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President's Page

It is with deep humility that I undertake to fill the office of your new president. My illustrious predecessors have made outstanding records in growth of guilds and in the activities of the Federation. I ask your continued cooperation and your prayers that the Holy Spirit may guide me and the other officers in these very important endeavors.

During the past few years the Federation has moved into a series of new activities which have received international attention: the Health Care of Religious and Clergy Program is moving ahead. Most recently the Medical Mission project has developed. The Medical Mission Scholarship plan as inaugurated at the last meeting should have tremendous potentialities.

We hope to have closer cooperation and exchange of ideas among all of the affiliated guilds. We expect to have a member from each group represented on several of our committees. By utilizing all of our resources we can go on to greater goals. Our Federation is moving through a rapid growth phase and we need advice and counsel from each of our guilds. At times, there will be a difference of opinion on procedure. This is healthy. This will all culminate in developing the proper programs with which we can best serve God and His people.

The names of the chairmen and present members of each Federation committee are listed in this issue. Please write to any of them when you wish to offer suggestions or need advice.

Please remember the Federation and all of its functions in your daily prayers.

J. E. Holoubek, M.D.

MEDICINE IN THE NEW TESTAMENT

Jacob Taub, M.D., F.C.A.P.*

Whether it is the Old Testament or the New Testament the Bible is not to be construed as a medical textbook. It is a book of religious and moral instruction. Its undeviating and single purpose is to expound the singleness, the uniqueness and significance of God for all mortal beings. Medicine does not appear in the Bible as a distinct science or art. In the Old Testament it determines certain hygienic laws or gives comparative medical terms for moral punishments where sin was committed; in the New Testament it only identifies the sick bodies which Jesus miraculously healed.

In all religions from time immemorial, control over health and disease emanated from the godhead. Before the appearance of the Israelites, before the time of Moses, gods were identified with countless diseases. There was a god for every conceivable illness and since primitive man attributed malignant and benign influences to animals, to various natural phenomena, to objects inanimate and often repulsive, these became his gods. The first medicine men were the magician-priests who acted as intermediaries between the disease-ridden populace and the multiple deities. In their roles as invokers they eventually learned to practice excellent medicine. However their charlatanism and mysticism in combination with the superstitions and credulity of ancient society produced situations where such practitioners as Imhotep, Horus, Aesculapius and many others became deified as medical and healing gods.

This type of worship with its strange rites and cruel orgies was eradicated, with the advent of the Bible. Health and disease are still considered of divine origin but the one God cannot be controlled at the beck and whim of the temple functionaries. With monotheism the intercession by priests, sorcerers, incantators is prohibited and forbidden. Bible passages show that disease and its cure emanate from God: "I will kill and I will make to live. I will strike and I will heal." (Deut. 32:39) "If you will diligently listen to the voice of the Lord, thy God, and will do what is right in His sight and will give ear to His commandments and keep His statutes, I will put none of the disease upon you which I
have brought from the Egyptians for I am the Lord that heals you." (Ex. 15:26)

The Biblical concept of medicine was one of prophylaxis instead of therapeutics. Among the ancient Hebrews religious rituals and ceremonial practices became a code of preventive medicine. Physical purification was placed on a par with moral purification, and cleanliness of the body went hand in hand with cleanliness of the soul. This inter-relatedness of the physical and spiritual is also manifest throughout many passages of the New Testament and is exemplified in the rites of baptism.

The Old Testament makes reference to many signs and symptoms of illness but mentions only one disease—leprosy. The leprosy described in Leviticus, however, does not resemble the chronic disease we know today. The ancient Hebrews had a very realistic knowledge of the principles of sanitation, and tzaaras, the Hebrew word for leprosy, is more properly an inclusive generalization for all skin diseases, contagious or otherwise. Other words and descriptions which imply physiology as well as pathology are discharge, wasting, fever, emerods (Buboes or hemorrhoids), womb, bile, barrenness, obesity, menstruation, to mention just a few. The numerous narratives referring to afflictions as threats of punishment and reward as a wonderful and original source for investigation and research. The language is very basic and exegesis of the Bible stories is broad and varied. As a result the commentaries are astronomical in number. While these are eminently homiletical, scholars and commentators over the millennia have recorded every conceivable phase of medicine including anatomy, embryology, surgery, pathology, obstetrics and gynecology, dermatology, public health etc.

In making a list of medical subjects and words in the Gospels, it is found that Matthew has 28 chapters, Mark has 16 chapters, and Luke has 21 chapters. Mark with 24 chapters has 252 more references than either Matthew or John and twice the number that Mark uses.1 This is to be expected for Luke was a physician, the "Beloved Physician of Paul." (Col. 4:14) His account of the life of Christ describes more medical instances than do the accounts of the other Evangelists. He records 24 while the others give them as follows: Matthew 19, Mark 16, and John 6. His descriptions in the original Greek indicate an acquaintance with medical terminology compared to the lay words used by the other Gospel writers.

The several disease entities mentioned in the New Testament are easily recognized, and the language describes them very adequately. A third year medical student can make a diagnosis from the lucid descriptions. Among the medical conditions mentioned are arthritis, menorrhagia, epilepsy and poliomyelitis. These are recognized by their descriptions while others like dropsy, palsy, blindness and sores are only identified by their names. Luke's experience in orthopedics is evident from the following: "Behold, there was a woman which had a spirit of infirmity 18 years and was bowed together and could not lift herself up." (Luke 13:11) What infirmity would last so long and not cause the patient's death? Luke picked this patient correctly, for this disease is far more frequent in women than in men. She suffered from osteoarthritis with ankylosis or fixation of the joints. The cure. "Woman, thou art loose from thy infirmity" (Luke 13:12), envisages a technique or procedure whereby the adhesions and calcifications are broken up and dissolved, and pliability is restored to her joints and movement to her limbs.

Mark and Luke both record the instance of the woman who suffered from menorrhagia (Mark 5:25-26, Luke 8:34). Mark, the layman, seemingly had a poor opinion of doctors. He was also concerned with the cost of medical care, an ancient as well as a modern problem, to quote: "And a certain woman which had an issue of blood 12 years, and had suffered many things of many physicians, and had spent all that she had, and was nothing the better but rather worse." Luke, the physician, was non-commital concerning the unsuccessful treatment by other colleagues, to quote: "And a woman having an issue of blood 12 years who had bestowed all her substance on physicians, and could not be healed by an." Besides being a good practitioner, Luke observed medical ethics. He was also cognizant of the high cost of medicine as every physician should be.

The above examples were incidents of Christ in the Synagogue. So was the following: "And behold a man among the crowd cried out, saying: Master, I beseech thee look upon my son, because he is my only one. And lo, a spirit seizeth him, and he suddenly crieth out, and he throwing him down and tear eth him, so that he foameth: and bruising him, he hardly departeth from him." (Luke 9:38-39) Mark makes some additional observations: "Sometimes he falls into the fire and sometimes he falls into the water." (Mark 9:17-22) What more is required to identify an attack of epilepsy? This is a classical description. In the Old Testament the phrase "falleth, and so his eyes are opened." (Num. 24:4) is interpreted as signifying an attack of epilepsy.

"The man whose right hand was withered" (Luke 6:6) presumably survived an attack of polio which left his right hand atrophic and useless. (Matthew 19:12) describes instances of eunuchism: "For there are some eunuchs which were so born from their mother's womb and there be some eunuchs which are made eunuchs of men." This is the earliest reference in any literature recognizing the difference between congenital and acquired hypogonadism.

From the examples cited one can conclude that a high degree of medical knowledge existed in Biblical
times, and that the observations of 2000 years ago deviate very little from the basic medical concepts we hold today. Study of the Bible reveals an extraordinary concordance between data of the Scriptures and many of the modern and most recent discoveries in the biological and medical fields. To quote Sir Isaac Newton: "The Scriptures are the most sublime philosophy. I find more works of authenticity in the Bible than in profane history anywhere."

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A survey conducted among some hundred English and Welsh physicians a few years ago revealed a marked difference of opinion regarding the practical obligations of medical secrecy. The questionnaire submitted to these doctors took the form of a series of imaginary cases in which either the common good or the rights of individuals seemed to argue in favor of a doctor's divulging certain information acquired in the course of his professional practice. The doctors were asked to express their personal opinions as to proper procedure in each instance, whether to disclose or to withhold the information in question.

Some of the problems posed are quite provocative—and perhaps the divergence of opinions expressed would be considered even more so. If a physician, for example, as a private practitioner, should discover that a railroad engineer, whom he has diagnosed as epileptic, intends neither to inform his employers of his condition nor to give up his work, should the doctor himself report the case to railway authorities? Answers were almost seven to one in favor of divulging the information. Should the doctor report to the police the identity of a criminal abortionist, whose name he has learned from a woman patient who forbids him to make use of the knowledge? A slight majority favored reporting the culprit, while a strong minority declared for the contrary. A workman is receiving industrial insurance compensation for an injury alleged to have been received in the course of his work. Would his personal physician be justified in revealing to authorities that the disability was actually incurred prior to his employment and that the claim is therefore fraudulent? By approximately two to one, the doctors decided against the propriety of revealing this medical information.

The results of such a poll might easily provoke doctors to any one of several adverse reactions—either consternation at the number who would countenance an apparent breach of professional ethics in certain situations; or impatience with the insistence of some on the absolute sacredness of the medical secret regardless of all circumstances; or chagrin at the failure of doctors to agree on so basic a question; or perhaps resentment towards medical soci-