

The Greatest Physician: John 9 in its Ancient Medical Context*

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Abstract

The story of the man born blind in John 9 is incontrovertibly presented as a miracle story. Nevertheless, this essay argues that the above healing narrative can additionally be read as a doctor-patient encounter. Medical imagery abounds throughout John 9. Bringing said medical imagery to the fore clarifies otherwise curious elements of the story and uniquely illumines the character of Jesus. Physicians and healers occupied overlapping spheres of philosophy and praxis in the ancient world, but these disciplines and traditions present as clearly distinct by late antiquity. In the story of the man born blind, Jesus appears to take on the role of doctor proper in a way that should shape the text's interpretation.

Introduction

The medical world of late antiquity permeated patristic writings in a way that is instructive for modern audiences for which ancient medicine is foreign to familiar. This essay analyses some of the medical imagery in the story of the man blind from birth in John 9 with a specific focus on what the medical valence of the text says about Jesus. I contend that Jesus takes on the role of a physician in this Johannine story in a way that is quite unique in the Johannine corpus and the Gospels as a whole. He diagnoses an illness while simultaneously offering a prognosis (v. 3), applies a treatment (v. 6), prescribes a regimen of health (v. 7), and then even returns on rounds to

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advocate for his patient during a time of social tumult whereupon he turns his diagnostic and prognostic capabilities on the Pharisees (vv. 35-41). In this medical mode, Jesus takes up and fulfills the role of doctor by using the humblest of medical mediums – saliva – to treat an ailment that no other earthly physician could treat – congenital blindness. Consequently, the one called “The Great Physician” proves himself the *greatest* of physicians even by ancient medical standards. What follows is an exposition of a few components of the medical imagery of John 9 within its narrative structure.

Framing the Discussion

“As he [Jesus] walked along, he saw a man blind from birth. His disciples asked him, ‘‘Rabbi, who sinned, this man or his parents, that he was born blind?’’ – John 9:1-2 (NRSV)¹

It is evident in the text that the man born blind is not only suffering from congenital blindness but also from an identity formed by a socio-religious diagnosis. Such a scenario was not uncommon in the ancient Near East, as many supposed that illnesses and disabilities had divine or otherwise paranormal origins.² Jesus usurps popular conceptions, in this instance, by denying the sinfulness of any party as the cause for this man’s blindness.³ However, it is important to stress that he does not comprehensively repudiate divine etiology for disease across the board. If evaluated first and foremost theologically, vv. 1-3 can read as an enigmatic moment because it looks like a missed opportunity for Jesus to provide doctrinal clarity by clearing up popularized misconceptions. However, reading this story as a medical encounter allays some of the confusion

¹ All biblical citations will be from the NRSV unless otherwise stated.

² Gary B. Ferngren and Ekaterina N. Lomperis, eds. *Essential Readings in Medicine and Religion* (Baltimore, MD: Johns Hopkins University Press, 2017), 73. In the introductory sections to medicine and religion in Rome, the editors point out how demonic origins of disease are seen in ancient Egyptian writings and are even more prevalent in Mesopotamia. They then argue that the Second Temple Jewish belief in demons as the cause of illness or disability is likely a Babylonian import from those returning to Palestine in 538 BCE. For a full treatment of divine and demonic roles in disease and disability see, Markham J. Geller and Luděk Vacín, *Healing Magic and Evil Demons: Canonical Udug-Hul Incantations* (Berlin/Boston: De Gruyter, 2016).

³ “Jesus answered, ‘Neither this man nor his parents sinned; he was born blind so that God’s works might be revealed in him’” (John 9:3).

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by shifting the theological *aporiae* to the periphery. If considered in the doctor-patient model, it becomes immediately intelligible why the sole focus is placed on this particular man's condition and not the origin of disease or disability proper. Like a physician attentive to his patient, Christ does not explain every physical and metaphysical mechanism at work. Instead, we get what is relevant to this man's ailment and his future well-being.

Optical Ailments

Whereas untreated optical conditions in the developed world are a novelty today, eye problems in the ancient world were epidemic. Christian Laes describes the situation:

The standard estimate for the population of the Roman Empire is 50 million (although demographers disagree about nearly every figure in this respect); thus around 20,460 blind children and 450,000 blind people above the age of 50 years would be a realistic estimate. The total number of blind people would amount to approximately 500,000 with the number of people with visual impairments (including blind people) reaching 1.5 million.⁴

In a struggle to somewhat address this torrent of optical malaise, Galen lists well over one hundred common eye pathologies and expects trained physicians to be able to treat any number of them.⁵ Eye issues were so pervasive in the Graeco-Roman world that Vivian Nutton claims they merited a specialist class of physician—*ophthalmikos*.⁶ Imagine a world devoid of antibiotics, vaccinations, and corrective lenses and then add in wounds from physical combat and inordinate nutritional deficiencies. That is a recipe for widespread ophthalmic tribulations and a world

⁴ Christian Laes, "Blindness, a 'Fate Worse Than Death'?", in *Disabilities and the Disabled in the Roman World: A Social and Cultural History* (Cambridge: Cambridge University Press, 2018), 88. doi:10.1017/9781316678480.005.

⁵ Galen, *De compositione medicamentorum secundum locos* 4.7, in *Claudii Galeni Opera Omnia*, ed. Karl Kühn, (Cambridge: Cambridge University Press, 2011), 12.766-777. doi:10.1017/CBO9780511895197.009.

⁶ Vivian Nutton, *Ancient Medicine*. 2nd ed. (New York: Routledge, 2013), 31; Laes, "Blindness, a 'Fate Worse Than Death'?", 88.

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wherein the number one complaint of those seeking healing at Asklepiion shrines is, unsurprisingly, eye problems.⁷

In our text, the condition of the man blind from birth had a complicated theological valence in his day, divine etiology notwithstanding. The level of complication is illuminated by turning to medical and omen texts. A hallmark of these ANE and Graeco-Roman texts is the “science” of physiognomy. Physiognomy is the practice of reading external physical characteristics (omens in the ANE) to discern the inner state of a person. This practice blurred the lines between medicine and theology.⁸ A quote from Philostratus’s *Life of Apollonius* (a third-century biography of a first-century CE miracle worker) illustrates: “For in many cases a man’s eyes reveal the secrets of his character, and in many cases there is material for forming a judgment and appraising his value in his eyebrows and cheeks, for from these features the dispositions of people can be detected by wise and scientific men, as images are seen in a looking-glass.”⁹ Similar observational significance is placed on the eyes in the Hippocratic corpus, especially in *Prognosis*, as crucial indicators for illness and health:

...paying particular attention to the eyes. For if they avoid the glare of light, or weep involuntarily or squint, or the one becomes smaller than the other, or if the whites are red or livid or show the presence of tiny dark veins, or if bleariness appears around the eyes, or if the eyes wander, or project, or are deeply sunken, or if the whole complexion of the

⁷ Nicole Kelly, “Deformity and Disability in Greece and Rome,” in *This Able Body: Rethinking Disabilities in Biblical Studies*, eds. H. Avalos, Sarah Melcher, and Jeremy Schipper (Atlanta: Society of Biblical Literature, 2007), 26; Laes, 112.

⁸ The line between magic/divination and medical had been blurred in practice since the advent of the *asūtu* (roughly “physical”) and *āšipūtu* (roughly “diviner”) disciplines in the ANE. Omen interpretation, including physiognomic omens, was primarily the domain of the *āšipu* but the *asū* also received overlapping training and would have employed similar methods, though perhaps less frequently. David Rohrbacher discusses the value of the eyes for physiognomic interpretation in late antiquity. The quote below is from a comment on Suetonius’s physiognomic portrait of Augustus: “The eyes, treated in detail here, are by far the most important body part according to the [physiognomic] manuals” (“Physiognomics in Imperial Latin Biography,” *Classical Antiquity* 29, no. 1 [2010]: 102. <https://doi.org/10.1525/ca.2010.29.1.92>). See also, Elizabeth C. Evans, “The Study of Physiognomy in the Second Century A.D.,” *Transactions and Proceedings of the American Philological Association* 72 (1941): 97–98. <https://doi.org/10.2307/283044>. Therein she highlights the influential second-century handbook of physiognomy written by Polemo of Laodicea. More than a third of the text (originally written in Greek and extant in Arabic) is dedicated to the divining roll of the eyes.

⁹ Philostratus, *Life of Apollonius* 1.30, trans. F.C. Conybeare, cited in Leas, 107.

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face be altered; then all these things must be considered bad signs and indicative of death. The appearance of the eyes in sleep should also be noted, for if some of the white shows when the eyes are closed, so long as if some of the whites show when the eyes are closed, so long as it is not due to diarrhea, the taking of drugs, or the normal habit in sleep, it is a bad sign and especially fatal.¹⁰

How can a healer or physician work their respective “magic” if the eyes supply little to no prognostic information? The unfolding scene of John 9 begs the question.

The man born blind appears consigned to the margins of society, at least in part, due to the physiognomic weight of his eyes. That is, his character is purported to be on display in his closed eyes. In his case, physical blindness equates to spiritual poverty and the potential for contagion.¹¹ Curiously, though, the Johannine narrative advances to prompt the reader to see past what this man’s eyes suggest about him and instead allow his soon-to-be-healed eyes to be the mirrors of prognosis for everyone else’s spiritual blindness, including that of the reader. This is but one element of the socio-medical reversal the medical backdrop of the text reveals.

Christus Ophthalmikos: The Method and Medium of Healing

“When he had said this, he spat on the ground and made mud with the saliva and spread the mud on the man’s eyes, saying to him, ‘Go, wash in the pool of Siloam (which means Sent).’” - John 9:6-7

¹⁰ *Prognosis 2 in Hippocratic Writings*, ed. G. E. R. Lloyd, (London: Penguin Books, 1983), 171. This selection is taken from instructions for the third day. Reference to the role of eyes is also found in day one and later in section 7 concerning hypochondrium: “In such cases, the appearance of the eyes should be noted; if the eyes move rapidly, it is highly probable the patient is mad” (173). For a discussion on how ancient Greek medicine, particularly Hippocratic medicine, was engaged by early Jewish interpreters see Stephen T. Newmyer, “Talmudic Medicine and Greco-Roman Science Crosscurrents and Resistance,” *Band 37/3. Teilband Philosophie, Wissenschaften, Technik. Wissenschaften (Medizin und Biologie [Forts.]*), ed. Wolfgang Haase, (Berlin, Boston: De Gruyter, 2016), 2895-2911, <https://doi.org/10.1515/9783110809008-017>.

¹¹ See, Chad Hartsock, *Sight and Blindness in Luke-Acts: the Use of Physical Features in Characterization* (Boston, MA: Brill, 2008). In his chapter titled “Physiognomy and Blindness in the Old Testament and Second Temple Judaism,” Hartsock makes the case that Second Temple Judaism read Old Testament passages having to do with blindness and eye disease physiognomically (83-124). He argues that blindness in texts from the Old Testament and the intertestamental period can almost uniformly be read as blindness = spiritual poverty. “This is the case because while we might make a technical distinction in the kinds of disorders of the eyes—whether congenital or old age or the result of an accident—an ancient auditor who thinks in physiognomic terms may see any and all such optical impairments as an indication of the character of the person” (103).

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Congenital blindness had no medical treatments in the ancient world and thus was not explicitly discussed in germane medical treatises. That being the case, exploring this story using any medical frame may appear *prima facie* inappropriate.¹² To the contrary, I argue that the sharp distinction between medical and miraculous was not nearly as unyielding in the New Testament world. Both Galen and the Hippocratic author of *The Sacred Disease* evidence how the ancient medical mindset was able to express a naturalized etiology for illness and maintain what reads like methodological naturalism in their respective medical practices without cordoning off the divine realm.¹³ Galen, for example, made room for divine intervention in healing. He famously praised Asclepius for his own healing and the god's continued providential guidance in his life and career.¹⁴ It is evident even in the works of the medical elite of the ancient world that the barrier between the preternatural and the natural remained hazy. This would likely have been even more

¹² H. van der Loos expresses his reservation at reading any of Jesus's miracles in this way, let alone the man born blind (*The Miracles of Jesus* [Leiden, Netherlands: E. J. Brill, 1965], 20); see also, Ahmad M. Mansour, Abla Mehio-Sibai, Joseph B. Walsh, Zaher H. Sbeity "Jesus and the Eye: New Testament Miracles of Vision," *Acta Ophthalmologica Scandinavica*, 83 (2005): 739-745. <https://doi.org/10.1111/j.1600-0420.2005.00608.x>. These authors argue that Jesus's healing encounters ought not to be seen as medical encounters because they don't take place in one-on-one settings but public ones, don't involve physical examination or history taking, and Jesus does not employ medicines. Though, of course, Jesus does employ a medical medium in this text, as will be discussed shortly, and ancient medical encounters were, in fact, often public.

¹³ See *Airs, Waters, Places*, ed. Lloyd, 165-166; also *The Sacred Disease*, 237 & 251. Methodological naturalism is distinguished from metaphysical naturalism. A metaphysical naturalist closes off all elements of their life and thought from the possibility of reality having any non-material dimensions. By contrast, methodological naturalists look solely for natural causes and solutions within certain disciplines but need not also adopt scientific metaphysical commitments overall. Metaphysical naturalism, a modern category, should not be anachronistically read into ancient texts or attributed to ancient persons. Where modern people, conditioned by enlightenment-based naturalist impulses, allege disjunction and sharp divisions between the natural and supernatural, ancients principally perceived harmony and continuity. For a recent guide to untangling metaphysical and methodological naturalism in the medical field (particularly when engaging with people from a faith tradition) see Michael Balboni and Tracy Balboni, "Do Spirituality and Medicine Go Together?: When Exploring the Indelible Connection Between Medicine and Spirituality, Follow the Evidence," Center for Bioethics Harvard Medical School, published June 1, 2019, <https://bioethics.hms.harvard.edu/journal/spirituality-medicine>.

¹⁴ Christian Brockmann, "A God and Two Humans on Matters of Medicine: Asclepius, Galen, and Aelius Aristides," in *In Praise of Asclepius: Aelius Aristides, Selected Prose Hymns* (Tübingen: Mohr Siebeck, 2016), 116. Francesca Rochberg also highlights the "complex coexistence of the rational and irrational" in Galen's practice. He was averse to the use of magic and astrology (calling them *alogos*) in his medical practice but was willing to allow Asclepius to prescribe therapeutic interventions through dreams (*Before Nature: Cuneiform Knowledge and the History Science*, [Chicago, IL: University of Chicago Press, 2016], 138).

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pronounced in the popular perceptions of the day.¹⁵ Spittle in John 9 is illustrative as a boundary object.

The Medical Case for Saliva

Saliva had a mainstream role in medical practices throughout the ancient world from the time of the Babylonian and Egyptian empires up through the writings of Albert the Great (CE 1193-1280).¹⁶ The ancient encyclopedist Pliny the Elder (CE 23-79) is instructive on this point. He highlights a host of medical usages of saliva in a chapter of *The Natural History* entitled “Properties of the Human Spittle,” including the value of overnight fasting saliva as a treatment for ophthalmia.¹⁷ Galen, in his own right, reiterates the medical usefulness of fasting saliva for treating eye problems.¹⁸ Of course, the discovery of the antimicrobial properties of saliva was centuries away. Ancient medicine, however, did not rely on modern germ theory; it relied on *observation*. So, despite all-encompassing ignorance of the microscopic biosphere, ancient medical practitioners, and likely anyone who had ever seen a dog lick its wounds, could infer the

¹⁵ Gary B. Ferngren further fleshes this point out with a reference to *The Wisdom of Jesus ben Sira*. He argues that in this text honor for physicians is exhorted because God has appointed them to heal: “He [the physician] receives his wisdom directly from God, who also produces medicines from the earth that men ought to employ. To ben Sira, healing by physicians is fully compatible with prayer, for it is ultimately God who heals... It is still God who heals, but he does so through the physician, who is his agent” (*Medicine and Health Care in Early Christianity*, 24). Also see Dale B. Martin, *The Corinthian Body* (New Haven: Yale University Press, 1995), 155. Martin argues: “Hippocratic medicine was never completely successful in its attempts to turn popular thought away from an etiology of invasion to one of the balance of nature. It is true that members of the educated class came more and more to reject the invasion etiology, but their writings reveal that other, less educated people never made the epistemological shift.”

¹⁶ Frank Gonzalez-Crussi, *The Body Fantastic* (Cambridge, MA: MIT Press, 2021), 73-120.

¹⁷ Pliny the Elder, *The Natural History*, trans. John Bostock, 28.7, <http://data.perseus.org/citations/urn:cts:latinLit:phi0978.phi001.perseus-eng1:28.7>. “Ophthalmia may be cured by anointing, as it were, the eyes every morning with fasting spittle.” Other medical uses include: “a preservative against the poison of serpents,” marking a boil, applying fasting spittle to lichens and leprous spots, and fixing a “crick in the neck.” He also notes more superstitious uses like spitting on epileptics in the throes of an episode to “repel contagion,” and spitting to repel “fascinations” (read “bad luck”) after encountering a person with a lame leg. Jey J. Kanagaraj additionally argues that while John does not overtly attribute any magical or medicinal powers to the spittle, “saliva was regarded later by some rabbis as containing healing properties” (“John 9: The Holistic Healing of a Man Born Blind,” in *John: A New Covenant Commentary* [Cambridge, UK: The Lutterworth Press, 2013], 99-105 [quote from 100]).

¹⁸ Loos, *The Miracles of Jesus*, 308.

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dynamis of saliva from simple, empirical observation. In fact, the major Mesopotamian goddess of healing, Gula, and her Graeco-Roman parallel, Asclepius, were both known for their association with dogs for this very reason.¹⁹

Jesus offers a different treatment form in John 9 than in other saliva-involved encounters.²⁰ Spittle is used indirectly to create an eye plaster or salve. Eye salves were a prevalent medical treatment in the ancient world; so common, indeed, that Pliny bemoans doctors not being diligent about preparing their own and instead opting for “ready-made” mixtures.²¹ Galen had his favorite—collyrium (Gk. *κολλοῦριον*), a dry, dirt-like element made from the Phrygian stone.²² Emilie Savage-Smith offers a helpful summary of collyrium’s usage in and around the biblical era in her review of Harald Nielsen’s *Ancient Ophthalmological Agents*:

By Hellenistic times, however, the term [collyrium] was used primarily for eye medicines. The term could refer to eye medicaments in general, both liquid and dry, but was especially used for rolled, shaped, and dried ointment sticks. When these shaped and dried pastils or cakes were to be used they could be pulverized in a mortar and applied as a powder, or they could be finely crushed and mixed with a liquid such as rainwater, cow's milk, breast milk, egg white, or wine, and then applied as drops or a moist ointment to the affected eye. The second method of application seems to have been the more common. Occasionally two or more prepared collyria could be pulverized and combined and then mixed with a liquid.²³

¹⁹ Lawrence E. Stager and Philip J. King, *Life in Biblical Israel*, 1st ed. (Louisville, KY: Westminster John Knox Press, 2001), 83. Lawrence Stager in his stand-alone article suggests that there was a Phoenician healing cult at Ashkelon that was likely associated with Phoenician healing deities. Part of the evidence for his claim is the presence of 1,500 partial or complete dog burials at the site (see, Lawrence E. Stager, “Why Were Hundreds of Dogs Buried at Ashkelon?,” *The Biblical Archaeology Review* 17, no. 3 [1911]: 27–42). Also see, Barbara Böck, *The Healing Goddess Gula: Towards an Understanding of Ancient Babylonian Medicine* (Leiden/Boston: Brill, 2014).

²⁰ Cf. Mark 7:31-35 and 8:22-25.

²¹ *Nat.* 34.108 cited in Craig R. Koester, “The Message to Laodicea and the Problem of Its Local Context,” *New Testament Studies*, 49 (2003): 423.

²² R. M. Green, *A Translation of Galen's Hygiene (De Sanitate Tuenda)* (Springfield, IL: Thomas, 1951), 269. “And the eyes you will strengthen by using the dry collyrium made of Phrygian stone, applying the mixture to the eyelids without touching the membrane of the eye inside.” Of course, Galen’s suggestion of a dry application in this text hardly represents a uniform approach in all times and places. Each patient’s humoral balance required specific prescription. For the standard reference text on collyrium see Harald Nielsen, *Ancient Ophthalmologic Agents: a pharmaco-historical study of the collyria and seals for collyri used during Roman antiquity, as well as of the most frequent components of the collyria* (Odense, Denmark: Odense University Press, 1974).

²³ Emilie Savage-Smith, “Review of Harald Nielsen *Ancient Ophthalmological Agents*.” *ISIS* 68, no. 3 (Sep. 1977), 472. For an extensive account of ancient ophthalmic practices in the Roman Empire see, R. P. I. Jackson, “Eye Medicine in the Roman Empire” In *Band 37/3. Teilband Philosophie, Wissenschaften, Technik*.

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Another biblical text provides insight into this cultural phenomenon. Revelation 3:14-22 offers a chilling rebuke of the deeds of the church of Laodicea. Intriguingly, Laodicea has been linked to a medical school that trained ancient ophthalmologists and may have been associated with producing the very collyrium that Galen praised.²⁴ It may be that John the Revelator's inclusion of the line, "I counsel you to buy from me [the glorified Jesus] ... salve (*κολλούριον*) to put on your eyes, so you can see," is a double entendre.²⁵ The people of Laodicea cherish their reputation for effective eye salve, but the Great Physician, not opting for their impotent, ready-made version wishes to supply his own. Though one cannot conclude a direct link between Revelation 3 and John 9, at minimum, the same medical imagery and physician are at work.

Various interpreters have speculated about the theological meaning of the salve formed by Jesus for the blind beggar. A popular move traceable through Irenaeus, Augustine, and Chrysostom is to view this as a re-creation moment harking back to creating man from the dust in early Genesis. Instead of dust and vivifying breath, we have clay and dynamic saliva.²⁶ I propose a reading of this story that does not get much attention in either ancient or modern scholarship—one that highlights Jesus administering a popular remedy for eye irritation, an eye paste or salve, followed by the prescription of washing. It seems reasonable to assert that first-century observers of the

Wissenschaften (Medizin und Biologie [Forts.]) Wolfgang Haase ed., (Berlin, Boston: De Gruyter, 2016), 2228–2258. <https://doi.org/10.1515/9783110809008-004>.

²⁴ Koester, "The Message to Laodicea and the Problem of Its Local Context," 417-419; Edwin M. Yamauchi, *The Archaeology of New Testament Cities in Western Asia Minor* (Grand Rapids, MI: Baker Book House, 1980), 141 & 145. The latter claim is contested amongst scholars.

²⁵ Revelation 3:18. It should be noted that while many scholars argue the Book of Revelation belongs to the Johannine tradition, it is widely assumed to that it was not written by the author of John's Gospel.

²⁶ See, Nonna Harrison, "John Chrysostom on the Man Born Blind [John 9]," in *Suffering and Evil in Early Christian Thought*, eds. Nonna Harrison and David Hunter (Grand Rapids, MI: Baker Academic, 2016), 123-124; see also, Daniel Frayer-Griggs, "Spittle, Clay, and Creation in John 9:6 and Some Dead Sea Scrolls," *Journal of Biblical Literature* 132, no. 3 (2013): 659–70. <https://doi.org/10.2307/23487892>; also see, Tomas G. Weinandy, "Giving Sight to the Man Born Blind," in *Jesus Becoming Jesus: A Theological Interpretation of the Gospel of John – Prologue and the Book of Signs*, vol. II (Washington, DC: The Catholic University of America Press, 2021), 314-337; see also, Thomaskutty, Johnson, "The Irony of Ability and Disability in John 9:1–41," *Hervormde Teologiese Studies* 78, no. 4 (2022): 1–7. <https://doi.org/10.4102/hts.v78i4.7718>.

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episode in question would have perceived the application of mud to the eyes as a legitimate ophthalmic treatment that simply should not have generated sight for someone suffering from congenital blindness.

Many hallmarks of Galen's interactions with patients, outlined by Susan Mattern, inform the present discussion. Galen insists that physicians mix their own drugs and ointments and personally apply plasters, anointings, and offer massages when possible. He also shows a willingness to prescribe baths and sometimes do the bathing himself.²⁷ Furthermore, Mattern accentuates the standard treatment grammar in Galen's patient histories. In most cases, instructions from the physician are described, followed by whether the patient respected the orders verbatim. Generally, the patient responds positively to treatment if the directives are depicted as followed in every way. If not, the patient is the point of failure, not the doctor's prognosis.²⁸ The active role of the patient in the outcome of medical cases was widely assumed throughout the ancient world and is highlighted in the opening section of the Hippocratic work, *Aphorisms*: "It is not enough for the physician to do what is necessary, but the patient and the attendants must do their part as well, and circumstances must be favorable."²⁹ Observe the instructions of Jesus in verse seven, followed by the report of the blind man adhering to the directives and realizing the desired result, "'Go, wash in the pool of Siloam' (which means Sent). Then he [the man blind from birth] went and washed and came back able to see." Again, later the text recounts the same procedure in verse eleven:

²⁷ Susan P. Mattern, *Galen and the Rhetoric of Healing* (Baltimore, MD: The Johns Hopkins University Press, 2008), 143; see also, *Aphorisms* 31 and *Regimen for Acute Disease* 65–68 for the Hippocratic use of bathing in treating eye issues (ed. Lloyd, 229 & 204–205).

²⁸ Mattern provides an example of a short case narrative where Galen treats a slave with a wounded finger tendon who presents with fever: "And I asked him what was wrong with it; but he said that nothing relevant happened to it. It had been struck, because he had hit someone, and he had placed the usual ointment on it. Therefore since I found no other cause for the tension in his pulse, I ordered him to change the treatment of his finger, and to use those things which are appropriate to such disorders of the nerves; *but that man neglected my advice and on the following night suffered a convulsion*" (120, emphasis added).

²⁹ *Aphorisms* I in Lloyd, 206.

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“The man called Jesus made mud, spread it on my eyes, and said to me, ‘Go to Siloam and wash.’ Then I went and washed and received my sight.” The regimen is then shared for a final time with the Pharisees in verse fifteen. The similarities between Galenic patient encounters and Jesus and the blind man of John 9 loom large, and the glaring repetition points to a more coherent picture taking shape if the text is read in a doctor-patient framework.³⁰

Conclusion

Jesus encounters a man suffering from an extreme eye ailment, in this case, a less commonly medicalized condition. In response, he offers a formula for healing, or perhaps in ancient medical parlance, a regimen for health. To start, Jesus manufactures an eye salve. Rudiments for an efficacious eye salve could be found in any major city bazaar, or one could purchase a ready-made mixture marketed anywhere on the spectrum of effectiveness. However, as Vivian Nutton has shown, products hawked in any forum could prove salubrious to noxious.³¹ What could not be bought at the market was a curative for congenital blindness. As any good physician would, so says Galen, Jesus whips up his own using his saliva and dirt. This form of eye salve had a medical precedent as a means of assuagement. Anyone witnessing this scene and subsequent washing could have conceptualized this procedure as capable of reducing inflammation, irritation, or moisturizing (thus vivifying) the eyes per the principle of opposites in humoral medicine. The blind man follows Jesus’s prescribed regimen in its entirety. Based on

³⁰ Supporting evidence for this interpretation may also be found in the conclusion of the aforementioned story of Charitine in *The Acts of Philip*. Note, again, the similar grammar: “Philip replied to her: ‘Rise and spread your right hand over your face as you say “in the name of Jesus Christ, let the disfigurement of my eye be cured.”’ So she did just as he told her, and at that moment she was immediately cured and she was glorifying God” (*The Acts of Philip* 4.5, trans. François Bovon and Christopher R. Matthews [Waco, TX: Baylor University Press, 2012]). Additionally, Susan Mattern also profiles similarities between the literary units of physician records in Galen and stories about Jesus in the Gospels, but not the story of John 9 (66-67).

³¹ See, Vivian Nutton, “The Drug Trade in Antiquity,” *Journal of the Royal Society of Medicine* 78, no. 2 (1985): 138–45. <https://doi.org/10.1177/014107688507800214>.

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extant ancient medical reports, especially the Galenic ones discussed above, readers should not be surprised that the treatment proves efficacious. However, the degree to which the eye salve is generative is nothing short of miraculous, even though it remains couched in medical imagery. His eyes are opened; the man born blind now sees. In this passage, Jesus intentionally operates in a medical mode to take up, fulfill, and complete the role of physician by using the humblest of medical mediums to treat an ailment that no other earthly physician could treat. Thus, the text declares Jesus to be the *greatest* physician among humans, warranting also the divine title “Great Physician,” ascribed to Adonai in the Old Testament, Gula in Mesopotamia, and Asclepius in the Graeco-Roman world.

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