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SPIRITUAL CARE OF PATIENTS IN ARMY HOSPITALS

A Thesis Presented to
The Faculty of Concordia Seminary

In Partial Fulfillment
of the Requirements for the Degree
Bachelor of Divinity

By
The Rev. Geo. W. Kautz
December 1946

Approved by

Louis J. Lick

J. E. Mayer

SPIRITUAL CARE OF PATIENTS
IN ARMY HOSPITALS

(Outline)

- I. The introduction states the qualifications of the author.
 - A. The author has served with an army combat unit in the States.
 - B. The author has also served with combat and hospital units overseas.
 - C. He is, therefore, well qualified to write on the proposed topic.

- II. The chaplain ministers to Christian patients of the hospital in co-operation with the Commanding Officer and in accord with existing regulations.
 - A. The hospital chaplain conducts services of worship.
 1. Chapel services should be conducted regularly and at fixed times.
 2. Hospital services must of necessity be brief.
 3. Ward services may also be conducted if found feasible.
 4. Services of worship should always bring the truths of sin and grace in the simplest language possible.
 - B. The hospital chaplain brings spiritual ministrations to the bed-side.
 1. He will bring to Christian patients the comforting words of their Savior.
 2. He will administer the Lord's Supper to those of synodical fellowship, but may also in very exceptional cases administer it to others.
 3. His bed-side ministry is the hospital chaplain's greatest activity.
 4. He will check the admission and disposition sheets daily, and have all crisis situations reported to him in a routine way.
 5. Christian patients are easily comforted with the Word of God, and have the advantage over others in their recovery.
 6. Sick visitations require thorough preparation.
 7. Prayers should be said without the book - ex corde.
 8. A brief meditation may be welcomed by the convalescent patient at regular intervals.
 9. The chaplain's visit at the bed-side should not be too long.
 10. The most opportune time for a private Communion Service may be in serious illness or before an operation.

11. It may be well for the chaplain to stay close at hand while an operation is being performed.
 12. The chaplain should supply the convalescent patient with wholesome reading material.
 13. The chaplain should minister to the dying by calmly reciting some of the great words of Scripture, and after death has occurred carry on some constructive work with relatives and friends.
- III. The chaplain also ministers to non-christian patients.
- A. He must establish a friendly relationship with the patient.
 1. Some practical suggestions are indicated.
 2. When a friendly relationship has been established the patient should be directed to the true Helper and Physician.
 - B. The attitude of patients towards spiritual ministrations will be varied.
 1. Some will try to disprove the value of prayer and the existence of God.
 2. Others will refuse all spiritual ministrations.
 3. Some, by the mere friendliness and devotion of the chaplain, will turn from the error of their ways and accept Jesus as their Savior.
 4. A few will receive a brief period of instruction for the rite of confirmation and the reception of the Lord's Supper.
 - C. The chaplain should keep some sort of record.
 1. A small note-book will be indispensable.
 2. A card-index file may also be very practical.
- IV. The chaplain ministers to members of his major religious group.
- A. Protestant patients are served by Protestant chaplains.
 - B. Catholic patients are served by Catholic chaplains.
 - C. Jewish patients are served by Jewish chaplains.
- V. The chaplain ministers to many permanently disabled young men.
- A. Some actual cases are mentioned.
 1. Most disabled patients are cheerful and resigned to their physical handicaps.
 2. Some patients are very much concerned about them and need the assurance of God's love and the prayers of God's people to carry on.
 - B. Permanently disabled young men want to be treated as natural, normal, healthy people.
 - C. The chaplain will try to accomplish two purposes in his ministrations.
 1. He will try to strengthen their religious life by means of regular spiritual ministrations.
 2. He will try to help the patients adjust themselves to a new type of life.

- VI. The chaplain ministers to a ward of psychoneurotic patients.
- A. The chaplain should work side by side with the ward officer or psychiatrist.
 - B. Some patients of this type may derive much value from a service of worship, prayer, Scripture reading or meditation.
 - C. The chaplain can often relieve the tension and anxiety of these men by merely listening.
 - D. Much has been written about "pastoral psychiatry":
 1. Special training in the subject may be of some value in the handling of more serious cases.
 2. The area of difference, however, between the handling of normal cases and more serious cases is comparatively small.
 - E. The depressed person is a difficult patient.
 1. The method of direct religious comfort cannot always be used.
 2. A brief positive statement made in the form of a suggestion may have a beneficial effect.
 - F. The chaplain's duty to the psychoneurotic patient is ever clear, namely, to bring him the comforts of the Gospel of Jesus Christ.
- VII. The conclusion emphasizes the need of full-time chaplains.
- A. They are needed in various hospitals and institutions.
 - B. They are especially needed now in Veterans' Hospitals everywhere.

SPIRITUAL CARE OF PATIENTS
IN ARMY HOSPITALS

Our Lutheran Church of the Missouri Synod through its Army and Navy Commission has fully recognized the great task of providing a spiritual ministry to the men in the armed forces. Therefore many Lutheran clergymen at the beginning of the war offered themselves cheerfully to preach Christ Crucified to these men who were about to die and to minister to them under every condition. The Army Chaplaincy offered the great opportunity to serve Christ and to minister to many blood-bought souls. Some 250 chaplains of the Missouri Synod answered the call and have served valiantly on the far-flung battlefronts of the world.

I was one of the first of the 250 chaplains to enter the army. It was quite a momentous day when I first made my appearance in uniform at Ft. Sam Houston, Texas, back in October 1941. Here I had a number of assignments with an Infantry Division, which had just recently begun its training of recruits at this station. Not only did I conduct regular services in the Regimental Chapel, but also conducted

many interviews with the men, who had to make many painful adjustments from civilian to army life.

After completing its rigorous training in sunny Texas the Division was transferred to Camp Mc Coy, Wisconsin for winter training. This over, it was ready for combat in some overseas theatre of operations. However, I did not leave for overseas with this Division.

After being stationed at various points in the States for a period of a little more than two years, I was sent as a replacement chaplain to North Africa, where I was stationed with our troops for about two months. My final destination was to be Italy. Here I ministered to the spiritual needs of our fighting men on the battlefields from Anzio to Rome and beyond. First Aid Stations, Field and Evacuation Hospitals in the immediate area were visited regularly. Since I manifested special qualifications in serving our men in various hospitals, I was then permanently assigned to hospital work. It is in this work that I have enjoyed some measure of success while in the army, so that Commanding Officers of hospitals have expressed themselves favorably as to my sympathetic and helpful approach to the many problems of various hospital patients. It is with this experience and background in mind that I undertake to write on this topic:-

SPIRITUAL CARE OF PATIENTS IN ARMY HOSPITALS.

At the very beginning of his hospital ministry the chaplain should go out of his way, if necessary, to get on friendly terms with the Commanding Officer, doctors, and other responsible personnel of the hospital. It may be well to ask how you as the minister can best serve

the patients of the hospital. This will make it clear that you are entirely ready to co-operate. In all hospital ministrations, the chaplain must be ready to adapt his activities to existing regulations. He should certainly respect the wishes of the ward officers and doctors and not force himself in where he is not wanted. "The religious worker should co-operate in a positive way with the other services of the hospital. The chaplain must be the kind of person who can enjoy the confidence of other hospital workers. While respecting confidential information, he can nevertheless work on the team which the physician leads."¹ As soon as the chaplain has won the hospital commander's admiration and confidence he is ready for successful work.

As a pastor in a civilian congregation so the hospital chaplain will divide his work of spiritual ministrations into two categories:- public and private, or the divine service and personal ministry.

Although his bed-side ministry is the hospital chaplain's greatest activity, he dare not neglect the services of worship. In any army hospital there will be many patients able to come to a central place for a service of worship. It is best that a chapel building be provided for this exclusive purpose. Of course the ideal time for regular services is on Sunday morning. For those of the hospital personnel who are unable to attend in the morning, an evening service may also be arranged. Also Wednesday evening services or other week-day services may also be conducted in the early evening hours. These have often been very much appreciated.

1. Seward Hiltner, Religion and Health. p. 257.

Services should be conducted regularly and at fixed times. If the time of services is changed too frequently confusion will result. The services should be announced on the bulletin-boards. Best results will be obtained if the chaplain himself will make the rounds of the wards and tell the patients about the services.

Hospital services must of necessity be brief. I believe that a regular chapel service should not exceed forty-five minutes. Ward services, if they are held, should not exceed thirty minutes.

There has often been a question as to the advisability of conducting ward services. Personally I feel that much good can be accomplished if it is properly done. Some wards will be quarantined for some length of time, but the patients may feel comparatively well. In some other wards patients may be confined to their beds by injuries which do not impair their general health. Many of these patients will welcome a brief Sunday service. Of course the ward officer should always be consulted. Duemling says, "We grant that in certain institutions ward preaching can be done and with good effect. During our many years of activity we have never conducted such special services. The whole question, however, is a debatable one. Experience and conditions alone will tell whether ward preaching is practical and commendable or not!"²

It is certainly a great privilege for a Christian chaplain to preach the Gospel of Jesus Christ. In his audience will be various

2. Enno Duemling, The Institutional Missionary and His Ministry, p. 22.

kinds of patients from different walks of life. There will be Christians and non-Christians of various colors and races, learned and illiterate men. Some will have been religiously trained, others will have had no religious training whatever. There will be Lutherans and those of other denominations. But all will need the Law of God and the Gospel of Jesus Christ in all its truth and purity in the simplest language of which the chaplain is capable. All have an immortal soul, which has been redeemed by the precious blood of the Savior. Sin and grace, the glorious work of redemption, God's plan of salvation must always be stressed. This will not be done in vain. The Word of God shall not return unto Him void. We may not have induced many to join the Lutheran Church, but many will have become Christian believers.

Ordinarily the chaplain will follow the regular pastoral routine in serving Christian patients. They will welcome the comforting words of their Savior, "Son, be of good cheer; thy sins be forgiven thee!"³ The chaplain will have a word of cheer and comfort for all of them, but he will not force his attention upon any of them, "much less does he force the reading of the Word and prayer upon any one who is not ready and has no desire to receive it!"⁴

What about the procedure in the ministration of the Lord's Supper? Many patients will be hungry for the comforts which the Lord's Supper gives. "Just as in our ordinary civilian church life there are exceptions to the usual procedure in the ministration of the

3. Matt. 9, 2.

4. Duemling, *op. cit.*, p. 50.

Lord's Supper, thus exceptional cases arise to be dealt with among the men in the armed forces. In exceptional cases synodical fellowship is not a necessary pre-condition for admission to the Lord's Supper. We must guard against legalism on the one hand and laxity on the other. The chaplain may commune such men in the armed forces as have been instructed in the need of Repentance, in the Essence of Faith, and in the doctrines of the Real Presence and of the Lord's Supper as a Means of Grace, and profess acceptance thereof. It is to be understood, however, that the exception must not become the rule!⁵ In order to avoid any difficulties in this respect it would be well to call in chaplains of various denominations to conduct Communion Services for their own particular groups.

His bed-side ministry is the hospital chaplain's greatest activity. "The minister goes to the sickroom because he is the duly recognized representative of Him who said: 'For I was sick and ye visited me!'⁶ By virtue of the special methods and of the devotion which are his heritage he may minister to the sick to their advantage, to the advantage of the doctors and nurses who care for the sick, and to the advantage of his own spiritual welfare!⁷

It is good practice for the chaplain to check the admission and disposition sheets of the hospital daily. These reveal much valuable information. He can also have certain kinds of patients, or crisis situations with patients reported to him in a routine way by the doctors or nurses. Chaplain Gerecke relates, "A double signal on our

5. Frederick C. Proehl, Marching Side by Side, p. 191.

6. Matt. 25, 36.

7. Richard C. Cabot and Russell L. Dicks, The Art of Ministering to the Sick, p. 13.

phone brings the voice of a nurse who is concerned about a wounded soldier in her ward. She says he is too far gone to realize my presence, but I might try speaking with him. The moment he heard, 'God bless you, son', he responded with a sad look, studied the insignia on my cap, and at once went on to tell me he had been brought up in a Christian home. He received the assurance of the forgiveness of sins through the blood of Jesus, his Savior and Redeemer. After I whispered the Lord's Prayer into his ear, he went on alone into the 23d Psalm. At the end of the session he said, 'I'm mighty glad my parents raised me in the meaning of Christian faith'. When another hypo was attempted, he told the doctors they were wasting their time; he knew this was the last. While he was dying, I heard him whisper, 'The Lord is my Shepherd'. Godly parents will meet that son again in a world without sin and pain!⁸

Christian patients are easily comforted with the Word of God. They believe sincerely in God's gracious presence and help in affliction. They will whisper, "Yea, though I walk through the valley of the shadow of death, I will fear no evil; for Thou art with me; Thy rod and Thy staff, they comfort me!"⁹ They know that "God is faithful, who will not suffer you to be tempted above that ye are able, but will with the temptation also make a way to escape, that ye may be able to bear it!"¹⁰ As a result of this submissive attitude to the

8. Proehl, *op. cit.*, p. 120.
 9. Psalm 23, 4.
 10. 1 Cor. 10, 13.

will of God their physical condition is also indirectly and favorably affected.

That Christian patients have the advantage over others is well substantiated by leading physicians and surgeons. Dr. J. A. Hadfield says, "I am convinced that the Christian religion is one of the most valuable and potent influences that we possess for producing that harmony and peace of mind needed to bring health and power to a large proportion of patients!"¹¹ Hiltner says, "Christianity has always believed that 'as a man thinketh in his heart, so is he', Proverbs 23, 7. We are now seeing that it is equally important how he 'thinketh in his muscles and blood vessels'. For how he thinketh in his heart has a very great influence upon how he thinketh in his muscles!"¹² Dr. Charles W. Mayo, world-famous surgeon, once said, "Religion is a human and vital factor in the practise of medicine!"¹³

The chaplain should have a purpose in mind before making any call on any patient. This requires thorough preparation. He ought to stock his mind with many appropriate Scripture passages, brief meditations, and prayers. The purpose of the call may change during the call itself, but being prepared the chaplain is ready for any eventuality. "The habit of making no preparation for a visit is popular because it saves trouble. Original sin makes us hide our laziness behind reverence for a spontaneity which rarely comes off. We try to depend on it because we dread the labor of preparation.

11. Hiltner, op. cit., p. 22.

12. Ibid., p. 86.

13. Duemling, op. cit., p. 33.

Prepare everything that you find you cannot do well without preparation is as sound a maxim for the minister as it is for the baseball player or the pianist. Most ministers prepare their Sunday sermons. It is quite essential to prepare for a visit to the sick!¹⁴

When the Christian patient calls for the chaplain, he usually hopes that the chaplain will pray with him or for him. It certainly makes a bad impression when the chaplain rushes into the sick-room with prayer-book in hand and then reads some sort of canned prayer for the sick. Prayers should be said without the book - *ex corde*. The auxilium for bed-side ministry, found in the "Service Manual" for chaplains, and the "Service Prayer Book", authorized by the Army and Navy Commission, should only be used as a guide in formulating your own prayers and meditations to suit each individual case. "Prayers used judiciously with individuals can accomplish something which nothing else can; for it brings the problem into the presence of a God who can give strength and wisdom to solve it, not automatically,¹⁵ but as God answers the prayers of His children. "This is the confidence that we have in Him, that, if we ask anything according to His will, He heareth us!"¹⁶

The convalescent patient may welcome a brief meditation by the chaplain at regular intervals. Meditation upon some appropriate passages of Scripture will be most comforting. There are great passages of Scripture which, judiciously used, may be of untold

14. Cabot and Dicks, *op. cit.*, p. 162.

15. Hiltner, *op. cit.*, p. 105.

16. 1 John 5, 14.

value to Christian patients. One clergyman always reviewed his last Sunday's sermon when he called. It was definitely out of place for some of his patients. "A beefsteak is good for a healthy hardworking man, but we do not give one to a patient before an operation!"¹⁷

Again this same author says, "A surgeon's scalpel is a useful instrument but used improperly it may be harmful. The same thing is true of religion!"¹⁸

The chaplain should not tire the patient with a long, drawn-out meditation, even though the patient may be well on the road to recovery. "The patient may greatly enjoy the minister's visit and yet be worse the next day. The doctor wants to be certain that this does not happen. Fatigue and excitement check the healing of disease!"¹⁹

This brings up the question as to the duration of the chaplain's visit. It is a common complaint that the minister tires out sick people by staying too long. "Don't stay too long. Short frequent visits are best. How shall he know when to go? He should watch the patient's face and movements. He can learn to read there his signal!"²⁰ A judgment about the length of time one should stay, should always be made in view of the patient's condition, of course, but rarely should it be more than fifteen minutes, and sometimes a two-minute call is better. There are, needless to say, many exceptions.

The chaplain can render a distinct service to some of his patients by having a private Communion Service. This is especially

17. Russell L. Dicks. Who Is My Patient?, p. 78.

18. Ibid., p. 82.

19. Cabot and Dicks. op. cit., p. 47.

20. Ibid., p. 20.

true in serious illness or before an operation. "For spiritual and psychological reasons there is no better preparation for the anticipated ordeal. The words of Scripture or the most earnest prayer may be forgotten in great pain or long discomfort, but the Holy Communion is a concrete fact which the patient can remember. The knowledge of the union between Christ and His believing, suffering child will give peace to the mind, even if the body feels bitter pain!"²¹

It may be well for the chaplain to stay close at hand while an operation is being performed. "If the operation - as is usually the case - has been performed in the morning, the minister will wish to stop at the hospital in the evening.... By that time the patient has regained consciousness and in all his misery will be thankful for a very brief prayer, asking for a quiet night and the protecting grace of God. The visit should last only five minutes or less. After the prayer the minister might for a moment stand quietly by the bedside, perhaps put his hand upon that of the patient and with a calm "good night" leave the room. During the convalescent period the frequency and character of the pastoral call must be determined by the situation.... Occasionally it is well to omit the prayer and let the visit assume the form of a personal friendly call!"²²

During the convalescent period the patient may want to do a little reading. The chaplain should be ready to supply him with wholesome reading material, such as, tracts, carefully selected books, magazines,

21. Carl J. Schindler, The Pastor as a Personal Counselor, pp. 100-101.

22. Ibid., pp. 101-102.

prayer books, New Testaments or even complete Bibles, and above all, devotional booklets. In my experience the devotional booklets published periodically by our Concordia Publishing House have proved a "life saver" in many instances. Patients acquainted with the booklet have repeatedly asked for the following number when the previous one had expired. It was through the fine service of the Lutheran Walther League that these valuable booklets were made available to us for overseas distribution. Only eternity will tell what value these little booklets have been to our armed forces.

Distribution of Christian literature should never be made haphazardly or indiscriminately to all patients. It should always be done with proper judgment and discretion. Each piece distributed should be carefully prescribed to suit each individual patient.

What about the chaplain's ministry to the dying? "Modern medicine assists nature by the administration of sedatives and oxygen, all of which make it questionable whether the spoken word is heard at all, or - if heard - enters into consciousness. Notwithstanding this uncertainty the minister will calmly recite some of the great words of Scripture by the deathbed. They will be carefully chosen for their familiarity and the message of faith and assurance of the victory over death and the grave which they convey!"²³

After death has occurred the chaplain should carry on constructive work with relatives and friends, if not in person then through means

23. Schindler, op. cit., p. 108.

of correspondence and letters. This latter is especially necessary when a chaplain is stationed in an army hospital overseas. Parents, wives, and sweethearts will inquire about the condition of their loved ones in the hospital. Ordinarily it will be up to the chaplain to write letters of explanation, sympathy, and, where death has occurred, condolence. Of course it goes without saying that he must be very careful as to what he writes, especially in time of war. Any detailed information might convey military information.

Now what is the chaplain's technique in ministering to non-Christians? He must not forget that he serves the entire hospital personnel. In his bed-side ministrations he will give the distinctive rites of his Church to patients of his own faith, but in other respects he is the friend and counselor of men of every creed, also of those who have no creed at all. The latter are definitely mission material. It would therefore be his duty to try to win them for Christ. How would he go about this arduous task?

First of all the chaplain must establish a friendly relationship with the patient. Just because the patient is an unbeliever is no reason why he should be avoided by the chaplain. The very fact that the man is an unbeliever should be all the more reason why the chaplain should make contact with this particular patient. It may be desirable to have the nurse introduce you to the patient, or you may introduce yourself as the chaplain of the hospital and wish to get acquainted. The patient may tell you very bluntly that he does not wish to see the chaplain, but that will happen very seldom. You may ask simple opening questions, such as, "How is it going?" "When were

you admitted to the hospital?" If you are in an army hospital overseas you may ask the soldier, "Where is your home in the States?" "Do you have a family?" All of these questions will help you get acquainted. Your first visit may be very brief. The next time you call the patient will already be acquainted with you. Your relationship with the patient may already be such that you could safely touch upon his spiritual needs. You briefly point out to him the error of his ways, speak a word of cheer and comfort, and, above all else, direct him to the true Helper and Physician, our blessed Savior, Jesus Christ. Such regular visits may eventually lead to baptism and confirmation.

You will not always find men ready to confess their sins and accept Jesus as their Savior. In my experience soldiers at the front have often tried to disprove the value of prayer and the existence of God. They have said, "If there was really a God in heaven He would put a stop to all this bloodshed!" But when the pressure was on and as they got ready for the zero hour, or as they "sweated out" a barrage of artillery fire, then every man was praying. I don't believe that all of them were true Christian prayers in faith and in the name of Jesus, but merely a means of escape for the time being because of fear. After the danger was over they expressed their unbelief the same as before. The same is true with many a man who is on his deathbed. He will usually die as he has lived, namely, in unbelief.

Here, for example, is a very disagreeable patient. He refused all spiritual ministrations. He merely tolerated the chaplain's visits. It was hoped that when his physical condition got worse, he would change his attitude, but not so. He remained disagreeable to

the end. There is not much a chaplain can do, but to stand by and calmly recite some of the great passages of Scripture, hoping that the patient will hear and believe. God's Word is always powerful.

Ordinarily the chaplain will gain his approach to the non-Christian patient by his friendliness and devotion to the sick. "If a minister asks how he can get a chance to free souls for the Christian message, one true answer is this: By devotion to such opportunities for service as he can find in any hospital or among the sick of any parish. Devotion opens people's minds through their hearts!"²⁴ Many little acts of kindness will be a great help. These may be the purchase of articles at the post exchange, the writing of letters, the sending of money to a soldier's family, and a great variety of other helpful services which will bring comfort to the sick man or relieve his anxieties.

The chaplain will often meet with unbelieving patients, who in all their self-righteousness will ask, "Why has this happened to me?" Others will say, "I have done nothing wrong. I have lived right!" These patients must be shown the fundamental teachings of God's Law. It condemns everyone of us. "There is not a just man upon earth that doeth good and sinneth not!"²⁵ Sin is the cause of all our sorrows and sufferings. God permits these to come upon us that we may turn from the error of our ways and live. The Psalmist says, "Before I was afflicted, I went astray; but now have I kept Thy Word. It is

24. Cabot and Dicks, *op. cit.*, p. 11.

25. Eccl. 7, 20.

good for me that I have been afflicted, that I might learn Thy statutes!"²⁶ After the patient has come to the knowledge of his sins and is really concerned about them, he should be pointed to Calvary's Cross, where he may find real comfort and the forgiveness of sins through his Savior's atoning sacrifice. "The blood of Jesus Christ, His Son, cleanseth us from all sin!"²⁷ Where there is forgiveness of sin there is also life and salvation.

"Among the many patients in a large hospital we find also such as have been baptized in the Church, but have never received indoctrination or proper instruction for the rite of confirmation and the reception of the Lord's Supper. Others again have been out of touch with their church, yet can be regained if approached in a proper way. There is much that love can do for these people. God has given every one of us some talent with which to minister to the other to bring him back to the household of faith. Instruction can be given to others at opportune times to enable them to give an account of their faith!"²⁸ However, in most of these cases instruction must of necessity be brief. Patients are often transferred from one army hospital to another. As a result you may never see the patient again.

It is a good plan for the chaplain to keep some sort of record of his patients under his spiritual care. A small note-book will be indispensable in his work. He will want to remember the names of the patients, the ward and bed numbers, and certain bits of information

26. Psalm 119, 67. 71.

27. 1 John 1, 7.

28. Duemling, op. cit., p. 52.

which will be invaluable in making future calls in his follow-up work. I couldn't imagine a chaplain doing good work in a hospital without taking some notes on various cases. He may even find it very practical to use a card-index file for this purpose. I believe that a brief note on the patient's spiritual condition should be as necessary as the patient's physical record made by the physician.

What about the chaplain's spiritual ministrations to members of other denominations? The War Department recognizes three major religions:- Protestantism, Roman Catholicism, and Judaism. Chaplains have therefore been assigned to the various services of the army representing these major religions. As patients are admitted to army hospitals they are classified according to these three major groups, which is indicated on their bed-tags. When a patient was classified as Protestant, I have always made it my business to find out the patient's particular denomination. It was often the only way by which some of our Lutheran men were found.

Most Protestant patients of different denominations were well satisfied with the spiritual ministrations we were able to give them. When patients requested a chaplain of their own particular group every effort was made to comply with their request. Frequently other Protestant chaplains were called in to take care of their own particular groups.

Catholic patients were served by Catholic chaplains. Even though the hospital did not have a Catholic chaplain especially assigned to it, yet, I was always fortunate in having a Catholic

chaplain available in the immediate area, so that he could be notified in case of serious illness.

Jewish patients were served by Jewish chaplains. They made their visits to the hospital at regular intervals. Since the proportion of Jewish chaplains in the army was small, in some rare instances, an available officer or enlisted man was designated to serve and utilize his abilities for ministering to the men concerned.

In any army hospital you will meet with many permanently disabled young men. "Loss of eyesight, loss of hearing, loss of limb or limbs, inability to walk through an injury to one's spine; ... these and others are conditions calling for heightened courage and adjustment on the part of the patient!"²⁹

"There is a lad who who will never see again. As he gropes his way along, the physical darkness is still shattered by the blinding flash of the exploding shell.... Over on yonder bed, is that a man encased in the great armor of plaster casts?... The young lieutenant over yonder [is] swathed from head to feet in great layers of salve-soaked bandages.... And this fair-haired boy with his bandaged hand resting on his bandaged chest -- you look twice before you realize that there is only one hand, only one arm lying across that wounded chest. He had been a skilled artisan!"³⁰

In my personal experience I have found that most of these disfigured and disabled patients were fully resigned to their physical

29. Russell L. Dicks, Pastoral Work and Personal Counseling, p. 37.

30. Eben. Cobb Brink, And God Was There, pp. 78-80.

handicaps, and were even cheerful and thankful to God that they were still alive. Some, no doubt, asked themselves, "Why has this happened to me? What is my family, wife or sweetheart going to think of me? How will I be able to carry on? What am I going to do about a job after I get out of the army?"

Chaplain Gerecke relates in his hospital experiences, "This soldier wouldn't let go our hand. He kept saying, 'God, help me to see again!' When he left our institution of healing for another, he couldn't see, but he could give you the sweetest smile you ever saw. He is concerned about his reception at home and wonders if his sweetheart will still want to marry him. The assurance of God's love was given him that 'underneath are the Everlasting Arms'. This young man will need the prayers of God's people to carry on!"³¹

"Since the facing of a handicap is a spiritual experience, as is the facing of an operation, here again is a need and an opportunity for the clergyman. Not always will a patient want to talk about this problem with his clergyman but he should be given the opportunity to if he wishes. Sometimes he will be helped most by being treated perfectly naturally by the clergyman.... Above all, handicapped persons do not want a sickly, sentimental sympathy. They want to think of themselves as natural, normal, healthy people. If they are treated otherwise they withdraw and become depressed!"³²

"The minister in his own way will try to accomplish two purposes

31. Proehl, op. cit., p. 120.

32. Dicks, op. cit., p. 38.

in his ministrations to invalids. He will support their religious life and help them to retain a wholesome attitude toward life in this world!³³ The chaplain's spiritual ministrations to the disabled will not differ essentially from those of other sufferers, but his greatest problem will be to help the disabled patients adjust themselves to the new type of life. "The minister should help the sick man to build up a life under the conditions of his handicap. Within the walls of his limitations he can make a life worth living, provided his mental or physical suffering is not overwhelming and provided that he and his family will 'play the game'!"³⁴ Schindler says, "It will require much ingenuity and patience on the part of the minister to show the patient what new experiences and activities of body and mind are open to him and can best be done by him. The pastor must be able to show him that these activities are attractive and worthwhile and that by engaging in them he contributes something to the life of the family, church, or community of which he is a part!"³⁵

Every hospital in this last war had its ward of psychoneurotic patients. Some of these had very little wrong with them, but it was very difficult to distinguish between a person who was emotionally unstable, one who was a malingerer, and one who had a definite organic but obscure disease.

It was found important that the chaplain should work side by side with the ward officer or psychiatrist. Where it was found

33. Schindler, *op. cit.*, p. 104.

34. Gabot and Dicks, *op. cit.*, p. 268.

35. Schindler, *op. cit.*, p. 107.

feasible, experience has shown that some patients of this type may derive much value from a service of worship, prayer, Scripture reading, or meditation.

The chaplain in his proper approach can often relieve the tension and anxiety of these men by merely listening to their "story! My experience has been that after a patient had "talked himself out" he would say, "Chaplain, I feel much better now. Come and see me again! The chaplain should be a good listener. He may not always agree with what is said, but that does not matter for the moment. "Through listening to a person talk we help him to realize that we are interested in him and care about what is happening to him, and in that realization, which makes up his affection for us, he shifts his stress to us!"³⁶

"There has been a good deal of talk and writing about "pastoral psychiatry" and similar topics, which may suggest that the principles involved in handling "serious cases" differ radically from those involved in handling "normal cases! It is doubtless true that some ministers with special training can deal safely with cases more serious than those with which the average man should attempt to cope. But this area of difference is comparatively small!"³⁷

Of course, it is true that in some cases you just can't use the method of direct religious comfort by Scripture and prayer. Maybe the best thing you can do for a depressed person is to assure him that you know how he feels, that God is always near to help and

36. Dicks, Who Is My Patient?, pp. 90-91.

37. Hiltner, op. cit., p. 135.

protect him. The patient may insist that his sins are too great to be forgiven. No argument or assurance to the contrary will change his attitude.

"Some psychiatrists feel that visits by a minister are likely to accentuate these religious scruples. If the minister fails to appreciate the morbid character of these guilt feelings, his visits will naturally produce a disturbing effect. But a brief positive statement made in the form of a suggestion -- "I believe that God so loved the world!... "Who shall separate us from the love of Christ?... "He shall give his angels charge concerning thee" -- and many similar passages together with an assurance that thousands have gone through the same experience and recovered will not be without a beneficial effect!"³⁸

Ministering to these unfortunate patients is, indeed, a difficult task, but our duty is ever clear, namely, to bring them the comforts of the Gospel of Jesus Christ to the best of our knowledge and ability. Patients who have recovered have expressed their appreciation and were thankful to their faithful pastors and chaplains for the spiritual care given them during those trying months.

In conclusion may I quote a statement By Hiltner. "Far more full-time chaplains are needed in general hospitals, mental hospitals, special hospitals such as those for convalescence and tuberculosis, penal and correctional institutions, and others than the Protestant churches have realized!"³⁹ I believe now after World War II this is

38. Schindler, op. cit., p. 119.

39. Hiltner, op. cit., p. 269.

especially true as far as Veterans' Hospitals are concerned. I believe we should be increasingly sensitive to the needs in these institutions. Our Lutheran Church is standing before the open door of opportunity in this respect, and has indeed been fortunate in getting some of its former army chaplains appointed to Veterans' Hospitals through the efforts of the Army and Navy Commission and the Veterans' Administration.

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