Concordia Theological Monthly

Continuing
LEHRE UND WEHRE
MAGAZIN FUER EV.-LUTH. HOMILETIK
THEOLOGICAL QUARTERLY-THEOLOGICAL MONTHLY

Vol. X | March, 1939 | No. 3

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Ein Prediger muss nicht allein *weiden*, also dass er die Schafe unterweise, wie sie rechte Christen sollen sein, sondern auch daneben den Woelfen *wehren*, dass sie die Schafe nicht angreifen und mit falscher Lehre verfuehren und Irrtum einfuehren.
Luther.

Es ist kein Ding, das die Leute mehr bei der Kirche behaelt denn die gute Predigt. — *Apologie, Art. 24.*

If the trumpet give an uncertain sound who shall prepare himself to the battle? — *1 Cor. 14, 8.*

Published for the
Ev. Luth. Synod of Missouri, Ohio, and Other States
CONCORDIA PUBLISHING HOUSE, St. Louis, Mo.

ARCHIVES

The Institutional Missionary and the Sick

Visitation of the sick is one of the most important duties of an institutional missionary. While on earth, Jesus, the Physician, had compassion on the sick and freed them from their ailments, not only physically but also spiritually. Jesus is no longer visibly with us, no longer performing miracles of healing, and sickness is still causing untold agony and misery in the world. It is very sad indeed to see so much pain and suffering, principally in our large hospitals. As long as we are living in a sinful world, there will also be pain, suffering, and, finally, death. There is no period in the life of man when he is so much in need of spiritual comfort and consolation as in the days of sickness and in his dying hour. At such trying times man is more willing to hear and accept the Word of God than in the days of health and prosperity.

Visiting the sick properly is undoubtedly an art. To know just when to go, how long to stay, and just what to say while at the sick-bed requires experience, sound judgment, and tact as well as common sense. As to the time for visiting the sick, the morning hours are the best, when there is no visiting by relatives and friends of the patient. In the evening the patient is in need of undisturbed rest. There should also be a time limit as to visits at the sick-bed. Unfortunately some people do not know that the best time to leave is while their visit is still appreciated. A visit of about twenty minutes should satisfy the patient, though he may urge his visitor to remain longer because he sees no harm in a prolonged visit. An important factor in sick-bed visitation is the personal approach and contact with the individual. This is commonly called tact. Understanding your sick charge means tact. Proper conduct with the individual case is tact. A pleasing personality, winning ways, a sincere personal interest, a look, a smile of encouragement, will often work wonders in sick-visitation. One must put one's whole soul into the work and be actuated by a genuine love of Christ and His kingdom and the patient if one's work is to be successful. Christian sympathy and understanding, if shown in a proper manner, will reap true friendliness and confidence.

A potter worked on his table to finish one of the most important parts of a costly work of art. At times it was a swift use of the materials at the right moment, sometimes a slow, painstaking applying of the ornamental details. A visitor in the shop asked the potter whether it would not be easier to accomplish this very trying work by machinery. "Sir," the potter replied, "this work cannot be done by machinery; the entire value of it depends on the personal touch." Just so in sick-visitation. Much depends on the personal touch. It is faith, love, and sympathy in action; not

in words alone but in deeds. There comes a time during the illness of a person when he simply must confide in some trusted friend, the missionary, in order not to be crushed under the burden of guilt and sin. It is not an easy task to visit the sick, to strengthen the weak, to encourage the faltering, to lift up the fallen.

It is quite an ordeal to visit with the chronic invalids, such as have been ill a long time. One is at a loss at times what to say to such an afflicted brother or sister. His or her physical condition appears hopeless to you. Much depends on the personal approach made to such a patient. The patient, no doubt, has been asked time and again by sympathizing friends, "How are you?" "How do you feel?" He has heard this question and other commonplace phrases so often during the period of his long invalidism that he begins to doubt the sincerity of the questioner and reluctantly gives a friendly answer to the question. There are different and better ways of approach and of contact with the sick than asking the stereotyped question, "How do you feel?" Rather have him forget his affliction, of which he is extremely sensitive, and bring cheer into his lonely life. A patient who had often been asked this question by well-meaning friends, on being confronted with it again, could not constrain himself any longer but answered rather angrily and impolitely, "With my fingers!"

As you look on the sick, you know that they need Jesus, the Physician. As a Christian you are well aware of that sickness which, if unchecked, is "unto death," namely, sin. Your own salvation has taught you that the cure for this disease is not within the physician's power. Drugs will not help here. Sin must be cured from within, not from without. You know, too, if you have thought at all upon the subject, that sin is the root cause of all human misery, either directly or indirectly. You cannot trace its workings in every instance, but you are assured that whatever else your charge needs, this is needed — to hear the Lord's loving words "Be of good cheer; thy sins are forgiven thee." Your highest aim, then, in your ministrations to the sick is to have Jesus practise His heavenly medicine, whereby souls are made whole.

In our dealings with the sick we must be guided by three virtues: friendliness, compassion, sympathy. Sweetness of temper is a precious gift. It gives beauty to everything. It fills the home and also the sick-room with perpetual delight. The fortunate possessor of a sunny soul is God's evangel in a dark and sorrowful world. He is a living gospel, which no one will ever repudiate and the blessedness of which all men, especially the sick, will appreciate. As we are about to enter the sick-room, let us forget our personal afflictions and sorrows and bring sunshine and a smile to our sick brethren and sisters, who in most cases are less fortunate

than we are. There is no love to man, no kind service toward the distressed, the afflicted, and sick, where there is not the love of Christ in the heart; this has ever been, and still is, the source and spring of all mercy. A Christian therefore must be actuated by a genuine love of Christ if his work at the sick-bed is to be a blessed one.

Among the numerous patients we also find young people who have dragged their poor bodies and their weary souls through the slime and quagmire of shame and degradation; those from whom we shrink; those who are on the verge of despair, forsaken and forgotten. We find them in the homes and in the hospitals. It is our Christian duty to speak to these misguided young people, show them a kindly and personal interest, point out to them the error of their ways, speak a word of cheer and comfort to them, and, above all else, direct them to the true Helper and Physician, our blessed Savior. God's Word teaches us that every man who is in bodily or spiritual need is our neighbor. We must be ever ready to give our last mite of knowledge and wisdom and devotion to our fellow-man. Nor must we think that the sympathy for these unfortunate young people will degrade us. It is God's will that the wicked should turn from his ways and live. It is only the unmerited grace of God that has kept us from falling. Many of these young people who have brought sickness upon themselves, if properly approached, return to the fold and again pledge allegiance to their Lord and Savior.

Tracts

An aid in sick-visitation is the distribution of tracts on Christian fundamentals. But this must be done with proper judgment and discretion. Every good tract is a missionary, and by the use of tracts much good can be done in the sick-room, especially if the patient is a convalescent and the distribution is done carefully and wisely. An old uncle of mine, a veteran of the Civil War, often told us boys of a lady who distributed tracts among the sick in a hospital and who in her carelessness once gave a tract on dancing to a soldier who had lost both legs at Gettysburg. And then he would add the story of the train boy who passed through the car crying: "Pop-corn! Pop-corn! Have some pop-corn, sir?" An old gentleman who had been annoyed by the frequent visits of the boy answered somewhat angrily: "No, can't you see I ain't got no teeth to chew pop-corn with?" "Then buy gum-drops," replied the boy. That boy adapted himself to his customer. So the tract-distributor must adapt himself and his tracts to the people whom he wishes to reach, and every tract should fit the case in point.

Pastoral Care of the Tuberculous

While speaking of sick and ailing people and of proper spiritual ministration to them, we must not forget that large group usually committed to a sanitarium — the tuberculous. Tuberculosis is the term applied to a general infectious disease due to the formation of tubercles in various organs of the body. The most common form of tuberculosis is pulmonary consumption, which in many cases terminates in death. We find that the majority of cases in a sanitarium are pulmonary; the cases where other organs of the body are tuberculous are in the minority. The symptoms of these two groups are not alike. The latter group may be quite free from the distressing symptoms of the pulmonary type, such as violent coughing, profuse expectoration, streaking and periodical hemorrhages. Emaciation and a wasting away of tissues is very pronounced in most cases of pulmonary tuberculosis. Without going into details of the various forms, we may generalize by mentioning the three large groups of patients — the incipient, the moderately advanced, and the far advanced. All three classes need encouragement and expressions of hope for a complete recovery.

An abnormally constant high bodily temperature often indicates tuberculosis. The patient need not always have night sweats or be subject to continued coughing in order to believe himself tuberculous. An abnormal tiredness, for which the patient knows no explanation, and a daily elevated temperature, repeated attacks of pleurisy and pneumonia, are the presymptoms of many cases of tuberculosis.

The question arises, How is the pastor to apply himself to these cases and various groups of active tuberculosis? A pastor who understands his patient can be of real help not only to him but also to the attending physician by proper cooperation within the limits of his calling, which is not that of a doctor but rather that of a spiritual comforter and adviser. He should know the physical condition of the patient. That is one reason why there should be mutual and confidential cooperation between the physician and the pastor. The pastor will show better judgment and discretion in dealing with his sick charge if he has exact knowledge of the true condition of the patient. If he has been informed that his charge is running a high temperature, he will not subject the patient to the strain of listening to the reading of the sermon which he, the pastor, has preached on the previous Sunday. A sincere personal interest, a word of encouragement, and a brief prayer will be appreciated by his sick friend, and it will also assure him a cordial welcome on his return to the sick-room on a subsequent day.

Our sympathies should be with the unfortunate patient who passes through a period of consecutive hemorrhages. It is usually

followed by a deep mental depression and an abandonment of all hope. It is a time when he needs a friend who speaks to him in a quiet way, reassuring him that where there is life, there is also hope. It is essential, however, that the pastor control himself although he realizes the seriousness of the hemorrhage, because the patient is a keen observer, who will watch the very facial expression of his visitor. Visible expressions of sadness and sorrow for the patient by the visitor are apt to cause undue excitement or depression. Whatever the pastor has to say to relatives or friends in the presence of the patient he should say tactfully within the hearing of the patient and not in a mysterious whisper, inaudible to his sick friend. To have and hold the confidence of the patient is an important thing in dealing with him. Mutual confidence will make the patient very tractable, susceptible to the teachings of the Word, and grateful for the service rendered him by his pastor.

It may be of casual interest to add a few words as to the use of the Christmas seal. The sale of this seal has helped materially in establishing and maintaining sanitaria and in providing for the care and treatment of charity cases. It has helped our own Wheat Ridge Sanitarium. Antituberculosis associations have been benefited by its annual sale in their fight against tuberculosis. In 1904 the first seal appeared, introduced in Denmark by Holboell. Three years later, in 1907, the seal was introduced in America by Miss Bissell.

Ministration to the Mentally Diseased

Most unfortunate among patients are the mentally diseased. To be deprived of your right and normal mind is a sad affliction, not only for the patient but especially for his relatives and friends. The patient frequently does not realize his true condition; at times he is happy and elated, in total ignorance of the anxiety, worry, and care of his beloved ones in his behalf.

Insanity is a disorder of the mental faculties, unsoundness of mind. The history of insanity is as old as the history of the human race. Nebuchadnezzar, king of Babylon, following the interpretation of his dream of Daniel, Holy Writ tells us, was visited by madness. He imagined himself a beast and went forth on all fours into the fields. He lived on herbs and slept under the canopy of heaven at night.

We find that the ancient Egyptians recognized a form of psychosis, probably alcoholic in character. An old document of approximately 2000 B. C. states: "Whereas it has been told me that thou hast forsaken books and devoted thyself to pleasure, that thou goest from tavern to tavern, smelling of beer at the time of evening. If beer gets into a man, it finally overcomes his mind." The idea that the insane were possessed with devils persisted for

centuries and was one of the greatest stumbling-blocks in the progress of the treatment of the insane. The ancient Egyptians erected a temple dedicated to Saturn, to which all insane were brought and subjected to religious rites in order to attempt to drive out the "devils." Custodial care was resorted to by the Egyptians centuries before the birth of Christ, the insane being confined in dark dungeons.

During the Middle Ages and later these mentally afflicted remained a helpless people. They were ill nourished, confined behind bars, and had to sleep on beds of rotten straw. In some instances, on holidays, on the payment of a fee, the general public was admitted, and they amused themselves by tormenting and teasing these poor unfortunates through the bars.

Philip Pinel, a renowned French doctor and psychiatrist, deserves unusual credit because he brought about radical reforms. In the year 1793 Pinel fearlessly removed the chains from the insane of the hospital to which he had been appointed superintendent. Perhaps the man who has contributed to psychiatry more than any one else is Emil Kraepleim. He was born in 1856 and died October 7, 1926. Kraepleim's classifications of mental diseases, with very little revision, are followed throughout the world today.

The American Psychiatric Association, at its annual meeting in New York in May, 1917, adopted a psychiatric classification and a uniform system of statistics for hospitals for mental diseases. Since that time the classification has been adopted by practically all the State hospitals. According to this classification there are twenty-two large groups and types of mental diseases. All these types may have *delusions, hallucinations,* and *illusions.* Delusions are erroneous beliefs due to disease of the brain. Hallucinations are conditions where the patient thinks he sees, hears, or feels something that does not exist. He may hear the ticking of a clock when no clock is present. An illusion is a misinterpretation of the senses. The patient may hear a clock ticking and interpret the ticking to be a voice talking to him.

It is not necessary to go into details, but a classification of types of insanity will prove helpful.

a) Acquired insanity, arising after a long period of mental soundness.

b) Circular insanity, recurring in cycles, melancholia following mania, and often followed by a lucid interval.

c) Confusional insanity, acute temporary insanity, following severe disease or a nervous shock.

d) Doubting insanity, characterized by morbid doubt, suspicion, and indecision.

e) Emotional insanity, characterized by emotional depression or exaltation.

f) Hereditary insanity, inherited from a parent or grandparent.

g) Homicidal insanity, marked by a desire to take human life.

h) Impulsive insanity, a tendency to acts of violence.

i) Moral insanity, marked by impairment of the moral sense.

j) Perceptional insanity, a form marked by hallucinations and illusions.

k) Periodic insanity, recurring at regular intervals.

A pastor whose duties call him to visit mentally unbalanced patients either before or after their commitment to a State or county institution, should have a general knowledge of the chief forms of mental diseases. It will guide him in his pastoral work and also aid him in his dealings with the sick. We agree that mentally unbalanced persons should have custodial care in a hospital for their own protection and for the safety of their loved ones at home and should not be kept with their families. In the ministrations to these particular cases kindness, tact, diplomacy, and common sense are required. If the pastor has the confidence of his charges, which is very essential in pastoral work, much good can be done for the patient. He will appreciate the words of comfort spoken to him and consider the pastor a compassionate friend in the days of his misfortune. He must always bear in mind that his dealings are with a mentally unsound person and make proper allowances and deductions. At no time should he practise deception on the patient. A patient will often remember a definite promise made him. A common plea of the patient is to be taken home. If the pastor is careless enough to promise a patient his return home, knowing quite well that such a thing is well-nigh impossible and beyond his jurisdiction, he will soon lose the confidence of his charge and in most cases will not regain it.

A pastor should know the form of insanity of his patient before he visits him. If he does his work understandingly and has the confidence of the physician in charge, the latter will gladly give any desired information. This will safeguard him against possible mistakes.

We are fully aware that we have not exhausted the subject of pastoral care of the mentally diseased. Much has been left unsaid; but perhaps this contribution has brought out such phases of the work as will help us all to do this difficult work intelligently and, with God's help, successfully. While we regret that mental afflictions still come to mankind, our duty is to bring the comforts of the Gospel of Jesus Christ to these clouded minds.

Statement by Eminent Surgeons as to Religion's Being an Aid to Patients

"Religion is a human and vital factor in the practise of medicine," Dr. Charles W. Mayo, world-famed surgeon of Rochester, Minn., asserted before the surgery section of the British Medical Association, which met some years ago in Winnipeg, Can. "When a man is about to go on the table in an operating-room, if he wishes a visit from a minister in whom he has faith, it gives him confidence which no science can furnish." Dr. Mayo stated that both patient and surgeon share the benefits of anything tending to aid one in facing a crisis in illness.

At the dedication of Bethesda Hospital, St. Paul, Minn., Dr. Wm. J. Mayo, speaking on the close relationship and cooperation between the medical profession and the clergy, declared there had been "much loose talk of the decadence of religious influence." He emphasized that there "is a very close relationship between spiritual health and physical well-being." He continued: "Every physician understands the value of mental therapy. Neurasthenia, hysteria, and allied neuroses are the causes of great human misery. Social conditions are a common cause of disaster to an unstable nervous system and lie behind the bulk of nervous disturbances which mimic physical conditions and result in sorrow and misfortune. In times of stress, religion gives spiritual comfort to the patient and, properly directed, may be more valuable to him than medicine. Year by year we see human emotions coming under better control through the ministrations of the Church. Among all people in all times religion has been successful in relieving sickness, so far as mental suggestion could give comfort or indirectly affect the physical condition. The churches of all denominations have special workers among sick people. These clergymen carry to the sick, not theological arguments, but faith in a Higher Power. These sincere men are one of the most helpful influences in hospital work. The patient who is very ill receives great help from this leadership."

Speaking before a Greenwich, Conn., Conference on Christianity and mental hygiene, Dr. Seward Erdman, New York surgeon, said that "without faith the patient wears down his own resistance and counteracts nature, so that he requires more anesthesia and sedative drugs." We add: while there is no Scriptural warrant for endorsing the claims of those who repudiate medical care and claim that faith will heal every disease, we know that faith in God can work wonders today, whenever compatible with God's will and His higher purpose.

A word in conclusion: No one can be interested in the visita-

tion of the sick at public institutions who is selfish or self-centered. Certainly no one can work among the sick and needy with any degree of success unless he forgets self and dedicates himself to this great cause and important and blessed work. The sight of poverty, the cry of the distressed, the plea of the soul waiting for its release, the hopelessness and despair that hovers over many, all grip the heart of the Christian worker and spur him on to work to the limit of his strength. Among other things, it was these that drew compassion from Jesus as He looked on the multitudes without a shepherd. His was a life dedicated to suffering humanity. Can ours be less if we are true Christians? All this requires more constant prayer, more consecration, more sacrifices, in order that precious souls shall not be lost. Let us, then, continue to do the work assigned to us by our Lord and Master prayerfully and cheerfully, and also to show compassion and sympathy to the sick, to visit and comfort them in their afflictions and sorrows. And when our work on earth is done, we shall be greeted in heaven and welcomed into eternal glory by the Lord, who will say: "Well done, thou good and faithful servant. Thou hast been faithful over a few things, I will make thee ruler over many things; enter thou into the joy of thy Lord."

Milwaukee, Wis. E. A. DUEMLING

Predigtentwürfe für die Evangelien der Thomasius-Perikopenreihe

Sonntag Reminiscere

Joh. 8, 21—30

JEsu Liebe zu den Sündern, Luk. 15, 1. 2. Nicht nur Bußfertigen, auch bitteren Feinden erweist er Heilandsliebe durch sein Wort. Text.

Wie JEsus mit Ungläubigen verfährt

1. Er straft ihren Unglauben 2. Er bezeugt sich ihnen

1

Kontext: Ihre Sünde der Unglaube. „So ihr nicht glaubet, daß ich es sei", V. 24. Sie ehrten ihn nicht als den Messias, wahren Gott, nahmen sein Wort nicht an, V. 47. Das konnte nicht anders sein: sie waren irdisch gesinnt, von unten her, V. 23; von ihrem Vater, dem Teufel, V. 44; zeigten gottlose Gesinnung, V. 22. Welch gotteslästerliche Rede! So verblendet, daß sie klare Worte nicht verstanden, V. 27.

Christus droht ihnen das Gericht an. Sie würden sterben in ihrer Sünde, V. 21. Die *eine* Todsünde ist der Unglaube. Jeder Mensch ist ein Sünder, unter dem Fluch. Wer an Christum glaubt, hat Ver-