

Medicine & Health Care in Early Christianity. By Gary B. Ferngren. Baltimore: Johns Hopkins University Press, 2009. 264 pages. \$35.00.

This is a problematic book containing important information that calls for careful, balanced, and programmatic investigation and interpretation. Ferngren's book is motivated by study of the interface between science and religion. He is convinced that people in both popular and academic circles especially in North America still live under the influence of books from the late nineteenth century by John William Draper (1874) and Andrew Dickson White (1896) that present a conflict between Christianity and science. His goal is to advance a "complexity" thesis introduced by John Brooke in 1991 that exhibits an interplay between Christianity's formulation of distinctive theological arguments and its borrowing from Greek natural science and medicine to illustrate and buttress its theological arguments.

Ferngren advances his thesis about early Christianity through a two-pronged approach. On one side, he argues that the earliest Christians functioned like most of us do when we become ill: first we accept home care and remedies; second, if our illness is so severe that home remedies are not sufficient, we seek the aid of doctors; third, if doctors are having limited or no certain success in treating our illness, we may seek or accept the aid of religious healers as a last resort. On the other side, he argues that all religions, including Christianity, are really most concerned about spiritual health rather than physical health. Indeed, he argues, the special gift of Christianity to the world is its almost single-minded focus on healing the soul from the disease of sin. The result is a book that presents a rich dose of wonderful information in an internally conflicted argumentative environment. The internal conflict arises from an intermixture of accurate assertions, procedures of analysis that often do not fairly and clearly present the evidence, certain assertions that do not accurately present dominant views in certain areas of scholarship, and some assertions that are simply incorrect. A person untrained in the fields of study the book covers may often be misled by assertions they encounter. A person with significant knowledge in those areas is continually

confronted with the question of whether or not to trust the author's presentation of the data. Is the author excluding certain highly important information that conflicts with his conclusions? One cannot be sure without checking the data on one's own.

In the opening chapter on Methods and Approaches, Ferngren introduces his opposition to scholarly views in both his own field of the study of ancient medicine (4-6) and in adjoining fields of study like New Testament Christianity and social-anthropological approaches to early Christian healing like those of John Pilch and Hector Avalos (7). In addition, he opposes a definition of Christianity that includes "sectarian or heretical groups, that grew up on the fringes of mainstream Christianity" (11). His study is restricted to "the incarnational Christian movement," plus a discussion of Montanism in chapter 4. Using what he calls a textual-philological historical method supplemented by insights from various fields of study, he brings forth his overall thesis in negative form: "Simply put, miraculous healing cannot account for *all* or even *most* healing in the early Christian church" (3). Then he introduces one feature in the positive form of his overall thesis: against the backdrop of widespread epidemics that began during the second century CE, Christians started to formulate discourse about suffering and philanthropy (9).

In chapter 2 Ferngren introduces a second portion of his overall thesis: "Christians of the first five centuries held views regarding the use of medicine and healing of disease that did not differ appreciably from those that were widely taken for granted in the Graeco-Roman world in which they lived" (11). For him this means that people who participated in the earliest stages of Christianity appreciated and took advantage of the achievements of the Greek professional medical school of Hippocrates and its practitioners, which had been developing since the fifth century BCE. Then as Christianity continued, it participated in the additional information and practices emerging from the work of Galen and his associates during the second century CE. This means that, in contrast to the early Hebrews and the Romans who had no native medical tradition (23), Christians from the beginning had "healing by natural means" available to them and, by and large, took advantage of its benefits (25). This positive use of what Ferngren calls "secular medicine" acquired a new dimension in the work of Tertullian (ca. 160-ca. 220 CE) when he compared the healing of the body to the cure of the soul (29). This created a context, in Ferngren's view, in which Christian apologists did not present Jesus as an alternative healer to the Greek god Asclepius but rather as a healer of sinners (31).

According to Ferngren, a decisive shift began to occur during the early part of the fourth century, as exhibited in the writings of the rhetorician Arnobius of Sicca (d. ca. 327 CE), when Arnobius argued on theological grounds that Christians should seek special healing through Christ (31). In a context where the cult of Asclepius was no longer flourishing like it did during the second century CE, Arnobius presented an extended argument, supported by appeal to healings by the "divine" Christ as recounted in the New Testament, that Christians should seek miraculous healing through Christ rather than through a healing god like Asclepius (32-35). This is not, in Ferngren's view, an argument against either medicine or physicians, as some scholars think, but an emphasis on the

ability of Christ to heal the illnesses of humanity produced by the decrees of fate because Christ is not simply “a creature born of earth” (34).

When Ferngren turns to the etiology of disease and Christianity as a religion of healing in chapters 3 and 4, significant errors in his presentation of data emerge. Citing works by Ulrich Mueller, Otto Böcher, and a psychohistorian named L. D. Hankoff, Ferngren asserts that a majority of New Testament scholars hold a “pan-demonological interpretation” of the causation of disease among early Christians (42-43). While I think Ferngren’s work provides important information that can enrich and even transform many of the views of New Testament scholars, here he clearly misrepresents the field of New Testament scholarship. Most New Testament scholars are well aware that Jesus heals only a limited number of afflictions in the Gospels and Acts by casting out an unclean spirit or demon. Ferngren misses an opportunity to supplement the best recent scholarship on healing in first century Christianity, which he never discusses for the purpose of improving, rather than to seek out statements that he can present as opposed to his own. Ferngren continues with a discussion of exorcism in Second Temple Judaism, using the outdated term “Intertestamental Judaism,” which is misspelled “Intertestamental” (43). This discussion does not include the classic version of the origin of “unclean spirits” in the world who oppress people according to 1 Enoch 1-16, perhaps because 1 Enoch consistently refers to them as unclean spirits rather than demons! Then he incorrectly asserts that the New Testament Gospels portray Jesus’ healing miracles as “signs” (*ta sēmeia*) (45, 65), when many New Testament students who do not consider themselves to be “scholars” know that this terminology is distinctive of the Gospel of John alone. The synoptic Gospels (Matthew, Mark, and Luke) consistently refer to Jesus’s healing miracles as “powers” (*hai dynameis*), using “signs” to refer to unusual phenomena that occur in the heavens and not for Jesus’s healings. Ferngren does not include the fever that Jesus rebukes to heal Simon’s mother-in-law in Luke 4:38-39 as an exorcism because the storyteller does not call the fever a demon. Also he does not include Jesus’s healing of the bent woman in Luke 13:10-16 or Peter’s healing of all who were oppressed by the devil in Acts 10:30 because this oppression by Satan or the devil does not make demons “directly responsible for illness” (60). When Ferngren discusses the healing of the lame man by Peter and John in Acts 3:8-10, the healing is erroneously located in Lystra rather than Jerusalem! While one instance of this could be a typographical error, the error is repeated with the assertion that “after a healing at Lystra, Peter [rather than Paul!] speaks of the healing as a sign that salvation has come” (66). Surely one could not expect such a series of sustained errors to bring forth a positive response from any reviewer who spends a significant amount of time reading the New Testament.

Ferngren’s discussion of second century CE Christianity challenges Ramsey MacMullen’s conclusion that miracles of exorcism had the greatest attraction to pagans (Ferngren insists on using the term “pagans” to describe non-Christians [11-12]). Ferngren’s discussion of the emergence of philosophical discussion of miracles and healings during the second century presents a significant context for readdressing MacMullen’s conclusion. But most readers will consider it

important to reread the writings of Justin Martyr, Irenaeus, Origen, and Tertullian to assure themselves that Ferngren has not omitted a discussion of important information in those writings that might challenge his opposition to MacMullen. As Ferngren continues he presents highly interesting information about Montanism, which includes a discussion of Tertullian, and about third and fourth century CE asceticism and Augustine's *City of God*. In the midst of much good information here, Ferngren's special pleading for Christianity as the only religion that can heal souls begins to emerge more clearly.

In Chapters 5 and 6, Ferngren discusses the emergence of Christian medical philanthropy and health care in the church. Here he argues that even though there was well-developed philosophy about benefitting others and providing health care in antiquity, only Christians had a true concept of compassion and human worth in their approach. Again, while there is much good information here, the dictum that people who are not Christians cannot have "real concern" for other people mars what is otherwise a highly informative discussion. Also, in these chapters the absence of any serious discussion of the guidelines for community healing in James 5:13-18 in the New Testament and of any reference to the books and essays by Ric J. S. Barrett-Lennard on third and fourth century Christian healing in North African Christianity become noticeable.

Ferngren has given us, then, a highly important investigation of medicine and healing in early Christianity that is unfortunately marred by overzealous opposition to other scholars in the framework of its approach. This approach leads to the exclusion of important information at various points and even in some instances to misrepresentation and factual error. Ironically, however, it is a book that every scholar of healing in early Christianity should read not only for the purpose of testing Ferngren's assertions but perhaps above all for improving their own approach to medicine and healing in early Christianity.

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