

**PAUL MARSTON**

## A Response to ‘Miracles in Medicine’<sup>1</sup>

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Let me begin by saying that I am not questioning the sincerity or spirituality of Peter May – any more than I imagine he questions the honesty and sincerity of Christians like Jennifer Rees Larcombe or Mary Self who believe they experienced miracles. But as May himself rightly remarked in his article, we have to put the pursuit of truth above all. Those of us who believe that his conclusions about miracles are confused surely should be able to set out the methodological and theological reasons for this, and leave others to draw their own conclusions.

Meric Srokozs made some good points in his brief response to May in the journal, but in view of the importance of the issue it will be useful to look at May’s own arguments and analyses in more detail and in a wider philosophical and theological context.

May’s basic position can be summarised as follows:

1. God ‘could intervene in nature if that was his will’<sup>2</sup>
2. But ‘God seems to have, in general, committed himself to sustaining the physical laws he set at being in creation’, so it is better not to pray that anything miraculous will happen that diverges from these.<sup>3</sup>

May notes that he dissented from Ernest Lucas’ conclusion in the Houghton Consultation Report that miracles today were ‘rare’, seemingly implying that nowadays they never happen at all as ‘we cannot find a single one’.<sup>4</sup>

How is it that a Christian can conclude this?

May’s starting point bears startling similarities to that of Richard Dawkins. May notes that there are those whose whole faith has been built on personal or family experience of a miraculous healing. If they accept that these are not really miracles then they may be traumatised; but (he says) we must, ‘separate feelings from facts’<sup>5</sup> and ‘The struggle to establish truth must be a first priority for Christians... we cannot promote the Gospel on the basis of wishful thinking or falsehood.’<sup>6</sup> Dawkins likewise recognises that many will find depressing his ‘demonstration’ that religion is all fantasy, but in the end declares that the truth

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1 May, P. ‘Miracles in medicine’, *Science and Christian Belief* (2017) 29 (2), 121-134.

2 *ibid.*, 134.

3 *ibid.*

4 *ibid.*, 132.

5 *ibid.*, 121.

6 *ibid.*, 132-133.

is paramount.

As Dawkins points to excesses of religion to denounce all of it, May highlights those who are charlatans or who tell people to stop taking necessary medication, to denounce all healings as fake or delusion.

Dawkins makes it clear that he has no problem with a kind of Spinozan, Einstein-like pantheist god expressed only through laws of nature, and he says 'I am talking only about supernatural gods.'<sup>7</sup> Dawkins' objection is to any kind of supernatural God who can do miracles. To May, God *is* supernatural, but for some reason has ceased to operate in this way.

May lists five points to define what he means in this context by a miracle:

1. It is incurable
2. The conditions are generally non-remitting
3. The healing is instantaneous
4. There is no other therapy to account for it
5. The healing is complete

He claims that these define 'Christ-like' miracles (though it can be shown that many of Jesus' miracles can in fact be explained away as not meeting these criteria) and he claims they must be replicated today for modern miracles to occur.

May says that 'While we can investigate contemporary miracle claims, we cannot scientifically investigate miracles which occurred before the age of science.'<sup>8</sup> He notes of course, that this is not 'scientifically' in the sense of a controlled experiment. What May means here by 'scientific' is that he has investigated a number of claimed modern miracles and found alternative explanations for them which satisfy him (misdiagnosis, psychogenic illness, spontaneous regression, 'unexplained' etc), and on this basis infers that miracles have never occurred in modern times in any of the multitudes of claimed instances he has not investigated. But surely a more consistent sceptic like Dawkins would say that, given that we cannot examine the biblical miracles 'scientifically' and that the first century was not even an age of science, we have the more reason to extend our 'no miracles' conclusions to those earlier ages? If none of the cases we have 'scientifically' examined (in May's terms of thinking up possible alternative explanations) turn out really to be miracles, then surely it would (on this basis) be more consistent to conclude that none of those we cannot examine 'scientifically' will turn out to be miracles either?

In terms of the scientific method, however, May shows in his comments on

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<sup>7</sup> Dawkins, R. *The God Delusion*, Bantam (2006), p. 20.

<sup>8</sup> May *op. cit.*, (1), 124.

his own case that actually he started from an already presupposed determined disbelieving position. As he studied science he had to ask 'whether it was really a miracle for a Guy's surgeon to make a wrong diagnosis'.<sup>9</sup> He had carried out no examination, he had reviewed no evidence; he had not even at this time done any of his later studies on specific miracle claims. Rather, he began his investigations based on a belief that a misdiagnosis was much more plausible than a miracle. Meric Srokosz, in his brief response to May in the journal, notes that other investigators, who did not begin from a presupposition that miracles never happen today, concluded that sometimes they did – albeit rarely.

Now May's sceptical approach was applied very consistently by Hume (and later by Dawkins of course). Hume says:

...no testimony is sufficient to establish a miracle, unless the testimony be of such a kind, that its falsehood would be more miraculous than the fact which it endeavours to establish.<sup>10</sup>

In other words, there will always be some alternative explanation more likely than a miracle. Behind this is a strong belief in the uniformity of nature and the total constancy of 'natural law'. Now to the pantheist Spinoza, a supernatural miracle was inconceivable because natural law expressed God and for it to change would mean God violating his own nature. To empiricists like Hume, Dawkins and May, there is no such logic. Roger Forster and I looked at the inconsistency of their resulting position in both our *Reason and Faith*, and *Reason, Science and Faith* some years ago. First, it is hard to see how anything for a real empiricist can be so a priori improbable. If all knowledge comes from experience then we have to wait and see. Hume refused to accept in his own day the testimony of doctors and men of repute in Paris who had examined and accepted miracles. He replied only that 'the absolute impossibility' of such events must be sufficient refutation 'in the eyes of all reasonable people'. In other words, having begun solely by appeal to the evidence, he finished by refusing to look at it.

I will not look at all May's reductionist debunkings, but Jennifer Rees Larcombe is one he made especially high profile. He says:

Jennifer Rees Larcombe published a book entitled *Unexpected Healing* in which she claimed to have been miraculously healed of recurrent attacks of encephalitis, an inflammatory condition of her nervous system. A year previously, a photograph of her holding a wheelchair above her head had appeared on the front cover of a magazine. She subsequently appeared on television. I found an opportunity to meet her with a neurologist. He could make no sense of her story, and she eventually gave us signed consent to see

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<sup>9</sup> *ibid.*, 122.

<sup>10</sup> Hume, D. *An Enquiry Concerning Human Understanding* (1748) – quoted in Dawkins, R. *Unweaving the Rainbow*, Houghton Mifflin (1998), p.133.

her medical case notes. However, she promptly briefed her GP not to send them to us... A year later, I resubmitted her signed consent form to her doctor and he then sent me her neurological medical papers. She had shown no clinical signs and her extensive neurological tests, including lumbar puncture, EEG, CT and MRI scans were all normal. My detailed report in the form of a book review was published in the Church of England Newspaper and caused a furore.<sup>11</sup>

Well if the neurologist was not a miracle-believing Christian it is unsurprising that he 'could make no sense of her story'. A Pharisee neurologist would presumably have 'made no sense' of the story from the man born blind in John 9. People just do not recover like that. It is also unsurprising that, when she reflected after the presumably difficult confrontation, Rees Larcombe was unwilling to have part of her records made public by a person determined at all costs to debunk the miracle. In fact, the 'at all costs' seems illustrated in that under the Data Protection Act 1984 GP practices were 'data controllers' for the information they held on their patients. The data should be used only for the purposes collected, and unauthorised release was unlawful. Later BMA/Law Society guidance adds 'Your patient's permission for you to release information is valid only if that patient understands the consequences of his or her records being released, and how the information will be used.' Here the permission to release had been withdrawn; it does not matter legally whether this withdrawal was verbally or in writing, for both her GP and May were aware of her withdrawal. Whether the BMA would approve such an action I cannot say, but the release to an unconnected third party was illegal.

Did May obtain in this way *all* the relevant GP *and* hospital data? Several medical practice websites note online that sometimes patients have investigations that have been arranged by hospital consultants and the results from these tests do not automatically get forwarded on to GPs.

Her book actually mostly describes her symptoms and their miraculous and sudden disappearance. She says that early on her neurologist said she had permanent damage and 'This showed up quite clearly in the tests as central damage left by the encephalitis'<sup>12</sup> The term is used again<sup>13</sup> with an associated ME. She was given pain killers, muscle relaxers, and anti-inflammatory drugs.<sup>14</sup> Was her treatment appropriate if specialists knew there was nothing physically wrong? If this were true she presumably had some kind of hysteric/psychogenic or 'conversion disorder'. Neurologists commonly see such patients (one estimate is one in six), and different treatment is needed.

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11 Larcombe, J.R. *Unexpected Healing*, Hodder & Staughton (1991).

12 *ibid.*, p. 82.

13 *ibid.*, p. 83.

14 *ibid.*, p. 104.

May does not say whether he thinks Rees Larcombe was lying or delusional, but in the circumstances, I am surely not the only one unconvinced by his determined debunking?

An even more interesting case is that of Mary Self on which May concludes:

She feared that a lesion shown on a scan of her pelvis was a metastasis from a previous bone cancer, which had required the amputation of her leg. But the biopsy was inconclusive and over the next few months the lesion gradually reduced in size and disappeared. Her consultant wrote, 'She is saying it is a miracle. I am saying it is unexplained. It is important to say that we do not have proof this was a metastasis in the pelvis'.<sup>15</sup>

Dr Self is a doctor, the daughter of a doctor and married to a doctor. In her book she says that a biopsy was done on the pelvic lesion and the expert diagnosis made was *mesenchymal chondrosarcoma*. This is a cancer – metastasis would just mean it was a 'secondary' that spread from the original. It was in any case pronounced incurable. When it shrank and disappeared her consultant who is an acknowledged expert on bone tumours said:

'We do not have a medical explanation for what has happened. None whatsoever.'

Are you sure you couldn't have been mistaken? I mean, have you discussed other diagnoses?

'Yes,' says Mr Grimer. 'We've considered them all but nothing fits. You have a bone secondary and you are dying. We do nothing to you. You get better. You are in a category of your own – completely inexplicable!'<sup>16</sup>

When Dr Self hesitantly suggested that it was actually a miracle, she records his reply as: 'I'll buy that.'

Whether we term the consultant's view as 'unexplained' or 'completely inexplicable', this is surely not a convincing 'alternative explanation' to a miracle for a Christian supernaturalist theist?

May assumes that miracles *did* occur in the first century – presumably even after the death of Jesus, at the hands of Peter and Paul. He also states that even if we conclude there have been no miracles for hundreds of years, God may do one tomorrow.<sup>17</sup> So on what basis does he seem so sure it is not happening?

He says that things like feeding multitudes, cures of dementia or resurrections would be impressive today.<sup>18</sup> But I have heard claims in person from people I respect (including Heidi Baker who has a PhD in theology) for such things,

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15 May *op. cit.*, (1), 132.

16 Self, M. & Chaytor, R. *From Medicine to Miracle*, Harper Collins (2001), p. 251.

17 May *op. cit.*, (1), 133.

18 *ibid.*, 124.

and as a Christian see no more reason to disbelieve them than the miracles of Jesus and Paul.

On the theological level May has even greater problems.

In the Old Testament we read of a floating axe head, resurrection, fire from heaven, apparently instant cure of leprosy, and men walking unsinged from a fiery furnace.

Jesus, heralding and embodying the Kingdom of God and New Covenant, is accepted by May as doing 'genuine' miracles, but Jesus said that those who 'had faith in him' would do greater miracles<sup>19</sup> If, for example, Heidi Baker, Carlos An-nacondia, David Carr, and so forth, have faith in Jesus, then on what theological basis can May deny that they see healing miracles? Indeed, it would seem odd if in Old Covenant times miracles could apparently fulfil May's criteria but in the New Covenant they cease after an initial brief flurry.

Jesus' great commission is generally taken to be the continuing task of the church, and in it he says 'they will lay their hands on the sick, and they will recover'.<sup>20</sup> Peter, Paul and the non-apostle Philip did miracles<sup>21</sup> – though even Paul was not always able to heal.<sup>22</sup> Paul lists 'gifts of healings' as to be expected amongst church members. It is implausible to imagine that these healings could apply only to the limited number of illnesses May allows to be healed, namely, 'hysterics' or psychogenics.<sup>23</sup> Another implausible suggestion is that such gifts will 'cease' at the end of the apostolic age – Paul does say they will cease but also that knowledge will vanish away<sup>24</sup> and he refers to the age to come. Paul's reference to gifts is not just amongst apostles, but ordinary church members.

In an earlier period James had already written:

Are any among you sick (*asthenei*)? They should call for the elders of the church and have them pray over them, anointing them with oil in the name of the Lord. The prayer of faith will save the sick (*kamnonta*), and the Lord will raise them up (*egerei*); and anyone who has committed sins will be forgiven.<sup>25</sup>

Whilst Paul recognises that some individuals in the body of the church have a special gift of healing, James puts an expectation of healing in the leaders representing the local congregation or church. We practise both in our church, as do many others including Dr Mary Self's church where this verse was invoked

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19 Jn. 14: 12.

20 see Mk 16:15-18 also Matt. 28:18-20.

21 Acts 8:7

22 2 Tim. 4:20

23 May *op. cit.*, (1), 133.

24 1 Cor.13:8.

25 James 5:14-15 NRSVA.

and the elders were praying when her cancer ‘inexplicably’ disappeared. So, let us take a look at this verse.

The first word ‘sick’ is *asthenei*. This could mean ‘weak’ but note, for example, in Matthew 10:18 Jesus uses the same term in his command to ‘Heal the sick, raise the dead...’ In Philippians 2:27 Epaphroditus was sick nigh unto death, until God healed him. The word for ‘raise him up’ is the same one used in Mark 9:27 when Jesus raised up the boy who lay as though dead. The anointing with oil is mentioned elsewhere in:

They cast out many demons, and anointed with oil many who were sick and cured them.<sup>26</sup>

All this gives us a fairly clear picture of what these verses mean. Someone is weak with illness, and so makes a call to church leaders to come. They anoint the sick person with oil and pray – following the instructions Jesus had given his disciples. The oil is not some kind of medicine (otherwise anyone could administer it, not just the elders), and it is not the oil but the prayer that effects the cure. The ‘faith’ is expressed in the prayer, and this is made by the elders – it is not dependent on the faith of the sick person other, of course, than in that person having sufficient faith to call them to come. There should be no ‘guilt trip’ for the person if they are not healed. The elders (*presbuteros*) are just the established leaders of the local church congregation, there is no particular involvement of apostles here. Did James mean that it *always* works? Surely not. If even Jesus found conditions where he could not do many miracles,<sup>27</sup> then surely we will – for whatever reason. But it is not possible to reconcile May’s views with the words of James.

There are many completely disparate respected contemporary Christian sources claiming miracles. Of course there are charlatans, there are foolish, dangerous people who tell schizophrenics to stop taking their medication and just have faith and so forth – just as there are phony money-grabbing evangelists. But to conclude that the God of Jesus has given up the miraculous altogether for the last few hundred years seems an odd position for a Christian to take.

Near the end of his article May asks: ‘Imagine falling from a roof. Would you ask God to reverse the law of gravity? It would be better to pray that you landed on a passing hay cart or soft topped car.’<sup>28</sup> Well, to be honest, if I were falling from a roof I would be unlikely to pray: ‘God please save me, but be sure not to contravene any laws of nature.’ I doubt that, when Peter was sinking, he was that precise in his cry ‘Save me!’ or bothered whether the ‘laws of nature’ were or were not being ‘contravened’. Since the ‘law of gravity’ is only a generali-

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<sup>26</sup> Mark 6:13, NRSVA.

<sup>27</sup> Matt. 15:38.

<sup>28</sup> May *op. cit.*, (1), 134.

sation of what humans have usually seen as a kind of habit of God, God does not have to 'reverse' it, and as a Christian I can just pray that he will save me – however he may choose to do it. Moreover, should Peter May himself fall off a roof tomorrow it would be rational for him to pray in the same way, for he says: 'Even if we conclude that God has not wrought a Christ-like miracle for hundreds of years, we do not know what he will do tomorrow.'<sup>29</sup>

## Bibliography

C. S. Lewis: *Miracles* (1947, 1960)

David Hume: *An Enquiry Concerning Human Understanding* (1748)

Dr Mary Self and Rod Chayton: *from MEDICINE to MIRACLE* (2001)

Jennifer Rees Larcombe: *Unexpected Healing* (1991)

Michael Poole: *Miracles* (1992)

Richard Dawkins: *The God Delusion* (2006)

Richard Dawkins: *Unweaving the Rainbow* (1998)

Robert Boyle: *The Christian Virtuoso* (1690)

Roger Forster and Paul Marston: *Reason and Faith* (1989)

Roger Forster and Paul Marston: *Reason, Science and Faith* (1999, 2001)

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**Dr Paul Marston has Masters degrees in statistical theory, philosophy of science and theology, and lectures (now part time) at the University of Central Lancashire.**

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29 29. *ibid.*, 133.



**PETER MAY**

## **Response to Paul Marston and Meric Srokosz<sup>1</sup>**

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### **Do healing miracles happen today?**

In my article, 'Miracles in Medicine' in *Science & Christian Belief*, 29 (2) 121-134, I gave an account of my enquiries over many years concerning miracle claims and attempted to clarify the discussion by teasing apart several areas which my critics readily confuse:

1. Descriptions from definitions
2. Probabilities from proofs
3. Miracles from natural healings
4. Best cases from random selections
5. An open mind from a closed mind

### **Descriptions and definitions**

Given the lack of agreed definitions of a miracle, we can focus instead on the distinguishing features of Christ's healing miracles. Cardinal Lambertini, who went on to become Pope Benedict 14th, listed them as instantaneous, complete cures of incurable diseases, which would not remit spontaneously and where no other treatment was given.

These cures included congenital blindness, a wasted upper limb, a fixed kyphosis of the spine, death of four days duration and paralysis. The nature of the paralysis is not always clear, but in John 5, we learn of a man who had been paralysed for thirty-eight years. Some similar miracles were attributed to the apostles. Peter is reported to have healed a man at the temple gate, who had been crippled from birth. 'Instantly the man's feet and ankles became strong. He jumped to his feet and began to walk' (Acts 3:1-10). At Lystra, (Acts 14:8-18) Paul met 'a man sitting, who could not use his feet. He was crippled from birth and had never walked.' Yet he sprang up and began walking. If these men had been crippled from birth and had never walked, these could not be psychosomatic healings. It is not that their muscles had wasted – they had never properly grown and developed.

We cannot, of course, prove today that these miracles happened, but if Luke

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<sup>1</sup> Srokosz, M.A. 'Miracles in Medicine – a brief response to Peter May', *Science and Christian Belief* (2017) 29 (2), 135-141.

was a careful historian<sup>2</sup> and an honest physician,<sup>3</sup> and assuming God exists and had raised Jesus from the dead,<sup>4</sup> then we have grounds for taking these accounts seriously. Whether or not they actually happened must be argued elsewhere. What is central to my argument here is that it is events such as these which shape the meaning of the words 'miraculous healing' today. When people speak of miracles they invariably mean supernatural, Christ-like miracles. To use the word 'miracle' for purely natural events, however wonderful and surprising they may be, devalues the word and confuses its meaning.

### **Probabilities and proofs**

It is always unsafe for scientists to speak of 'proof' as though a matter was absolute and certain. Such finality must be left to the fields of mathematics and strict logic. Our interpretations of evidence – in history, science and law – are judgements about what is probably true, the best being probable 'beyond all reasonable doubt'. While soft evidence suggested I had a brain tumour as a teenager, hard evidence showed it was a subdural haematoma. While there is always scope for debate in scientific interpretations, we must ask where the weight of evidence lies.

### **Miracles and natural healings**

We are told Christ healed all manner of diseases (Matt. 14:35, 36). This must have included less remarkable conditions, such as the subjective symptoms of migraine or toothache, as well as psychosomatic and emotional ones. It was, however, the dramatic physical cures, exhibiting the features highlighted by Lambertini, which were the great signs of Christ's divinity. So we need to ask, are we seeing anything resembling Christ-like miracles today?

### **Studying 'best cases'**

If I had selected my cases at random, the weight of their evidence would be small. I have pursued documentation for relatively few. However, my strategy has been much more penetrating. I have repeatedly asked healers and healing organisations to choose their 'best cases'. They have then made their selections for analysis. Sometimes they have done this by publishing books. In those selections, they have often highlighted their very best case at the beginning and provided the details at the end.

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2 See Hemer, C.J. *The Book of Acts in the Setting of Hellenistic History*, Gempf, C.H. (ed.), Winona Lake, IN: Eisenbrauns (1990).

3 Col. 4:14.

4 See P.May 'The Resurrection of Jesus and the Witness of Paul', [www.bethinking.org/did-jesus-rise-from-the-dead/the-resurrection-of-jesus-and-the-witness-of-paul](http://www.bethinking.org/did-jesus-rise-from-the-dead/the-resurrection-of-jesus-and-the-witness-of-paul).

So for instance, in his book, *Lord, I Need a Miracle*,<sup>5</sup> Benny Hinn's best case is flagged up in the book's forward and described in the last chapter. Dave Lane had been diagnosed as having an adenocarcinoma in the upper part of his rectum. Benn says that 'Lane had no radiation, no chemotherapy, no colostomy and no medicine for his cancer. He was totally cured by the power of God.' However, he quoted a medical report from a routine bowel check performed during a subsequent appendicectomy. (He evidently did not rely on a miracle for that.) The report stated that there was no malignancy at either the rectal or colonic side of the anastomosis. Presumably, Hinn did not know what an anastomosis was – and why should he? This is the site where two parts of the bowel are joined together after the surgical excision of a diseased section. Here was the evidence that his cancer had been cut out. As it was in the upper rectum, he did not need a colostomy. The surgeon was able to reconnect the ends of the remaining bowel.

It is estimated that a billion people have attended Hinn's healing crusades, tens of millions each year. Hinn selected this case as his best in 1993. Healers like Hinn choose their best from huge numbers.

When Morris Cerullo came to London in 1992, I challenged him publicly to produce his three best cases from his meetings in the Earls Court Arena and put them forward for public scrutiny. In the event, he offered seven, which were examined in a BBC television documentary.<sup>6</sup> Subsequently, Cerullo set up his own investigation to provide better evidence from his worldwide ministry. A medical doctor on his panel gave me access to their findings and I published the results in America.<sup>7</sup> These stories included gross cruelty to a dying child and the death of an epileptic who stopped her treatment.

Rex Gardner, Morris Maddox, John Wimber, Francis McNutt and many others have all had their best stories published. In 1991, Sir John Houghton set up a consultation to examine Christian Healing. Meeting annually for four years, a gathering of over thirty doctors, healers, bishops, pastors and theologians were invited to present and discuss the best cases they could gather from their wide engagement in Christian ministry. Their report claimed that doctors and theologians had reached a unique consensus.<sup>8</sup> They were unable to put forward any case of miraculous healing.

It is estimated that six million people visit Lourdes each year and some 200 million have visited the shrine since 1860. From a huge number of claims, their medical committee has endorsed – and the Catholic Church has formally proclaimed – just seventy miracles. I discussed these with the former Clinical

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5 Hinn, B. *Lord, I Need A Miracle*, Milton Keynes: Word Books (1993).

6 Heart of the Matter BBCTV, 16.8.1992

7 May, P. 'The Faith Healing claims of Morris Cerullo', *Free Enquiry* Winter 93/94.

8 Lucas, E. (ed.) *Christian Healing: What can we believe?*, London: SPCK Lynx (1997).

Director of Lourdes, Dr T. Mangiapan, who had written a 400 page study of these cases. None were even close to fitting Lambertini's criteria. I asked him, for instance, what he understood by 'instantaneous'. He avoided a definition by saying that whole books have been written on that subject! Finally, I asked him to select his 'best case'. Without hesitation, he selected miracle number 65, the healing of Deliza Cirolli, who, not surprisingly, is photographed on the front cover of his book. However, her diagnosis was disputed and a subsequent review of her histology by a Consultant Oncologist at the Royal Marsden Hospital in London in 1998, showed no evidence of malignancy.<sup>9</sup>

It is in my view reprehensible that the Vatican does not allow public access to the evidence for miracles used to justify the canonisation of saints. What possible reason can they have for such secrecy? The evidence should speak for itself. I have, however, acquired a copy of the medical documentation used for the Beatification of Cardinal Henry Newman. The patient underwent a routine, uncomplicated laminectomy.<sup>10</sup>

By studying 'best cases' in this way for more than forty years, I have in effect been able to trawl through a vast number of miracle claims.

## Maintaining an open mind

I have been and remain entirely open to the possibility that miracles may occur. If the Creator God exists and if he has revealed himself uniquely in Christ, which he demonstrated for us by raising him from the dead, then surely he remains able to perform miracles. Contrary to Meric Srokosz's assertion, I have not assumed a 'cessationist standpoint'.<sup>11</sup> The question is about objective, demonstrable truth, not theological assumptions. We must follow the evidence where it leads. If that truth leads people towards a cessationist theology, so be it.

From my perspective, if we have no evidence of miracles happening today, that does not exclude the possibility of one happening tomorrow. It does however speak about what we might reasonably expect, and that will alter and shape our prayers in pastoral practice. We must be able to live with our conclusions. I am happy to pray with people for a miracle. It puts their best hope out in the open for discussion, and enables us to talk freely about how God normally answers our prayers. We can then discuss the place of scientific medicine within God's purposes and the responsibilities we all have to act wisely. How else can we pray for a man who has had his legs blown off by a landmine, for someone with advanced dementia, widespread metastatic cancer, motor neu-

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9 May, P. 'Miracles in Medicine', *Science & Christian Belief* (2017) 29 (2), 129-134.

10 'Beatification of Cardinal Henry Newman', *Medico-legal Journal* (2017) 85 (4).

11 Srokosz, M. 'A Brief Response to Peter May'. *Science & Christian Belief* (2017) 29 (2), 138.

rone disease or other relentless, progressive, incurable conditions?

### Specific responses to my critics

Meric points out that there is often insufficient evidence to know whether or not a recovery was due to physical mechanisms. Quite so. My purpose is to ask whether any healing today closely resembles a Christ-like miracle. It isn't a matter of trying to 'find an alternative explanation'<sup>12</sup> or explain away a miracle claim, though it does involve laying bare any natural explanation that has remained hidden.

He is suspicious of labelling recoveries as 'spontaneous remissions'. This isn't an escape clause. Many conditions do very gradually remit. Some do so only rarely. I had one patient who had a spontaneous remission of lung cancer. Some conditions however never remit. They are relentlessly progressive, such as Motor Neurone Disease, killing the patient in just a few years. If it fails to progress, you would have to question the diagnosis.

My object however is not to rule out Christ's miracles but to ask what a miracle would look like if we saw one. If a given healing had these Lambertini features, then surely, it must be a miracle. The problem we must face is the total absence to date of a single identifiable example of one that does have these Christ-like features.

Paul Marston is deeply concerned about my handling of the story of Jennifer Larcombe. In her books, articles, talks and television appearances, she has told her story to huge numbers of people. Some of them were like my daughter-in-law, suffering from advanced neurological disease. Her book, *Unexpected Healing*,<sup>13</sup> stated that she had walked unaided for the first time since the onset of her illness eight years previously, having had repeated attacks of encephalitis. On at least four occasions she had been so seriously ill she 'almost died'. A Christian neurologist interviewed her with me. What he failed to understand was her medical story, not the miracle. Her account of her illness made no coherent sense to him. In order to form an opinion, he needed the results of her many investigations, just as her physicians did.

Having given her signed consent for me to access her medical records, she then instructed her doctor not to honour it. Her former husband wrote, 'I share your concern that in these matters it is the truth which has to be sought' and he thought my request to see her records was 'perfectly appropriate'. However, he made a request that I wait 'at least twelve months' because he was greatly concerned by the effect of the publicity on her and on her family. Respecting his request, I asked if meanwhile I might receive a brief medical statement

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<sup>12</sup> *ibid.*

<sup>13</sup> Larcombe, J. *Unexpected Healing*, London: Hodder & Stoughton (1991).

from her doctor, giving me just the diagnosis which her neurologist had made. Surprisingly, this also was refused. I subsequently saw her on television and learned she was writing a book, which are not good ways to avoid publicity. She had put her story into the public domain. When I re-sent her consent note a year later, her doctor saw fit to send me her neurological reports and correspondence. The true nature of her illness was revealed from these documents and flatly refuted her claims. Extensive neurological investigations were entirely normal. Neither was there anything to suggest she had a life-threatening illness, epileptic fits, anti-convulsant therapy or a near-death experience.

When asked to review her book, I wrote truthfully, and in my judgement, publishing that was in the public interest. My actions were not illegal as Paul rashly claims. Given her signed consent, the Access to Health Records Act of 1990 allowed me legal access to her records. I took legal advice and the matter was not challenged in court.

Regarding Mary Self, she was thought to have a recurrence of a rare and aggressive mesenchymal chondrosarcoma, which had led to the amputation of her leg and subsequent surgery to her lung. Following this, she developed a shadow on a bone scan, thought to represent a recurrence, now in her pelvis. Despite appearances, her book does not in fact report the result of her crucial pelvic biopsy, only the previous ones<sup>14</sup> and prior to a BBC programme, Mary Self refused three times to allow me access to her medical records. Her fears of a recurrence were real enough, but according to a press report written by Rod Chaytor, the joint author of her book, the biopsy did not confirm it. Over a period of several weeks, the shadow disappeared without treatment. Was it a gradual remission? We will never know. Certainly, as far as she was concerned, her prayers were answered.

The absence of evidence for miracles is not in itself evidence for the absence of miracles, but where then are the medically documented cases of recovery of sight for those born blind, the instantaneous restorations of withered limbs, the straightening of kyphotic spines, the healings of paralysis and the resurrections of the dead? If they were happening, the evidence would be indisputable and make headline news.

Finally, Meric refers me to the work of New Testament scholar Craig Keener, on whose data Meric's case depends. Keener claims that 'Ultimately, any testimony can be discredited if one's scepticism about miracles is thoroughgoing.'<sup>15</sup> I think this is an entirely unwarranted statement which confuses essential, honest scepticism in the search for truth with resolute, blind cynicism. The truth is there for the honest seeker to find.

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14 Self, M. *From Medicine to Miracle*, Harper Collins (2001), p.239.

15 Keener, C. *Miracles: the Credibility of the New Testament Accounts*, Grand Rapids: Baker Academic (2011), p.13.

Meric says, 'no one would seriously think of reducing the miracles to unverified, anecdotal and subjective events'.<sup>16</sup> Yet I fear that is exactly what Keener has done. His extensive 1100 page, two volume work records thousands of unverified, subjective anecdotes from all over the world, as though the sheer weight of numbers would add credibility to any of them. He fails to distinguish 'extraordinary recoveries in conjunction with prayer' from Christ-like miracles. He quotes Bill Johnson from Bethel Church, California, but says the majority of his cases are self-reports. He notes, 'Collecting actual medical documentation has not so far been the church's primary priority nor has it been an easy task for those in the church seeking to procure it.'<sup>17</sup> Yet Keener refers to my work<sup>18</sup> repeatedly, and in general quite fairly, so he knows the criteria I am employing and the sort of evidence I am asking for.

In January 2018, I exchanged emails with Prof. Keener requesting that he identify from his enormous collection three of his best cases and present medical documentation of both their illnesses and their recoveries. At the time of going to press nearly a year later, he has not offered a single case. As one of his Amazon reviewers has written, 'This book just goes on and on...and on, and most of the content is utterly worthless. That said, there are sections of interest. But...it's mostly a big collection of anecdotes, which as most will understand aren't much use to establish the truth of anything.'

Two cases from his book, selected at random, illustrate my difficulties. Dom Bustria from the Phillipines was epileptic and became addicted to alcohol.<sup>19</sup> He attended a Christian meeting in 1988 and never had another epileptic fit. It also ended his craving for alcohol. Keener comments, 'Medically, a long-term case of serious epilepsy usually cannot be "permanently cured, even with continuing medication"'. However, alcohol withdrawal itself commonly precipitates epileptic fits, so stopping drinking as a result of his Christian conversion may well have cured his epilepsy.

Matthew from Mumbai was also very sick in 1988 and had some seventy-five medical tests over many weeks.<sup>20</sup> Keener writes, 'The doctors could not diagnose what was wrong with him and therefore could not treat him.' He saw himself as an invalid, was unable to walk and expected to die soon. An evangelist prayed for him and Matthew found himself healed. The doctors still offered no diagnoses or treatments and 'he finally walked home'. Both these stories indicate the powerful health-giving effects of the Gospel in transforming wretched lives, but are not evidence of Christ-like miracles. His illness was almost certainly psychosomatic.

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16 *ibid.*, p.139.

17 *ibid.*, p. 492, footnote 395.

18 May, P. 'Claimed Contemporary Miracles', *Medico-Legal Journal* (2003) 71 (4), 144-158.

19 Keener, C. *op. cit.*, (14), p.270.

20 *ibid.*, p.283.

Such illnesses are difficult to diagnose with confidence and are even more difficult to treat. They certainly keep alternative therapists in business. An eminent psychiatrist, in semi-serious banter, once argued with me that miracle healers regularly cure hysterics, whom no one else can help. A recent book by Suzanne O'Sullivan entitled, *It's All In Your Head* has won the 2016 Wellcome Trust Book Prize.<sup>21</sup> In it, this neurologist vividly describes the medical profession's failure to come to grips with psychosomatic illnesses. I warmly commend it to doctors, healers, pastors and counsellors. It throws enormous light on this common condition.

Sorting out the medical truth in any given case is one thing. The theological truth is another. My findings may well mean that some Bible passages need to be read from a fresh perspective. For instance, is Paul Marston right to say that when Jesus spoke of 'greater things' in John 14:12 he meant 'greater miracles'? What on earth would a greater miracle look like? In John 5:20 the same phrase means something quite different. What is the gift of healing (1 Cor 12:9)? Paul rightly says it is a double plural, 'gifts of healings' but the apostle listed them separately from the gift of miracles. All this is outside my brief but Norman Geisler's book, *Miracles and the Modern Mind*, is full of helpful material on the subject.<sup>22</sup>

Most importantly, to my mind, is the need to distinguish different categories in God's providence. His natural providence surrounds us and can be examined by science; his supernatural providence is reported in Scripture but not necessarily found in our experience today. Supernatural changes could at least be documented, if not explained, by science. However, his special providence is the way he normally shows his kindness in answer to our prayers. This includes the remarkable 'coincidences' that happen in answer to our prayers, the extraordinary 'miracle of Dunkirk' and the advances of modern medicine. These are not supernatural, but regularly remind us of the goodness of God.

I leave others to judge whether Lambertini's criteria are appropriate distinguishing features of the major miracles reported in the Gospel accounts. If Christ-like miracles are happening today, we should expect to be able to document the occurrence of such events scientifically. The fact that we cannot identify any compelling example, when so many claims are being made, is a reality that Christians need to face. The public would be unwise to believe or publish such miracle stories, if they are not accompanied by full, honest, authoritative, medical documentation.<sup>23</sup> The onus lies on those who make the claims.

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21 O'Sullivan, S. *It's All In Your Head*, Vintage (2016).

22 Geisler, N. *Miracles and the Modern Mind*, Grand Rapids: Baker Books (1992).

23 2 Cor. 4:2.