

Medicine and Health Care in Early Christianity

by Gary B. Ferngren

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Medicine and Health Care in Early Christianity is a thorough and educational history of how Christianity shaped the culture of health care in the first five centuries. Gary Ferngren presents a well-thought-out academic treatise on how Christianity interacted with ancient medical philosophy and influenced modern concepts of health care and social welfare. He provides researched views on how the early Church conceived of healing, the etiology of disease, and medical philosophy. Additionally, he describes how the early Church influenced the predominant culture regarding care for the poor, the sick, and the marginalized.

Ferngren begins by helping the reader understand the particularly religious Mediterranean culture in which Christianity developed (10). At that time, most people attributed disease to a mixture of personal or societal wrongdoing and natural causes. Early Christians did the same, in contrast to the common misconception that they believed disease was caused primarily by demonic influence. There was variation in how the early Church Fathers approached matters of physical health, and Ferngren provides insight from Justin Martyr, Tertullian, and Origen, who discussed medicine and physicians. Sometimes they argued for a heavier emphasis on spiritual healing because they held that illness was derived principally from a spiritual cause. At other times, they emphasized the importance of physicians, believing that disease had discernable physical explanations.

Ferngren points out that there was much discussion on how best to deal with suffering and disease, as there is today: "Early Christians, like the majority of their contemporaries, implicitly accepted a natural causality of disease within the framework of a Christian worldview. If they sometimes spoke in a manner that blurred the distinction between ultimate and proximate causation, it was because they believed that the presence of God was operative in natural forces. They

viewed Jesus' exorcisms and miraculous healings as signs that the kingdom of God had come, not as normative models for the healing of ordinary disease" (62). The predominant guiding principle of early Christians was that prayer and medical treatment were necessarily complementary, not mutually exclusive. In an age when medical ethics is growing in complexity, this view of complementarity could serve modern people of faith as well.

Ferngren reasons that the Christian understanding of the etiology of disease was similar to the understanding in the dominant Greek-influenced culture. As a result of their faith, however, Christians understood illness and medical need very differently than did the Greek and other dominant cultures of the time. As a rule, the dominant cultures had little regard for intrinsic human worth or inherent human rights (95). Greek culture did not place a strong emphasis on caring for the weak and vulnerable. A person's value was based on the ability to contribute to society, and that, in turn, depended on his physical health: "In general it may be said that philanthropy among the Greeks did not take the form of private charity or of a personal concern for those in need, such as orphans, widows, or the sick" (87).

Because it was not seen as a benefit to society at large, there was no societal system to provide care to the sick. Therefore, when serious illness struck, as in times of plague, numerous people were abandoned. Many more might have survived if even basic care had been provided: "Without a concept of private charity, no activity was undertaken by individuals, philanthropic organizations, or temples to ameliorate the condition of the sick, and they and their families were left to fend for themselves, often with wholly inadequate resources" (117). This societal apathy stands in direct contrast to the moral compass of the early Church, which instilled the idea

that “the least of these” most deserved care and beneficence. The teaching in the parable of the Good Samaritan is one such example: “It was the Christian belief in personal and corporate philanthropy as an outworking of Christian concepts of [love] and the inherent worth of individuals who bore God’s image that introduced into the classical world the concept of social responsibility in treating epidemic disease” (117–118).

There is no clearer depiction of the early Church’s focus on social responsibility than its activity in times of plague. When plague struck, many refused to bury the dead or tend the sick for fear of contracting the disease. The Church became known for her willingness to carry out these tasks. Ferngren uses this and other examples to show the reader the connective thread that weaves together early Christian teachings and the development of a medical philanthropy that extended to the wider community. This eventually translated into formal settings of care for the sick, beginning originally in monasteries. The early Church inspired others to see in individual people the image of God, making them worthy of care and love whether they were inside or outside the Church. This respect for the sanctity of life was novel for its time, as was the philanthropy it fostered. Eventually, the community at large looked to the Church to care for the sick.

Medicine and Health Care in Early Christianity is an extremely well-researched book on the history of the early Church and health care. This is a must-read for anyone wishing to better understand the history and influence of the Church in health care and its potential effect on modern society. Ferngren summarizes the unique nature of the early Church’s approach to health care and shows the reader how the Church inspired others to care for others in the spirit of Christ. This external focus resulted in “a novel concept of healing that went beyond anything that the classical world had to offer: institutional health care administered in a spirit of compassion by those whose desire to serve God summoned them to a life of active beneficence” (152). The values of health care access for all, the sanctity of life, and excellence of care are all rooted in the contributions of the early Church to medical care. This legacy sets an example for how the modern Church might contribute to the ongoing development of health care.

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On the Family
by Pope Francis

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On the Family is a collection of talks given by Pope Francis between December 17, 2014, and September 16, 2015. These brief speeches address urgent pastoral needs of today’s families and cover a wide range of important subjects such as the roles of mothers, fathers, children, grandparents, and the elderly. These talks also address the Church’s teaching on the meaning of male and female in marriage, and how societies

must do everything possible to safeguard the uniqueness of heterosexual marriage.

The speeches are given in a personal style that offers wisdom, encouragement, and practical insights. They are addressed not merely to families in some generic fashion, but also to every member of a family, demonstrating the Pope’s pastoral care. He situates his addresses in the authentic difficulties faced by modern couples and challenges spouses