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Early Christianity: Introduction to Chapter 4 of Essential Readings in Medicine and Religion

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Early Christianity

INTRODUCTION

The Gospels recount the career of Jesus of Nazareth (c. 4 BCE–c. 30 CE), the founder of Christianity. During a ministry of three years, it is said, Jesus performed more than two dozen instances of miraculous healing, which included restoring to health the blind, the dumb, the deaf, the lame, and lepers [4.1]. The Gospels differentiate between Jesus's miracles and the miracles of conventional exorcists and magicians. While Jesus is said to have cast out demons, the Gospels usually distinguish between his acts of exorcism and of healing (see Matthew 8:16; cf. Mark 6:12 and Acts 19:12). Nor does it appear that either he or his disciples considered demons to be the cause of disease. Several medical conditions are described in the Gospels, including blindness, deafness, fever, paralysis, and dysentery. Most are either ordinary diseases or congenital conditions for which a natural cause is assumed by those who suffer from them. The Gospels differentiate the symptoms of ordinary disease from those that accompany demonic possession, which were usually manifested as erratic or abnormal behavior. Jesus is often said to have healed chronic diseases or congenital conditions for which medical treatment had been unsuccessful (e.g., Mark 5:24–34).

Outside the Gospels and the healings of Jesus there is little reference to miraculous healing in the New Testament. The book of Acts describes a relatively small number of supernatural healings that are attributed to Jesus's disciples (3:1–11, 9:33–34, 14:8–10) [4.4]. They belong to the category of "signs and wonders," which are said to confirm the disciples' apostolic credentials (Acts 14:3). The diseases healed are natural conditions, and none is

attributed to demonic etiology. In the New Testament epistles, we do not find any case of sickness that is either healed miraculously or attributed to demonic causation. The epistles suggest that first-century Christians suffered from ordinary illnesses from which they sometimes recovered gradually (e.g., Philippians 2:25–27) and sometimes did not recover (e.g., 2 Timothy 4:20) [4.6]. It does not appear that in the first three centuries of the Christian era supernatural or religious healing played a major role in the church's ministry to the sick.

Leading Christian writers of the early period for the most part exhibited positive views of medicine. Thus Origen (c. 185–c. 254) considered medicine to be “beneficial and essential to mankind” (*Contra Celsum* 3.12) while Tertullian (c. 160–c. 225), who was fond of employing medical analogies in his writings, believed that medicine was appropriate for Christians to use [4.7]. The theme of Jesus as *Christus medicus* (Great Physician) was popular among Christian authors of the second century. But it was used in a metaphorical sense to describe the savior of sin-sick souls, not of physical healing. Medical care, far from being rejected by early Christians, was regarded as a model of the care of the soul.

The early Christian understanding of disease combined theological and medical as well as natural and supernatural elements. Early Christians attributed diseases to one of three sources—God, demons, or nature—but they were not viewed as mutually exclusive. Christians regarded disease as an aspect of the material (rather than the moral) evil that had resulted from the Fall. Within the religious context they had inherited from Judaism, early Christian teaching tended to reject conventional theodicies that viewed suffering as the result of sin [4.2]. Christians looked on illness as the result of natural (if providential) causes, which could be treated by physicians or other healers, of whom a broad spectrum, including midwives, root cutters, herbalists, and folk healers, existed in what has been termed the “medical marketplace” of the classical world. Christians broke bones and contracted diseases like their pagan and Jewish neighbors, for which they ordinarily consulted physicians. When medical or natural means did not avail, they might seek healing by prayer or anointing [4.5]. But in cases for which no relief was possible, Christians were advised to submit patiently to God's will. Early Christian writers repeatedly spoke of suffering as intended by God to produce spiritual maturity (see, e.g., Hebrews 12:7–11; 1 Peter 4:12). Faith and trust in God, they wrote, can transform suffering into a

positive experience and nurture Christian graces, such as humility, patience, and dependence on Christ (see, e.g., Romans 5:2–5; James 5:10–11; 2 Corinthians 12:7–10).

From the beginning Christians exhibited a philanthropic spirit in their concern, both personally and corporately, for those in physical need. The model here was Jesus's parable of the good Samaritan [4.3]. This spirit was in marked contrast with that of the classical world, in which there existed little or no religious basis for charity expressed as a personal concern for those who suffered physical distress. Christian concepts of philanthropy were motivated by agape, a self-sacrificing love of one's fellows that bore witness to the love of Christ as reflected in his incarnation and redemptive work on the cross (see, e.g., Matthew 25:35–40; James 1:27). Christians were encouraged to visit the sick privately (Hippolytus, *Apostolic Tradition*, canon 20), while deacons (whose duties largely consisted of the relief of physical want and suffering) were expected to visit the ill (*Apostolic Constitution* 3.19; cf. Polycarp, *Epistle ad Philippians* 6.1).

In the third century, as Christianity grew rapidly in the large cities of the Roman Empire, extensive benevolent work was organized and centered in local congregations. Minor ecclesiastical orders were created to assist deacons in their charitable work. In Rome, for example, the Christian church by 251 had divided the city into seven districts, each the responsibility of a deacon and his assisting clergy. The church supported fifteen hundred widows and others, including the ill, who were suffering and in want (Eusebius, *Ecclesiastical History* 6.43). Adolf Harnack estimated that the Roman church spent between five hundred thousand and one million sesterces each year in support of its charitable ministry.¹ (A sesterce was one-quarter of a denarius, which was a day's wage.) Other churches in the large cities of the empire spent similar sums on charity; the funds were administered by bishops or presbyters.

Beginning in 250 the cities of the Roman Empire experienced a major plague that lasted for fifteen or twenty years and reached epidemic proportions [4.8, 4.9]. When the civic authorities did little to deal with the plague, the Christian churches undertook the systematic care of the victims and the burial of the dead in spite of the fact that Christians were at the time a persecuted minority. There are descriptions of the organization of the care of the sick in Rome, Carthage, and Edessa in Syria [4.10, 4.11]. In Alexandria a medical corps known as the *parabalani* was formed to transport and nurse the sick under the jurisdiction of the patriarch of Alexandria.

The legalization of Christianity by Constantine in 313 resulted in major changes in the church's administration of medical philanthropy. The role of the individual congregation and the laity declined, while that of the bishop, who administered the charitable programs, grew. In the 370s Christians created the first hospital (*xenodochium*), a specifically Christian institution that arose out of the philanthropic ideals of the early church. No similar public organization existed in the classical world. Roman infirmaries (*valetudinaria*) for soldiers and slaves on plantation estates played a much more limited role, and the sick were left to help themselves [4.11].

Hospitals often included an orphanage and houses for the poor and aged in a single complex. Probably the earliest and certainly the most celebrated was the Basileias, founded by Basil the Great, the bishop of Caesarea (in modern Turkey), about 372 CE [4.15]. Hospitals modeled on the Basileias spread quickly in the East and slightly later in the West. The first hospital in the West was founded in Rome about 390 by Fabiola, whose friend Jerome described how she gathered the sick from the public squares of the city, where homeless sick people were often found in the ancient world, and nursed the seriously ill herself (*Epistle* 77.6.1–2) [4.16]. Hospitals were distinctively Christian institutions, and in the fourth century the Roman emperor Julian the Apostate (r. 361–63) sought to emulate the Christians by founding his own system for helping those in need [4.17].

Many of the early Christian hospitals were staffed by monks. Monasticism, which originated in the deserts of Egypt, Palestine, and Syria in the third century, grew out of attempts to deepen the spiritual life among Christians through the renunciation of the world and the practices of self-mortification. The founders of the movement were anchorites or hermits, who sought solitude in the desert, but by the fourth century anchoritic monasticism had in part given way to cenobitic monasticism, in which monks and nuns lived in ordered communities. A strong compassionate impulse in monasticism provided the motivation for monks to serve as lay medical attendants and even as physicians.

The adoption of magical amulets, the growing veneration of relics associated with Christian martyrs, and the new importance that Christian leaders like Augustine and Ambrose placed on miracles of healing signaled a major change in Christian approaches to healing [4.12]. Some of the desert fathers, such as Anthony, the founder of anchoritic monasticism, were credited with miraculous powers to heal the sick [4.13]. At the same time, in a list of miraculous cures that he recorded, Augustine (*City of God* 22.8) assumed a natural

etiology for every case [4.12c]. The rapid spread of hospitals at the end of the fourth century suggests that Christians still sought medical assistance for their illnesses, perhaps resorting to supernatural cures when physicians had failed them. And there was a growing emphasis by Christian leaders to show compassion even to the most miserable members of the sick, the lepers [4.14].