

# THEOLOGICAL QUARTERLY.

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## Doctrinal Theology.

### CHRISTOLOGY.

(Concluded.)

#### II. THE OFFICE AND WORK OF CHRIST.

##### Christ the Prophet.

A prophet is an official spokesman of God. Thus said the Lord to Moses, "Aaron shall be *thy spokesman* unto the people: and he shall be, even he shall be to thee *instead of a mouth*, and thou shalt be to him *instead of God*."<sup>1)</sup> And in this capacity Aaron was a *prophet*. The Lord said unto Moses, "See, I have made thee a god to Pharaoh, and Aaron thy brother shall be *thy prophet*."<sup>2)</sup> It was not Aaron who of his own accord stepped in to supply the deficiency of which his brother Moses complained;<sup>3)</sup> but by divine appointment he was made a spokesman of God, and thus was he constituted a prophet. *Prophecy came not by the will of man*.<sup>4)</sup> The prophet does not appear in his own name, but comes with a commission from a superior, whose agent or public officer he is in his capacity of a prophet, a spokesman by divine commission, uttering the thoughts and will and very words of him from whom he has his commission.<sup>5)</sup>

1) Exod. 4, 16.

2) Exod. 7, 1.

3) Exod. 4, 10.

4) 2 Pet. 1, 21.

5) Matt. 1, 22. Acts 1, 16; 3, 18. Amos 3, 1. Jer. 1, 2. al.

## HINTS FOR SICK-CALLS.

The pastor's faithful care of the sick and dying, for their spiritual wants especially, is of surpassing importance. Right here at the sick bed grand opportunities are offered to the pastor for the achievement of the glorious end and aim of his divine calling. Here especially he can do his work as a minister of the Gospel, for the eternal salvation of the soul of the sick person; but here also he can come into nearer contact with the family, relatives, and friends of the sick, get acquainted with them, get into their confidence, obtain a wholesome influence over them, draw them to the church, instruct or strengthen them in the right path, give them warning or sweet consolation. The good influence of sick-calls made in the right manner and spirit will manifest itself throughout the congregation.

It is obvious, that the pastor, if he wants to be enabled to diligently and faithfully discharge on this portion of his pastoral work, must be and keep himself well posted or informed, regarding sick persons within the boundaries of his charge. In the first place he must know which persons are sick or in a dying condition, needing his spiritual aid, in order that *he can visit them* and attend to their spiritual wants. This might seem almost too insignificant, if we did not know how much a pastor has to contend with ignorance, indifference, backwardness, prejudice, superstition, ill will, etc., regarding information about sick persons. Some people think it their bounden duty to call a doctor or physician for their sick relative and care for his or her bodily welfare at once, but it never occurs to them, that it is their duty also to send for the pastor or to let him know in some way that he is wanted. They take it for granted, that the pastor will hear of the case, — or they even imagine that the pastor ought to know without information, that some one is sick in their house, or they want to find out through the coming or not coming of the unin-

formed pastor if he regards or disregards them; and so precious days or even weeks elapse before the pastor hears about it and is able to make the often very necessary call. Others are restrained from calling the pastor at once to a sick relative or friend, by backwardness, bashfulness, or timidity. They do not want to impose on their pastor, or do not want to bother him, they think it asking too much of the pastor, to visit their lowly hut, they think themselves not worthy, or that they have no right to call the pastor, and moved by such thoughts either do not come at all, or wait to the last minute. Others again do not inform the pastor because the superstitious notion has taken hold upon them: If we call the pastor our dear relative will not recover from illness but must die. Some do not want a pastor to come and — as they put it — bother and disquiet and torment the sick person by speaking about spiritual things, the salvation of the soul, death, heaven, and hell. There are even those who do not want to give the pastor the necessary information, because they want to have the charge against him that he is not faithful, etc.

Well, what then is a faithful pastor to do, to surmount all these obstacles and in spite of them to be well informed and thus enabled to make these very important calls and care for the poor sick by the grace of God? A few hints may suffice. Above all, the pastor of course will instruct his congregation regarding this point. He will inculcate upon his congregation in general, husbands, wives, parents, brothers, sisters, children, relatives, neighbors, or to whom such knowledge may come, the Christian duty to notify the pastor in good time when a member of the family, a relative, friend, or neighbor, has fallen ill. This can be done and ought to be done in sermons at public worship. Occasion for such instruction and exhortation is given abundantly in our pericopes, for instance, in such gospel lessons where Christ Jesus' care for the sick is brought before us, where that poor mother implores the Lord to heal her

daughter, where the centurion seeks help for his servant, — where the neglect of the poor sick Lazarus on the part of the rich man is pictured before our eyes. Also during catechetical examinations such occasions are found. In congregational meetings, when care for the indigent and sick is under discussion, the pastor must not let the good occasion pass by without emphatically reminding the members of this important duty to call him in good time to the bed of sick persons. In the meetings of women's societies, young ladies' societies, young men's societies, in private conversations the pastor should seize the opportunity to speak about and explain the importance of this duty. Speak about it to the children in the school and in the Sunday School. Always hold it up to the members of the congregation that the pastor is very anxious and willing to come and devote his time and care to the sick, and that they should assist and enable him to do so. Tell them that the pastor can not know who is sick, as he does not know every thing, — just as little as the doctor, and that it is their duty just as well to call the pastor, as to call the physician.

Frequent inquiry should also be made by the pastor as to the state of health, in the family and neighborhood, when meeting a member of the congregation. A leading thread to other sick-beds may be often found in the house and at the bedside of some sick person. Do not wait for notice or an invitation if in any way you find out or hear that some one is sick in your congregation, especially if you know, that the patient's spiritual condition is not as it ought to be. Lay special stress upon making sick-calls, let the people, especially the sick, see and feel that you willingly and with great pleasure look after the sick, *at any time*, day or night, rain or shine, even if they are afflicted and stricken with horrible or contagious diseases. Let them know that you rather risk being called unnecessarily, than to have them fear to call upon you in such

cases, and in time you will see that you are more readily assisted in obtaining information regarding the sick.

If the congregation is very numerous and patients are many, be careful to have a correct list of them, putting the most serious cases at the head, and make regular rounds, as often as time permits you to do so. This rule applies also to the very old and weak persons who are unable to attend public services,—or can do so very seldom.

Always be *well prepared* for making sick-calls. In order to be well prepared to come to a patient not with uncouth hands, mark down for your use at sick-calls some portions of Scripture seeming to you especially adapted for sick persons in various spiritual or bodily conditions. Commit to memory in order to have them at command at any time, some passages of Scripture adapted for people without self-knowledge, or knowledge of sin or Christian doctrine, for down-stricken, despairing souls, containing the sweet comfort of the Gospel in a few lines which are full of consolation, setting forth the love and grace of our Lord Jesus for poor sinners, cheering words for those suffering great bodily pain, or in the agony of death, ringing with triumph over death, and joy of eternal life. Also commit to memory a good number of suitable verses from church hymns particularly suitable for sick or dying persons, also diligently look over approved prayers of faithful ministers for and in behalf of the sick. Ask God for wisdom and patience, for a sympathizing and merciful heart for the sick and afflicted, for love of them and zeal for their eternal welfare, for knowledge to understand their conditions and the right word to really benefit them. Never, even in the most urgent case, neglect preparation, even when on the way, by prayer for the Lord's guidance and blessing and calling into memory texts and verses.

As soon as you have entered the house of the patient, do not neglect, after courteously greeting the wife, or the husband, or the children, or the friends, of the sick person,

to give utterance to some words of sympathy—probably in the way of old Pastor N.: “Good day, Mrs. M. I hear that your husband (child) is sick, and I came to call on him. I feel very sorry for you and heartily sympathize with you in your affliction. Let us trust that all will be well. The Lord will provide. We know our heavenly Father has everything in His hand, nothing will befall you against His will, and He certainly will deal with you even in this tribulation as a loving Father. Do not despair, but look up to the mountains from which sure help comes to us. Mary, George, I am glad to see you, but am sorry, at the same time, that this our meeting is caused by the illness of your dear father. Let us hope for the best. Mrs. M., will you please show me to the sick-bed of your dear husband?”—When leaving, also give some consoling words (according to circumstances) to the relatives.—When, arriving at a sick-bed, you are informed that the patient is unconscious already, has given no signs of consciousness even for hours, do not think that everything is in vain now, that nothing can be done any more. There is a possibility, even a probability, that the patient will yet hear and understand you. To corroborate this assertion, two examples may suffice.

When coming to the sick-bed of a member of my congregation, after having been absent from home, I was informed that the patient had given no signs of consciousness for 36 hours, that they thought he would no longer hear or understand anything. In spite of these assertions, I leaned towards the ear of the sick man, and in a loud and steady voice spoke the words of some comforting passages of Scripture and some verses from a hymn and a brief prayer. The man recovered so far on the second day after this, that he was able to speak, and afterwards regained his health. He then told me that he had plainly heard—as from a long distance—the voices of his wife and brother, telling me that he was quite unconscious,—but had been unable to give the least sign of consciousness; and also that he very plainly,

though as from a distance, had heard what I had spoken into his ear. In order to obtain certainty, I asked, what I had said, whereupon he repeated the two passages of Scripture, one verse of the hymn, and part of the prayer.

At another time I was called to the sick-bed of a man I had never seen before. On arriving at the house and while stepping up to the couch of the patient, I was told that he had been sick for five days and unconscious for about nine hours. Nevertheless I spoke into the ear of the man what I thought necessary for him at the gates of death. The man recovered so far that I had more than a week's time to prepare him for the last journey. When I found him fully conscious and able to talk at the next call, he said: "Pastor, I heard you speak to me yesterday." "Did you?" I replied; "well, then, what did I say?" "I can not repeat just every word," he answered, "but I know that you said *all* were sinners, but that the blood of Jesus Christ the Son of God cleanseth us from all sins, that He is the propitiation for our sins, that whosoever believeth in Him should not perish in death but have everlasting life, and that God loved us poor sinners, that He gave His Son for us to save us from death and eternal damnation." This convinced me that the man indeed very plainly had heard and understood my words, though he seemed to be quite unconscious at the time.

Even if patients never regain consciousness or strength enough to bear testimony, it certainly is the better way to speak to them in a manner which circumstances may require.

C. L. J.

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