Healthcare in the Crusades
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Abstract
This manuscript seeks to illustrate the perspective of how medieval societies dealt with some of the issues dominating healthcare at the time, such as the health disparity between the rich and poor, physician quality mandates, and the subsidization of healthcare by the government after a large population increase because of the Crusades. The majority of medieval European hospitals were not designed to provide acute medical care and medical licensing and regulation was not prevalent in Europe until the fourteenth century. We use specific examples from the Byzantine Empire, Islamic Caliphate and the Kingdom of Jerusalem to describe the changes in hospitals’ and physicians’ duties and the roles they played in society and in medical education. We also examine medical regulation and licensing practices in the Islamic Caliphate and the Crusader States by describing the hisba system, a series of regulations for all aspects of public life including medical practice, and the mutahhisb, the office created to enforce the hisba system.

Introduction
• Council of Clermont, November 27, 1095 AD, Pope Urban II calls for a Crusade to recapture the Holy Land. (Figure 1, Figure 3)
• In the subsequent 200 years the fledgling Crusader States managed the healthcare for the migrants as well the indigenous population in the newly-conquered lands. (Figure 2)

Methods and Materials
Methods: We use specific examples from the Byzantine empire, Islamic caliphate and the kingdom of Jerusalem to describe the changes in hospitals and physicians’ duties and the roles played in society and medical education. We also examine medical regulation and licensing practices in the Islamic Caliphate and the Crusader States by describing the hisba system, a series of regulations for all aspects of public life including medical practice, and the mutahhisb, the office created to enforce the hisba system.

Results
Early Hospitals:
• In the fourth century AD, St. Basil, Archbishop of Caesarea founded a compound employing a professional medical and nursing staff devoted to the care of the travelers and the poor11.

Byzantine Hospitals
• The Emperor Justinian, in the sixth century AD, abolished state subsidies for public physicians thus motivating them to seek hospital appointments.
• Physicians alternated months between private and hospital duty. Hospital wages were meager but the prestige of a hospital appointment enhanced physicians’ reputations in private practice5.

Crusader Hospitals ➔ St. John’s of Jerusalem
• Funded by charitable donation, employed four full time physicians and four surgeons as early as the 1180s AD.
• Treatment guidelines more similar to Eastern standards than Western4. Hospital surgeons marched with the army as mobile units.
• Patient capacity 1,500-2,000, physicians rounded twice daily5 checking patient’s urine and pulses (Figure 7).

Islamic Hospitals
• Earliest known Islamic Hospital founded by Harun al-Rashid (r. 786-809 AD) in Baghdad (786 AD)9.
• Later examples include Al-Audid Hospital (978 AD) founded by al-Razes and al-Mansuri founded by Sultan Mansur Qalan in Cairo Egypt (1238)9.

Discussion
• The Byzantine Empire, Islamic Caliphate and the Crusader States all dealt with healthcare disparities by establishing a system of hospitals supported by charity.
• Hospitals in the Crusader States employed full time staff who were paid a considerable salary. Physicians in the Byzantine Empire and Islamic Caliphate received modest compensation in comparison but were allowed to supplement income with private practice.
• Medical licensing in the Crusader States was adapted from the Islamic Caliphate. Candidates were examined by a panel of community physicians before being allowed to practice (See figure 6). System dates back to the 900s AD.

Conclusions
• This poster has compared how three medieval societies (the Crusader States, the Byzantine Empire, and the Islamic Caliphate) dealt with the healthcare disparity between rich and poor as well as the steps taken in the regulation and licensure of medical practitioners.
• The early hospitals were largely charitable institutions supported by donations both public and private.
• As medical-religious orders such as the Knights Hospitaller moved west they brought back the lessons learned in the Holy Land.
• The Crusader States adapted local practices such as the hisba system and the post of the mathesep to help regulate a rapidly growing and increasingly complex medical profession.
• The examples discussed above hardly begin to hint at the profound scope of cultural and intellectual exchange that occurred during the Crusades and the 200-year history of the Crusader States or the consequences this flow of ideas would have on Medieval European civilization.

References