

Whilst faith does not require the abandonment of thought, a material explanation of these events requires more than a superficial review of physiological concepts. Personally, I find myself echoing St Paul's comments in the matter [3].

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References

- 1 Schoenfield H. *The Passover Plot* New York: Bernard Geis, 1965
- 2 The Apostle Peter. 1 Peter, Chapter 1, verse 3. *New Testament*.
- 3 The Apostle Paul. 1 Corinthians, chapter 15, verses 14–19 *New Testament*.

The Crucifixion

Sir—The recent paper by Drs Margaret and Trevor Lloyd Davies [1] about the crucifixion of Christ received much publicity in the British press. Their hypothesis that Christ fainted on the cross and did not die was an erudite restatement of the first advanced by the late Dr J. Bourne [2].

The authors wrote 'His buttocks rested on a *sedile* projecting from the *stipes*.' This contention, vital to the hypothesis, is almost certainly wrong for it would have been pointless for the soldiers to have broken the legs of the two thieves and considered breaking those of Christ [3]. If a *sedile* was not used the victim could only continue to breathe whilst he had the strength and ability to straighten the legs and relieve the fixation of the chest wall by the upward pull of the arms. This form of death by asphyxiation has been described from Dachau concentration camp and is known as *aufbinden* [4]. Fainting in an upright position is very dangerous and rapidly fatal as, paradoxically, Bourne argued [5,6] in his campaign to make dental anaesthesia safer.

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References

- 1 Lloyd Davies M, Lloyd Davies TA. Resurrection or resuscitation? *J R Coll Physicians Lond* 1991;25:167–70.
- 2 Bourne JG. The resurrection of Christ: a remarkable medical theory. *The Sunday Times*, 24 January 1965.
- 3 John 19:32
- 4 Pierre B. *The Passion of Our Lord Jesus Christ*. Dublin, 1954.
- 5 Bourne JG. The common fainting attack. *Br Den J* 1965;119:62–6.
- 6 Bourne JG. Deaths associated with dental anaesthetics. *Lancet* 1973;1:35.

COMMENT: Resurrection or Resuscitation?

The medical analysis of the Passion narratives by Margaret and Trevor Lloyd Davies has excited correspondents to the Journal. We should now distinguish several elements in the debate.

There is first the language of the New Testament, not of the Gospels only but of the Acts and the Epistles also. Here we cannot separate the language of 'fact'

from the language of faith or theology, because the words used in the narratives were often chosen because they were already laden with symbolic or theological meaning derived from the Old Testament and rabbinic traditions. The first three Gospels have a common element in Mark, to which Matthew and Luke added material from other sources. Behind all three lie oral traditions and written materials, distinguishable by scholars skilled in literary analysis. In the fourth Gospel John builds reflections and theological interpretations into his story. So, for instance, when he records that the legs of Jesus were not broken (John 19: 36–7) he recalls an ordinance for the ritual commemoration of the sacrificial Passover lamb, 'a bone of him shall not be broken'; and on the piercing of the side he recalls an oracle of purgative mourning from Zecariah 12.10, 'they shall look on him whom they pierced.' The intent in both instances is to declare that this is no ordinary death, the execution of a revolutionary or felon; it was a death with redemptive significance.

As a fact of history there can be no doubt that the early Church—the Christian communities which produced the New Testament—were convinced that Jesus had really died and that God had raised him from the dead. The belief is both implicit and explicit in the earliest epistles, which were written before the earliest Gospel reached its present shape. The verbal inconsistencies in the narratives are easily and credibly accounted for. Partly they are the natural product of the several streams of oral and written tradition now gathered into the narratives. (And if the disciple John, to whom Jesus committed the care of his mother, was himself or stood near St John the evangelist, we have a good link with an eye-witness at source). Partly the differences are accounted for, as already suggested, by the choice of words, in all our sources, already laden with theological meaning, words chosen by different authors, each to convey the significance of the events which he records.

We must distinguish, secondly, the language of medical diagnosis and description. There is nothing improper in a medical curiosity which seeks to understand the physiology of the events of Good Friday and Easter Day. Hypotheses can be formulated and tested in a professional way, provided that the investigators understand the nature of the evidences which they examine, and that they respect the canons of literary investigation which professional exegetes can demonstrate as proper to the narratives in question.

Thirdly, we may distinguish at least two sorts of response to these medical hypotheses which may be expected from members of the Christian Church who affirm, in the oldest of their Creeds, that Jesus 'was crucified, dead and buried' and that 'on the third day he rose again from the dead.' If we may judge from some of the references cited by your correspondents, it seems likely that they stand in a tradition which attaches faith in the redemptive death and resurrec-