

# THEOLOGICAL QUARTERLY.

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## Doctrinal Theology.

### THEOLOGY.

(Concluded.)

#### ACTS OF GOD.

The acts of God are of two kinds, *internal* acts and *external* acts.

#### INTERNAL ACTS OF GOD.

The internal acts of God are again of two kinds, *personal* internal acts and *essential* internal acts.

The personal internal acts of God are those acts which terminate within the Godhead and pertain to the divine Person or Persons by whom they are performed as peculiar to such Person or Persons. Thus in Ps. 2, 7 we read: "*The Lord hath said unto me, Thou art my Son; this day HAVE I BEGOTTEN thee.*" Here the act of begetting is predicated of THE LORD, but of the Lord as distinguished from another divine person, whom he addresses by the personal pronoun, *thee*, and names *his Son*, which implies that the Person speaking is the *Father* of the Person spoken to. The act whereby the Father is personally the Father is the act of generation or begetting, an act which is not an act of the Son, nor an act of the Holy Ghost, but a definite act of the first Person in the Trinity. This act is truly an *act*,

## Practical Theology.

### MEDICINA PASTORALIS.

(Concluded.)

#### III. THE TREATMENT.

Medical treatment always presupposes a patient, perhaps not actually but potentially, yet in some sense a patient. There is such a thing as prophylactic treatment, say to guard against yellow fever; but the physician who would pronounce a man immune against this disease and then prescribe a prophylactic mixture for that man would put himself in contradiction with himself and would discredit either his testimonial or his mixture or both, unless he plead, as well he might, that there is no such thing as absolute immunity against any disease common to both sexes, as human nature is now constituted.

Pastoral treatment also presupposes a patient, either potentially or actually. *Out of the heart proceed evil thoughts, murders, adulteries, fornications, thefts, false witness, blasphemies.*<sup>1)</sup> A man may not be specially inclined toward this or that sin, being more inclined toward another sin. He may be more in danger of becoming a confirmed miser than of drifting away into drunkenness and profligacy. But there is no absolute immunity in any man against any sin, the germs of all sins being in every one of us.

Of this the Pastor should be mindful in the preparation of his sermons and in his catechizations. He may not know of any drunkard or miser or thief or vicious backbiter in his congregation. But he must not on that account disregard these sins in his sermons and catechizations. He

1) Matt. 15, 19.

has no absolute immunes in his parish. Besides, God has reserved the attribute of omniscience to himself alone, and for all the minister knows, he may have gross offenders against all the commandments of the Decalogue in his hospital. St. Paul accosts the Ephesians as *saints and faithful in Christ Jesus*;<sup>1)</sup> and yet he doses them against lying and stealing and bitterness and wrath and anger and clamor and evil speaking and fornication and uncleanness and covetousness and filthiness and drunkenness and unfruitful works of darkness in general<sup>2)</sup> and sins done in secret of which it is a shame even to speak.<sup>3)</sup> The preacher must not fear that his hearers will simply refuse to take the medicine he dispenses in the pulpit instead of administering each dose to the individual soul which may be in need of it. There is a nurse in the hospital who will in a measure take care of that, and but for whose services his work would be sorry anyway. That nurse, appointed by God himself, is human conscience, that mysterious agent from whose persistent ministrations no man can withdraw, who gains access to the most hidden recesses of the heart and performs his function even under the most energetic protests of the patient who, at the same time, cannot deny that his secret or open ailment has been correctly diagnosed. Let the pastor dispense what God has stored in his text for all classes of ailing souls and be assured that by manifestation of the truth he will commend himself to every man's conscience.<sup>4)</sup>

There is, however, one great mistake of which a pastor as well as a physician should beware. It is the passion for diagnosis which loses sight of the true end and aim of medical proficiency, the restoration of the patient's health. We think of a military surgeon whose only professional equipment was a clinical thermometer, a very useful instru-

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1) Eph. 1, 1.

3) Eph. 5, 12.

2) Eph. 4, 25—31; 5, 3—18.

4) 2 Cor. 4, 2.

ment to ascertain the abnormal condition of the circulatory system due to some organic or functional derangement in the human body, but utterly inadequate to any manner or measure of cure. Diagnosis is not treatment, and an instrument for diagnosis is not a remedy. The pastor's thermometer is, like that of the physician, void of all curative power; it can aid in determining disease, but it cannot stay its progress nor prevent its fatal termination. That instrument is the *Law*. *By the law is the knowledge of sin;*<sup>1)</sup> only that and nothing more, unless it be that *the letter killeth,*<sup>2)</sup> which a diagnosis without a remedy may do to a physician's patient as well. The pastor who preaches the law merely to make an impression on his hearers grossly mistakes his calling. That impression may be one of surprise at the minister's knowledge of the human heart, or of the abominations of society, the hidden sores of the upper strata and the open vices of the slums, a feeling of wonderment how the preacher may have found out all these things which nobody thought he knew. Or it may be a feeling of alarm at the power of evil for evil, the fearful aspects of sin and its consequences, a conviction of the utter hopelessness of the sinner's case, something like telling a man that he has a malignant cancer of the throat or is far gone in pulmonary consumption, an announcement which may induce a desperate patient to blow out his brains. And yet there are preachers whose only equipment is the clinical thermometer, who preach the law and nothing but the law, or chiefly the law, and think that they are doing wondrous things, because they do not, like many others, preach on *Evolution* and *Old Bachelors* and *Old Maids* and *The New Woman*. They feel a grim satisfaction when they have once more had their congregation aghast before them, as they fearlessly dealt blow after blow upon the heads and against the sides of old and young sinners and before the

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1) Rom. 3, 20.

2) 2 Cor. 3, 6.

final *Amen* invoked the power of God to give impact and impetus to their thunders from Sinai. But whatever they may have accomplished, they certainly have not kindled or fanned the spark of life in any hearer's soul, and they must not be surprised to see one or another of the people whom they have often dismissed in a bruised and shattered condition from their services disappear from their audience and go where *The New Woman* is discussed.

We would not be understood as decrying the use of the Law in the pulpit or in private ministration. We are not Antinomians. We do not tell the physician to throw away the thermometer and the stethoscope and the laryngoscope and other instruments of diagnosis and supplant them by pills and powders. Diagnosis is necessary, and so is the use of the Law. The sinner must be made cognizant of his ailment. When the man who was deaf and had an impediment in his speech was brought to Jesus for treatment, the Savior took him aside from the multitude, and put his finger into his ears and touched his tongue to show him and make him understand where the ailments lay, before he spoke his almighty *Ephphatha!* to open the patient's ears and loose the string of his tongue.<sup>1)</sup> Thus, also, the Pastor must put his finger on the defects of the sin-bound soul and lead his patients to feel and understand that sin is sin and that the wages of sin is death. And this conviction can be wrought by the Law, and only by the Law. The first word of God to man after the fall was, *Adam, where art thou?* and the continuation of that speech was, *Who told thee that thou wast naked? Hast thou eaten of the tree, whereof I commanded thee that thou shouldest not eat?* And to the woman, likewise, the question came, *What is this that thou hast done?*<sup>2)</sup> The interrogative form of these words is significant. They are appeals to man's conscience, and authoritative demands upon the sinner to face the law and

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1) Mark 7, 32—35.

2) Gen. 3, 9. 11. 13.

to measure and guage his deeds by that norm. They lay the responsibility for the sinner's conduct and acts at the individual sinner's door. Hence the attempts of both Adam and Eve to shift that responsibility upon others,<sup>1)</sup> even upon God himself.<sup>2)</sup> There is a wealth of pastoral wisdom in this first application of the Law upon the sinner. The faithful Pastor's efforts in using the law should go toward bringing it home to the sinner's conscience. There is where we often fail. We speak too much of the *sin* and not enough about the *sinner*. To speak of tuberculosis in its various aspects is not to diagnose a single case, and an incipient consumptive may read an entire volume on pulmonary consumption and examine the bacilli in another patient's sputa, and still doubt or deny his own state. But show him the bacilli in *his own* sputa, being careful to make him consider that they are *his*, and understand what they mean, and he will probably listen to what you have to say about Colorado or southern California, especially when you offer him the means to go there. It is remarkable what efforts a spiritual patient will sometimes make to deceive himself as to the nature of his case. He will find certain features in similar cases which are apparently or really absent in his own, and hence conclude that while others may be in danger he is not, and unless you make him understand that it is *his* case that must be determined, not that of his neighbor, and that, unless *he* be cured, he will die of *his* malady, not of his neighbor's, you will make little or no headway with him. As the consumptive may compare himself with others, who cough more than he does and are more emaciated than he is, and may look upon his good appetite as a token of health incompatible with mortal disease, so the lodge-man will tell you that other lodges have objectionable features which his has not, and that certain lodge members allow

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1) Gen. 3, 10. 12. 13.

2) Gen. 3, 12: *The woman which THOU gavest to be with me.*

their society to interfere with their church membership, which he does not. Or the man whom you admonish for occasional over-indulgence will point to his neighbor on the right hand, who created a row when in his cups, while *he* went home quietly when made aware of his condition, and to his neighbor on the left hand, who would be intoxicated every day if he had the opportunity. Or the young people who waltz at weddings and birthday parties will tell you of those who go to public balls, which they would never do, or who danced till four of a Sunday morning, while *they* went home at eleven to be in proper condition for church next day. In all these and hundreds of similar cases the Pastor should not allow the patient before him to send him to the next bed or to the other end of the ward because he would prefer to be let alone. Let the patient understand that you are dealing with *him* now, and that you will get to the others in their turn, or that you have been there already and have done for them what you are now doing for him, and that, as *they* have taken *their* medicine, so *he* should now take *his*.

Considering these difficulties, we may fitly ask, How is it that people are often so disinclined to yield to the Pastor's endeavors when they are in need of energetic treatment? Do not people in physical disease call on or send for the physician and often wait with impatience for his coming? Yes, often, but not always. Patients very frequently delay for days and weeks and even months before they seek medical help. They feel that they are in ill health, but do not want to have it confirmed. They fear that when they go into treatment they will be enjoined from following their profession or business, which is very pressing and profitable just then; or that they will be told that they must abstain from certain habits or luxuries which they are unwilling to sacrifice; or that they will have to undergo painful operations or be put to considerable expense, which they are anxious to avoid. A patient may even start for the

Doctor's office, but turn about or pass by the door, as considerations like those mentioned above once more prevail. And the same people who may very promptly call on their physician to prescribe for minor indisposition, will sometimes take care to keep out of the doctor's way when serious trouble should be attended to without delay. All this finds its parallel in the Pastor's experience. A man may be drifting away into sinful habits, wantonness, inebriety, dishonesty, skepticism, evil associations, knowing that his ways are not what they should be, but seeking and, for a time, finding all manner of excuses or extenuating circumstances with which he would put his conscience at rest. His sin affords him pleasure or material gain which he is unwilling to forego, and he fears the eventuality of being placed under influences which may prevail upon him to make sacrifices which would be painful to his evil nature. That such a man should rather avoid than seek the Pastor, who would be most likely to exert such influences, is not, under these considerations, a matter of surprise. That the Pastor, when he finally steps in, should find his man not a very willing patient, is also plain. And the cases are not unheard-of, when even the wife and children, or the father and mother, of the invalid throw difficulties in the Pastor's way, knowing how unwelcome his interference is to the person for whom they are thus unwisely concerned.

Under such distressing circumstances the faithful Pastor must not, however, be discouraged; much less should he decide to let things take their course since his services are not desired and may even meet with very energetic opposition. And what should prompt and animate him in all his dealings should be especially prominent in cases as these, his earnest desire to save the soul which is in danger of being lost. This motive must prompt the Pastor also in his application of the Law. As true and certain as it is that the Law cannot save, cannot give or sustain life, so true and certain is it that the Pastor who uses the Law without the



salvation of the soul in view, should let the Law alone and let the pastoral office alone, just as, and even more unhesitatingly than, the physician should go out of practice who had so far forgotten his purpose in the world as to look upon his patients as material for experimenting while they are alive and as subjects for post mortem dissections when they are dead. When, therefore, the Pastor approaches those who are in special need of his attention, though his first endeavors may have to be directed toward the application of the Law, by which *is the knowledge of sin*, and his first operations may be such as to inflict pain and work anguish of heart and soul, he should also let his patient know and feel that he has come to seek and to save, having at heart the spiritual welfare of a soul redeemed by the precious blood of Christ. As the hand that holds the surgeon's probe should be clean and moved by a will to do for the patient what human skill can do, so the Pastor's lips, also when they expound the Law to lay open the sinfulness of sin should be hallowed by holy love and compassion, free from selfish motives, from carnal bitterness and rancor, avoiding everything that may cause unnecessary pain, but patiently persisting in its work of love until the Law shall have accomplished that for which it is the proper means, the knowledge of sin. As soon as this has been achieved, the Law must at once be laid aside for the time being, and the Gospel must be allowed to do *its* work—the healing of the soul.

To remember this is of the utmost importance. That the sinner should *know* his sin to be verily sin is all that the Law can accomplish. That he should renounce his sin, that he should truly declare his willingness to amend his ways, to break connection and fellowship with the companions of his evil pursuits and practices, cannot be brought about by the Law. A Pastor who would by the continued application of the Law endeavor to induce or coerce a person to declare his readiness to *do* what the Law demands,

would fail at all events, whether he obtained that declaration or not. It is very significant that St. Paul, where he proceeds from instruction to admonition, as in the Epistles to the Romans and to the Ephesians, opens his exhortations with *παρακαλῶ ὑμᾶς*,<sup>1)</sup> *I beseech you* THEREFORE, basing his admonitions on what he has taught concerning the grace of God which was given us in Christ Jesus. As the Apostle *beseeches* his readers *by the mercies of God* to present their bodies as a living sacrifice,<sup>2)</sup> so the Christian minister must call in "the mercies of God" when and where he would induce any man to be not conformed to this world, but to be transformed by the renewing of his mind, that he may prove what is that good, and acceptable, and perfect will of God.<sup>3)</sup> Whatever change in a sinner may be brought about by any other means than the Gospel of the grace and mercy of God may be given due credit by a Judge of Police Court, but has no standing and deserves no recognition in the church. Even in the management of schools drill is not education. A congregation may be to all appearance a well ordered and healthy church and at the same time sadly deficient in spiritual life, because the Pastor operates with the Law and the Constitution and By-Laws and Rules of Order and is a good manager with an efficient Board of Wardens and well-managed Societies and a trustworthy Financial Secretary, but with little spiritual edification in general and in particular. And a congregation may be rich in spiritual life and Christian graces, the fruits of faithful evangelical ministration on the part of the Pastor and grateful acceptance of the word of divine grace on the part of his hearers, though there may be a lack of good management in externals and of expedition in the administration of the congregation's business affairs. Though these things are not to be despised, they are not among the concerns to which the Apostle refers when he writes to Timothy,

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1) Rom. 12, 1. Eph. 4, 1.

2) Rom. 1, 12.

3) Rom. 12, 2.

*Take heed unto thyself, and unto the doctrine; continue in them: for in doing this thou shalt both save thyself and them that hear thee.<sup>1)</sup>*

That the Gospel, not the Law, is the remedy for sin, should be ever before the Pastor's mind in the spiritual treatment of the sick. Sick-calls are generally occasions for words of comfort to such as hunger and thirst after righteousness. There are exceptions. The Pastor is sometimes called to sickbeds where his first duty is to work the knowledge of sin. He may discover that a man whom for years he had taken to be an exemplary and enlightened Christian, is in fact a bloated Pharisee who is getting ready to appear before God in his own righteousness, in all the wealth of good works he has in his opinion accumulated during many years of hard labor under the yoke of the Law falsely understood and Pharisaically applied. In such cases the Pastor must not hesitate to put the Law to its proper use and show his patient that all his *righteousnesses are as filthy rags,*<sup>2)</sup> and that *if we say we have no sin, we deceive ourselves,*<sup>3)</sup> and that the supplication of God's most faithful servants must be, *Enter not into judgment with thy servant: for in thy sight shall no man living be justified.*<sup>4)</sup> In other cases the Pastor has to deal with such as were overtaken by sickness in the ways of mortal sin, and who must now be made to *know the time of their visitation,*<sup>5)</sup> which may be very brief; and even in these cases Pharisaical self-deceit, efforts to excuse or extenuate even the most atrocious sins in the very jaws of death, may confront the Pastor at the sick-bed. In all these instances the Law must prepare the way for the Gospel. That and no more. To the penitent sinner the Pastor's every call should be a feast of plenteous grace and an occasion of praising the Lord that he is good and his mercy endureth forever.

1) 1 Tim. 4, 16.  
4) Ps. 143, 2.

2) Is. 64, 6.  
5) Luke 19, 44.

3) 1 John 1, 8.

But what if the Pastor should be called to a person already in or near the last agonies, or when, as in paralysis, consciousness may at any moment pass away never to return, or, as often in fatal accidents, the current of life is fast ebbing away in an external or internal hemorrhage? These cases are of three kinds. The patient is either known as a Christian; or he is known as an unchristian; or he is not known as either. When the pastor is called to a member of his congregation who is in good standing and has now come to his last extremities, he will not hesitate to give that departing soul at once what is needful, the comforts of God that can delight the soul, the power of God unto salvation, the Gospel of the grace of God in Christ Jesus. In such cases the knowledge of sin can be safely assumed and the Pastor's endeavors are consistently directed toward strengthening the grasp of faith clinging to Christ crucified in the billows of death. Where the spiritual condition of a dying person is unknown, or when the end of what has been known as an ungodly life appears to be at hand, the Pastor will not institute a scrutiny and endeavor to elicit a confession before extending the saving hand that may snatch the firebrand from the flames, but he will at once resort to those texts in holy Scriptures which contain both the Law and the Gospel in narrow compass, as in one dose, telling of sin—which is Law—, and telling of grace and forgiveness—which is Gospel. We think of passages as these:— *This is a faithful saying and worthy of all acceptance, that Christ Jesus came into the world to save sinners, of whom I am chief.*<sup>1)</sup> *The blood of Jesus Christ, the Son of God, cleanseth us from all sin.*<sup>2)</sup> *God so loved the world, that he gave his only begotten Son, that whosoever believeth in him should not perish, but have everlasting life.*<sup>3)</sup> *All have sinned and come short of the glory of God, being justified freely by his grace, through the redemption*

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1) 1 Tim. 1, 15.

2) 1 John 1, 7.

3) John 3, 16.

*that is in Christ Jesus.*<sup>1)</sup> *If we say that we have no sin, we deceive ourselves, and the truth is not in us. If we confess our sins, he is faithful and just to forgive us our sins and to cleanse us from our unrighteousness.*<sup>2)</sup> Let the Pastor repeat any one or several of these or similar texts to the dying man, speak them very distinctly and with carefully marked emphasis, then ask the patient if he understood what had been said, and if he believed it. If by word or sign assent has been expressed, the Pastor will continue, reciting text after text, knowing that he is thus extending to that soul the means whereby the knowledge of sin and saving faith in the Savior of sinners can be wrought. And this benefit should not be denied even to the notorious slave of sin to whose bedside a minister may have been called. Though the hope of winning that soul may be slender, we must not shut it out entirely as long as God has not denied the sinner the opportunity of hearing the word of grace whereby sinners should be saved, and which is powerful to quicken into spiritual life even in the face of death. For this chief reason the Pastor should never refuse nor even hesitate to come when called to the bedside of a dying sinner, be it early or late.

On the other hand, it is to be urgently recommended that the minister should call on sick members of his congregation as early as possible, whether they be in particular spiritual distress or not. For one thing, surprises at sickbeds are by no means of rare occurrence. The Pastor may find the patient in a far more or far less satisfactory spiritual condition than he anticipated, and in the latter event he may be thankful for every day yet at his disposal. Then, also, the Pastor should educate his people to inform him of sickness in their families at least as early as they call in the physician, for various reasons. In some neighborhoods, to see the doctor and the minister call at a house signifies

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1) Rom. 3, 23. 24.

2) 1 John 1, 8. 9.

pretty much the same thing—that somebody in that house “is not expected to live,” and, as the minister is often called when the doctor has begun to look serious, the Pastor’s sick call is looked upon as the more alarming sign of the two. This should not be. It naturally leads to a confirmed reluctance of the people to call the minister to a sickbed, and to call him early in all cases of illness which are more than a casual indisposition.

But not only in physical sickness, also in other troubles the Pastor should be near the afflicted. Members of the congregation who have sustained severe losses, have experienced reverses in business, or are struggling under disturbances in the family circle, should be visited and furnished with what they may need under the prevailing circumstances, comfort and consolation, reproof and correction, warning and advice and encouragement, or several, or all of these, once or repeatedly. When there are open dissensions between husband and wife, parents and children, brothers and sisters, the Pastor should not wait until the matter is formally submitted to him by mutual consent of the parties, but step in and do what can be done before it may be too late to do much or little or anything. This, if properly performed, is not meddling with other people’s business; for the spiritual life and welfare of his people are the Pastor’s concerns always, and whatever to his knowledge imperils their souls is *eo ipso* his business, and he must not wait until others consider it so, but act without unnecessary delay. In this the Pastor is like the staff-physician in a hospital, who does not wait until an inmate of the hospital submits his ailment to him, but takes hold of any new trouble that may confront him in his rounds and prescribes what the case demands.

A peculiar class of troubles with which the Pastor may have to deal among his parishioners is that of religious scruples, such as doubts concerning their state of grace, or relative to certain truths of Christian doctrine. When these

cases are not complicated with or rooted in mental disease which renders the patient inaccessible to argument and calls for medical rather than pastoral treatment, the remedy is generally the *usus didascalicus* of the Word, beginning with the very rudiments of the doctrines involved. The Pastor will endeavor to gain a starting point by fixing upon some cardinal truth concerning which the patient is in no wise unsettled, such as the simple truths laid down in the Small Catechism, or some equally simple and familiar biblical text, and thus obtain the premises for the syllogism of faith or Christian hope, or the authoritative statement of the truth to be reestablished in the troubled heart and mind. Where false notions of the will, the wisdom, the goodness, the ways of God, or of faith and the state of grace, are implicated, these notions must be rectified by pointing out what the Scriptures say. The Savior's treatment of the troubled souls on the way to Emmaus, with their false notions of the Christ and his work of redemption, his kingdom and his glory, is the great object lesson to his ministers for the treatment of those whose real trouble is their slowness to believe *all* that the prophets have spoken.<sup>1)</sup>

In all these cases it will be well to put the patient on a wholesome diet of reading by recommending certain chapters of Scripture, certain psalms in the Psalter, certain hymns in the hymn book, certain stories in a Bible History, certain treatises of Luther, certain sermons in postils, certain pamphlets or tracts, which may further enlighten and strengthen the soul seeking the countenance of the Shepherd of Israel with the supplication, *Cause thy face to shine, and we shall be saved.*<sup>2)</sup>

On the other hand, the Pastor should see that unwholesome reading be avoided by his people, and at his pastoral visits he should have an eye on the books and papers he may find in the homes under his care, where an unsound

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1) Luke 24, 25.

2) Ps. 80, 3. 7. 19.

book may poison the members of the household and the stranger within their gates. And as the supply of good books is generally scanty in most of our Christian families in spite of the minister's efforts to disseminate good literature in his congregation, the Pastor will often find occasion to do as many a physician does who sends from his own pantry and cellar such articles of diet as his patient's means will not allow. But as the minister's means are, as a rule, barely sufficient to procure such books as he should have for his own use, our congregations should be led to follow the example of their fathers and establish parish libraries, from which the Pastor might dispense wholesome reading to the members of the flock according to their wants. Even a small annual appropriation, say of \$10.00, or, in larger congregations, \$25.00, would, in the course of years, provide a treasure which would yield forth abundantly what is now, in most cases, sadly wanting where the faithful Pastor would and should say, *Take and read!*

And now, one more point before we close. Every physician is aware of the importance of careful and circumspect nursing in the sick room. In many cases the doctor's very best efforts fail because of a lack of proper nursing. The medicine prescribed must be carefully administered; food must be served at proper times, of proper quality, and in proper quantity; undue noise and other disturbance must be prevented to secure the necessary rest for the patient or reconvalescent; cleanliness must be maintained; unfavorable symptoms must be promptly reported; special orders must be intelligently executed. And in all this, the nurse must always remember that he or she is the physician's assistant in the work of combating disease, of saving life and restoring health, or of palliating pain and mitigating distress. So in spiritual treatment the Pastor should endeavor to secure intelligent and conscientious assistants, in the patient's family circle, if possible, or among friends and neighbors, among the brethren or sisters in the faith. And since what



is everybody's business is, generally, nobody's business, the Pastor should single out some person, as the parent, the husband, the wife, a son or a daughter, a brother or sister, a relative or neighbor, an intimate friend, of the patient, a person to whom he may chiefly look for the special spiritual care of the patient during the intervals between his pastoral calls. Much, often, depends upon the judicious choice of such assistants. In a family of children, one brother may be available for watching a wayward brother where the father or another brother might be of little service, and a sister may be able to do what all the brothers would fail to do. Wives and mothers are, mostly, better assistants to pastors as well as to physicians than husbands and fathers. The writer has charged a grown daughter with the spiritual care of her father, where the wife was unfit for such service, and the hour came when there was joy in heaven and in that household over a sinner that repented. In this case the nurse was under detailed instructions, and she carried them out most faithfully in every point; and though it may not be feasible in every case to cover all the points, there should in all cases be an understanding between the Pastor and his aid or aids as to the chief features of their common task. The patient, too, should be made to understand the kind endeavors of all those who work together for his welfare, the salvation of his soul.

A. G.

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