

## BOOK REVIEWS AND NOTES

doi:10.1017/S0009640709991417

***Medicine and Health Care in Early Christianity.*** By Gary B. Ferngren. Baltimore, Md.: Johns Hopkins University Press, 2009. xi+246 pp. \$35.00 cloth.

The perennial debate about the conflict between science and Christianity forms the broader context for this book. Given the numerous scholars who argue that Christianity historically has been opposed to scientific medicine, Gary B. Ferngren, a professor of history at Oregon State University, offers us a provocative counterweight. In particular, Ferngren presents this thesis: “One might infer from reading the Gospels that religious healing was normative among Christians in the New Testament . . . I shall try to correct this misapprehension” (1).

The book consists of seven chapters, and the first addresses definitions and methodology. Given the recovery of many Christian extracanonical “gospels” in the last century, Ferngren wisely realizes that we can no longer speak of “Christianity” but rather of “Christianities.” So he restricts himself to orthodox Christianity, “the incarnational movement that is represented in the New Testament” and other orthodox Christian writings to about the fifth century (11).

In chapters 2 and 3, Ferngren discusses how Christianity adopted mainstream Greco-Roman ideas about the causes and cures for illnesses. Ferngren emphasizes that demonology played only a very marginal role in early Christian explanations for illness. Instead, early Christians seem to have accepted the natural explanations for illness found in the Greco-Roman world (for example, imbalances of bodily fluids).

Christian views of healing and philanthropy are the subjects of chapters 4 and 5. Ferngren argues that the theological concept of creation in the image of God (*imago Dei*) generated a revolution in human philanthropy that prompted Christian resistance to everything from euthanasia to abortion. The *imago Dei* concept motivated Christians to engage in a systematic healing ministry. Chapter 6 shifts to a more descriptive study of early Christian healing institutions (for example, hospitals), while chapter 7 offers the conclusion.

Overall, Ferngren makes a valid point that many early Christians accepted some aspects of non-religious medicine. However, Ferngren goes far beyond the evidence in denying that religious/supernaturalistic healing was

normative in the New Testament. To accomplish this feat, Ferngren must explain away a lot of material.

Methodologically, Ferngren conflates “religious,” “supernatural,” and “demonological” causes to support his argument. So, he sometimes assumes that disproving a demonological cause is tantamount to disproving a “religious” explanation. When discussing the death of Lazarus (John 11:1–44), Ferngren deems it sufficient to show that demonological/supernatural explanations are supposedly absent, so we can infer attribution to “natural processes” (60). But John 11:4 suggests that Lazarus’s illness and death are intended to showcase the Son of God, so “religious” explanations are not really absent.

Moreover, Ferngren’s denial of demonological causes is highly circular. For example, he argues that the New Testament generally distinguishes symptoms of physical ailments from “the symptoms said typically to accompany demonic possession, such as erratic or self-destructive behavior” (46). Since erratic/self-destructive behavior is “typically” associated with demonic possession, then other illnesses probably are not demonic even when demons are associated with them.

Ferngren ignores the fact that demonic ailments could assume diverse forms, and not just erratic or self-destructive behavior. Indeed, Jesus was suspected of being possessed when he disagreed rationally with various points of traditional Jewish theology (John 10:47–52).

The circularity is clearly apparent when Ferngren tries to explain Luke 13:11, which speaks about “a woman with a spirit that had crippled her for eighteen years.” Jesus later (13:16) describes her as someone, “whom Satan bound for eighteen years.”

But, for Ferngren, the references to “a spirit” and to Satan are not evidence of a demonological explanation but rather a suggestion that Satan is a general source of evil and “disease results from the material effects of sin on the human race” (60). Ferngren offers no evidence for the claim that Luke sees disease in this manner. Indeed, Jesus did not say that humanity was bound by Satan, but rather that this particular woman was bound. In fact, what is “typical” for Luke is to view women as possessed (see Elaine Wainwright, *Women Healing/Healing Women: The Genderization of Healing in Early Christianity* [London: Equinox, 2006]).

Moreover, the Greek phrase “spirit of X,” where X refers to an illness (as in Luke 13:11), is a demonological formula known from the Dead Sea Scrolls (Genesis Apocryphon 20:26) and elsewhere in Second Temple Jewish literature. The Greek term (δέο), translated “bind,” had a clear equivalent (*asar*) in Aramaic exorcistic/healing texts from late antiquity.

Indeed, while Ferngren is reasonably familiar with secondary works (for example, commentaries, lexica, and general monographs) in biblical scholarship, he seems unfamiliar with specialized literature (and with primary Hebrew and

Aramaic texts) that could correct many of his claims. Thus, his claims about James 5:17–21, which he denies refers to a religious ritual for bodily healing, might have profited from the analysis of Martin Albl, “Are Any Among You Sick?: The Health Care System in the Letter of James,” *Journal of Biblical Literature* 121 (2002): 123–43. Overall, one might do better to consult the anthology of Véronique Boudon-Millot and Bernard Pouderon, eds., *Les Pères de L’Église face à la science médicale de leur temps* (Paris: Beauchesne, 2005), which does not appear in Ferngren’s bibliography.

Religiocentrism plagues Ferngren’s discussion of the *imago Dei* concept as the main cause of Christian healing philanthropy. Ferngren frequently speaks of non-Christians (he prefers the word “pagans”) as nearly devoid of human compassion toward the sick. Thus, he tells us that “the classical world had no religious or ethical impulse for individual charity” (98). Authentic love toward the sick had to await Christianity. He dismisses as unrepresentative any evidence of Greco-Roman philanthropy (for example, the Hippocratic Oath), and he generalizes certain Greco-Roman positions that may not represent the majority either (for example, Stoic attitudes toward suffering).

Moreover, the *imago Dei* is a highly inconsistent ethical anchor even in the Bible. Other factors soon could create differences that prompted God to command the enslavement, torture, or killing of the infants of “pagan” people who presumably also were made in the *imago Dei* (Leviticus 25:44, Deuteronomy 7:1–7, 1 Samuel 15:1–3).

In sum, Ferngren shows that early Christians accepted some naturalistic concepts about illness. Unfortunately, Ferngren offers us more of an exercise in Christian apologetics than a careful and nuanced examination of the biblical and Greco-Roman materials he uses to support the claim that religious healing was not normative in the New Testament.

**Hector Avalos**  
Iowa State University

doi:10.1017/S0009640709991429

***Anti-Judaism and Christian Orthodoxy: Ephrem’s Hymns in Fourth-Century Syria.*** By **Christine Shephardson**. Patristic Monograph Series 20. Washington, D.C.: Catholic University of America Press, 2008. xii+191 pp. \$34.95 cloth.

Thanks to the work of distinguished scholars including Robert Murray, Sebastian Brock, and Edmund Beck, the theological poetry of St. Ephrem the Syrian is widely appreciated. However, its beauty is difficult for modern readers to reconcile with the vitriol of the anti-Jewish rhetoric in his hymns