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Introduction

Prepared in the midst of a global pandemic, which closed churches and universities on a scale which was familiar to many historians from their sources but until now unknown to them in practice, this volume explores the Church's response to previous epidemics and its reflections on sickness and on health. From the earliest times, the Church has been involved in caring for the sick within society. Early church communities succoured the sick and the frail as well as taking in abandoned children. Medieval monastic houses included infirmaries; leper and plague hospitals were religious establishments. Major London hospitals, such as Bart's and St Thomas's, began as religious institutions, which were then reconstituted following the dissolution of the monasteries. The Reformation brought alternative reflections on the relationship between medicine and salvation, but included reforms in medical care, such as the Reformed diaconate assisting the sick. The early modern period also witnessed the temporary closure of institutions such as schools and universities, and the evacuation or isolation of communities, due to plague. With the professionalization of medical care during the eighteenth and nineteenth centuries, both Catholic and Protestant churches established schools to train doctors and nurses as well as hospitals to treat the sick. Globally churches remain key players in the provision of healthcare: indeed, the Roman Catholic Church today is the largest non-governmental provider of healthcare in the world. At the same time, some Christian groups, including Jehovah's Witnesses and Christian Scientists, have rejected medical interventions. Such responses serve to exacerbate the perceived divide between science and religion.

The articles contained in this volume address several interconnected themes. Many of them focus on the Church's response to sickness, and specifically to the experience of pandemics, through the ages. Others explore the connection between the Church and the medical profession, and by implication the relationships between spiritual and physical approaches to sickness. An important aspect of interaction in the modern era was the involvement of churches and clergy in public health. Another group of articles considers the clerical experience of sickness, and its impact on ministry, preaching

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and understandings of God. Finally, they show some of the ways that sickness has served as a metaphor for understanding the church and its relationship to the world.

Largely for reasons relating to the (non-)availability of source material, the earliest articles chronologically focus on the last of these themes, although metaphors of sickness in many ways provide a leitmotif in the theological thinking of the Church. Carson Bay explores the text *De excidio Hierosolymitano*, also known as 'Pseudo-Hegesippus'. The depiction of Jewish contagion in this text can be interpreted as a historiographical solution to the Christian theological need to explain the Jews out of history. Pseudo-Hegesippus provided a language which was later applied to Christian heresy, allowing it to be seen as infection or sickness.

The metaphor of sickness is found frequently in Christian writings. Jessica Collett observes that Gregory the Great's commentary on Job identified prolonged sickness and suffering unto death as an experience in which the contemplative values of heaven can be united with an active life on earth, serving as a figure and anticipation in this life of the final union of heaven and earth at Christ's second coming. Gregory applied this insight when exploring the role of the episcopate, and Bede drew on his writings to frame and present the episcopate of Columba. For Bede, Columba, like Job, did not endure sickness and suffering for its own sake, but in the hope of his future union with Christ and for the sake of the cleansing renewal of the church's leadership. Collett's analysis offers an important reminder that, like miracles, sickness was one of the tropes of a holy life.

The use of sickness to understand, and share more deeply in, Christ's suffering is common in medieval and early modern piety, but also permeates the nineteenth-century evangelical writings examined by Angela Platt. Pain in the Christian life was often understood theologically as a quotidian display of divine love, rooted in the atonement as a loving aspect of God's providence. The meaning and purpose of pain was sanctification, a retributive though mainly redemptive implement of God's fatherly love. Platt shows how those who experienced pain struggled to accept it as an expression of God's love, finding that Baptists and Congregationalists emphasized the sin that necessitated the atonement, whilst Quakers focused on suffering with Christ.

The practical applications of metaphors of sickness and health are explored in Brian Stanley's study of the influence of Derek Prince

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(1915–2003). Prince, a former philosophy fellow of King's College, Cambridge, became a globally influential Pentecostal teacher and author with a strong belief in the invisible realm of spiritual powers and its impact on the health and material well-being of Christians. Prince's teaching on ancestral curses and the vulnerability of Christians to demonization has been widely received in Africa and other parts of the non-Western world, approaches which, as Stanley shows, are often seen as providing solutions to endemic problems of chronic sickness and impoverishment.

The Church's response to actual experiences of sickness, and specifically to the experience of pandemics down the ages, is an important theme of this volume. The medieval church devised rituals to help it cope with plague, or the threat of plague, such the Bianchi devotions of late fourteenth-century northern Italy discussed by Alexandra R. A. Lee. These processions were sometimes restricted to particular towns, particularly when plague had already broken out; in other cases they progressed through the local region. Dressed in white, the participants moved from church to church, holding services and singing. Prayer and religious ritual were perceived as helping to ward off plague or to reduce its effects.

An outbreak of plague faced churches and individuals with many pragmatic decisions. Martin Christ presents Martin Luther's deliberations about his own response to such an outbreak in Wittenberg: should he remain in Wittenberg or should he leave? On the whole, Luther thought, preachers and those who had civic responsibilities should stay, unless they could appoint a deputy. He himself was, he remarked, 'willing to take medicine, air rooms and avoid places where he was not needed, but if God called on him to help, he would not avoid any person or place'. Luther's advice about how people should respond to the plague combined practical, moral and theological or spiritual aspects: they should pray, avoid dancing and drinking, and keep their homes and towns clean. For Luther, however, the suffering caused by plague was to be understood primarily as divine punishment: the plague had been sent by God to call people to repentance.

The relationship between Christian ritual and care for the sick is discussed further in Dan D. Cruickshank's exploration of how Anglo-Catholic clergy and parishes cared for the sick and dying in the early twentieth century. Drawing on evidence submitted to the Church of England's Royal Commission on Ecclesiastical Discipline (1904–6),

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he concludes that the provision of communion for the sick was often cited as the reason for the reservation of the sacrament; the need to draw in those who could not attend church because they were unwell was used to justify the ringing of a sanctus bell – generally the church bell – at the point of consecration.

Hugh Morrison shows how, amongst nineteenth-century missionary families, the missionaries' ill-health and early death, as well as that of their spouse and children, were understood in both private and public discourse as being 'reflexive of and contributory to a specifically missionary identity'. However, this attitude gradually changed to an expectation that missionary families' health and welfare be exemplary. This gave rise to a complex balance between a religiously motivated rhetoric that expected illness and death, particularly of children, to be part of missionary experience, and an emerging professionalized discourse that redefined these families as paragons of health and well-being.

Morrison's study reflects the Church's response to sickness, but also another theme explored in this volume: the changing relationship between the Church and the medical profession, and thus between spiritual and physical approaches to healing. However, this was not only a modern phenomenon. Evidence for the Christianizing of classical medical recipes is considered in Claire Burridge's study of the incorporation of spiritual practices into the preparation of cures and remedies during the ninth century. These might include saying the Lord's Prayer while collecting herbs for these preparations, the addition of holy water or chrism to a medicine, or the association of the treatments with other Christian rituals, such as instructions to make the sign of the cross or to say mass. This evidence is not easy to interpret: are these interventions simply intended to increase the efficacy of the treatment? Are they affirmations of the scribe's faith, or of the faith of practitioners? Are they conscious attempts to make potentially controversial writings more acceptable to a ninth-century audience?

The complexity of the line between spiritual and physical care is highlighted also by Emily Betz's consideration of Timothy Bright's *A Treatise of Melancholie* (1586). Melancholia was commonly recognized to have both corporeal and spiritual aspects, and was therefore a disease generally treated by both medical practitioners and the clergy. Bright recognized the importance and the distinctive contribution of both, but also that melancholy and affliction of conscience were

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closely connected. Clergymen and physicians in this period might clash, particularly as the medical profession became more professionalized and regulated. Bright's discussion of melancholia, however, offers examples of how the two professions might also cooperate.

Further evidence of the interplay between spiritual and physical assessments of sickness and health is offered by George A. Klaeren's exploration of eighteenth-century Spanish debates about ecclesiastical regulations surrounding fasting. The requirement to fast could be lifted on medical grounds. What constituted a medical exemption, and who had the authority to make this decision? Klaeren finds that the opinions of both a 'spiritual doctor' and a 'medical doctor' were required.

The eighteenth century also saw the beginnings of church involvement in what we might now call public healthcare provision, another aspect of the interplay between spiritual and physical approaches to sickness and health. Stanisław Witecki considers the interventions of Polish bishops who, influenced by the Catholic Enlightenment, encouraged their clergy to take responsibility for medical education and the organization of healthcare, and sought to reform customs which they had come to view as detrimental to health. Healthcare issues were increasingly important for Catholic enlighteners in the Polish-Lithuanian Commonwealth, and priests could play a significant role in promoting healthcare. Branka Gabrić and Darija Damjanović Barišić observe similar patterns of engagement in the nineteenth-century kingdom of Slavonia, part of the Austro–Hungarian Empire, where bishops supported measures to provide access to clean water and hygienic measures in cemeteries, alongside opening hospitals and schools. In both cases, these reforms were legitimated by the theological understanding that disease was due to natural causes rather than being a punishment sent by God. Nonetheless, there could be tensions between these reforms and the practices of lived religion, especially around funerals and burial practices.

Public health might also be supported by local faith-based organizations. Andrew Kloes describes the foundation of the *Weiblicher Verein für Armen- und Krankenpflege* ('Women's Association for the Care of the Poor and the Sick') by Amalie Sieveking in connection with an outbreak of cholera in Hamburg in 1831. Members of the Women's Association visited the homes of the sick, seeking to promote the well-being of those whom they assisted by providing food, clothing, paid employment and housing, as well as opportunities to cultivate their spiritual life. A similarly local approach is

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observed by Jemima Jarman in her study of late nineteenth-century medical missions established by evangelical Protestants and aimed specifically at Jews in the East End of London. These offered free health care, provided by doctors and nurses who were encouraged to learn Yiddish. Intended as a form of evangelization, these medical missions were markedly unsuccessful in converting their clients, but the provision they offered was a valuable resource for the immigrant Jewish community.

The importance of medical provision to local communities was recognized in many towns and cities across England by the institution of 'Hospital Sunday' in the mid-Victorian era. This designated one Sunday each year to support and raise funds for the work of local hospitals and dispensaries. Roger Ottewill shows that it was often an ecumenical event and something of a gala Sunday. Robert Piggott observes that in many areas Hospital Sunday continued for some time after the foundation of the NHS in 1948, witnessing to the deep and ongoing relationships between local clergy, congregations and healthcare.

However, the relationship between the church and public health remains vulnerable. This is demonstrated by Brittany Acors, who shows how the current COVID-19 pandemic has witnessed protests against public health guidelines. In the USA these arise particularly amongst some evangelical groups who use religious language to defend what they see as their civil and God-given rights.

Finally, sickness was also frequently part of the experience of the minister or preacher, and this often shaped their theology and their ministry. As Hugh Morrison observes of missionary families, so too Robert W. Daniel finds that the experience of sickness was a part of a clergyman's vocation. A minister's sufferings were to be seen publicly rather than concealed privately, to build faith and serve as a living exemplar. Practical considerations did arise: if ministers preached while suffering from colds, agues and fevers, they risked infecting others and exacerbating their own pain and discomfort, or worse. When congregants followed their example, attending church with all manner of ailments, they too risked making themselves and others sicker. Nonetheless, belief in divine providence, the power of preaching, and strict Sabbatarianism held powerful sway throughout the seventeenth century. Preaching when unwell could hamper a sermon's audibility, but the physical presence of an ill minister could have a powerful and inspiring impact. The understanding that illness was an aspect of God's providential action was an important factor.

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Similarly, although in a very different context, Melissa Wilkinson shows how the chronic ill-health of F. W. Faber, the founder in 1849 of the first London Oratory (the precursor to the Brompton Oratory) informed his ministry. Faber drew on his own illness, and that which pervaded the area where his church building was located, to present sickness and health as a profound metaphor for the spiritual life.

The essays in this volume therefore demonstrate the extensive and interconnected associations of the Church with sickness and health at both practical and theoretical levels. While these contributions have tended to focus more on the response of ecclesiastical institutions and clergy to sickness, their concern to bolster public and spiritual health is also evident. Furthermore, a striking number of themes and questions which have been of concern to churches and institutions as they grapple with the current pandemic are shown to have exercised the minds of theologians and clergy across the ages.

Charlotte Methuen and Andrew Spicer

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