to have been identical all over Europe, from the Low Countries and France up to Scandinavia and Russia: first came demographical expansion and industrialisation, followed by pressure on expanding cities, at which moment the new approach of psychology took over. Specialized mental hospitals came in the nineteenth century, and they were closely connected with social phenomena as the birth of a new middle class, the awareness of public space, liberal discourse on human progress, and the sanitary discourse which linked health with wealth, focused on hygiene and marked fellow humans as potential transmitters of disease or bad habits.

There is thus no need to overstress a new process of exclusion, as Foucault sees it starting in the seventeenth century: in a way, both exclusion and the communal aspect have always been part of the history of the madmen. In the end, pragmatical solutions shaped the new approach to madmen's colonies and institutions, which were either founded in mental hospitals in towns, or on safe and separate places as islets. But such approaches had indeed long been prepared in the shaping of western psychology, which needs to be understood in the profoundly changed context of the New World. In the Ottoman Empire, madmen asylums continued to exist as they had been there for centuries, but due to the later industrialiation and the absence of the western concept of psychiatry, this medicine of the soul was profoundly different from what was taken place in the West.

Conclusions

At least three factors seem to have played a decisive role in the formation of specialized institutes for those whose behaviour was somehow considered insane. These three elements may have interplayed in various degrees and

68 Andrews and Scull, 2003.

69 Shorter, 1997.

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to different extents in a variety of cultural environments, which makes the search for the first mental hospital ever a rather fruitless enterprise. Indeed, recent research not only reveals that instances may still be found when one delves deeper into not yet well explored sources. It also makes clear how some texts only hint at situations which were taking place and were taken for granted, without the writer being really interested in fully describing the matter. Other writers such as the oriental travellers were much more keen on offering elaborate descriptions, giving us rich accounts and anecdotes of everyday reality in large mental hospitals.

Religious-ethical motivations, fueled by ambitions of mighty rulers might have played a role in the Buddhist (and maybe the Zoroastrian) attempts for charity at a larger scale. The Christian tradition undoubtedly initiated the institution of hospitals. Muslim hospitals came of dawn in the ninth century, and the Islamic writers themselves acknowledged the roots of such hospitals lying in Christian and Persian culture. Here, memory plays an important role: not only to emphasize the lavishness and luxury of one's own culture, but also to stress the continuation of a tradition of Late Antiquity. Contrary to these civilisations, we see other sophisticated societies as the Sumerian, the Mesopotamian, Egyptian, or Graeco-Roman, which knew de facto gathering together of sick and poor people at temples, and perhaps in very specific contexts as a military camp or a slave holders cazern, but never acknowledged the explicitly ethically imposed intention of providing care for the destitute for a longer period.

The inclusion of the possessed into the numbers of those who could possibly be healed by the Christian God thanks to prayers or by the interference of saints or relics was a second crucial factor. We may imagine such people gathering in churches, shrines, or houses which were known to perform exorcism, and staying there for a more or less extended times span. All this was different from previous civilisations, where the insane were usually kept far away for sanctuaries. Here, identity was very much at stake: madmen were now acknowledged as one of the categories (together with the lame, the blind, the deaf, the mute, and the leprous) who might expect healing from attending shrines or meeting saints, who imitated the miracles of Christ. Moreover, the decision of whether people had to be permanently kept in a hospital for the mad could add to their being stigmatized and excluded as 'hopeless' cases. The references to the mad of Baghdad returning home in winter, after the heat of the summer had gone, or to the madman of Sevilla in Don Quixot whose sensible talk could have released him from the house of the lunatics surely point in this direction. From the Christian perspective, the observation that apparently nothing helped to receive

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healing possibly constituted another form of exclusion. It somehow shifted the burden from the doctors/healers to the sick individual, who was judged as an 'hopeless' case.

Numbers and demographics were a third factor of decisive importance. Not that they explain everything. We may imagine cities as sixth century BCE Babylon and Alexandria in Roman times as environments with about 500,000 inhabitants, while Rome reached the enormous number of about one million. None of these cities had anything as hospitals, and apart from a single reference to madmen wandering around in the streets as beggars or entertainers, or just trying to make a living; there is not a single clue about such lives at the border of society. The big cities of the Middle Ages as Constantinople, Cairo, Damascus, or Baghdad had a similar amount of population. For these environments, hospitals even with possible specialisation for the madmen are attested, though it is again most unsure whether the numbers of patients whom the personnel or monks took care of in any way matched the amount of madmen who were wandering around in the streets or being kept inside the houses of their families. The actual separation of the mentally deranged in specialized care centres is a western late eighteenth and mostly nineteenth century phenomenon, to be explained by demographic explosion and massive migration to the urban centres with the collapsing of family ties and obligations which had been reigning the rural areas for over thousand years. Such seclusion was indeed prepared by the shaping of psychology in Early Modern Europe. As such, the big mental hospitals of the nineteenth century can in no way to be compared with their Medieval Islamic predecessors.

The comparison with developments of the last centuries makes clear how the study of pre-modern history is firmly and deeply imbued with morals as the decisive explanatory factor for historical change. As such, most of our ancient accounts on houses for the madmen insist on the goodness of enlightened rulers providing care, or on exemplary saints and patrons somehow specialising inn the matter. The study of such motives is valuable in its own way. But ultimately, it is sociological and demographical factors that gave rise to the big change for mental hospitals.

Pre-modern historians often and as it were unconsciously rely on vice and morals as explanatory factors. Modern historians count on sociology. To an historian of premodern societies, the comparative encounter is sobering, but also revealing. It sets their subject of study in a new and different light. It explains why it is indeed justified to study a phenomenon as mental hospitals in such a broad period and a wide geographica area. And it clearly sets out why and how pre-modern practices and societies were indeed fundamentally

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different from the later context. More of such encounters are needed. It is to be hoped that they will be enlightening and illuminating, to historians of all periods and cultures. In the end, that is why we need comparative history.

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