

may rejoice, or if, which Heaven forbid, there is trouble, I may mourn with you'. He was never reconciled to living in Denmark. In 1198 he wrote to the pope asking for permission to return to Paris and take his place once more in the chapter of St Geneviève.

The result of the petition is not known. William, after all, ended his life at Aebelholt. On the morning of Easter Sunday 1203 he died, at the age of ninety-eight. Whatever had been his troubles with his community on his arrival in Denmark, he was now surrounded by love. The brethren cared for him in his last days and wept as the body was carried into the church. Absalon, his friend and patron, had died two years before him, but William's place in Denmark was now assured. Pilgrims visited his tomb, miracles were reported and the chapters of Roskilde began to press for his canonisation. The bull raising him to the altars was issued in 1224. In 1238, at an imposing ceremony, his relics were translated to their new place in the church he himself had begun to build. They remained a goal for pilgrims until the Reformation. Perhaps for William the greatest sacrifice had been to serve so faithfully a people he had never grown to love.

## On Visiting the Sick

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Some years ago I spent several days in the surgical ward of a provincial hospital. My coming had, I learnt later, wrought a subtle change in the patients' general behaviour, but I was accepted as one of them, and was pleased to find a camaraderie of quite a remarkable kind among the men, who were of all ages. There were two exceptions to this, but each of these unfriendly characters was eventually won over by the whole ward. There was officially no other Catholic patient, and this perhaps made it easier for each of the men to look on the monk as 'belonging' to him.

It was an enriching experience in many ways. Among much else I learnt something of the complex problem provided by the injunction

to visit the sick, which the catechism calls one of the corporal works of mercy. The 'annotated catechism' used to give a reference to Tobias, and the practical side exemplified by this devout exile is certainly carried out conscientiously by the nursing staff, usually with little thought of 'a corporal work of mercy'. But there is something more than that, something nurses occasionally have intuitively and which can create an atmosphere, easily disturbed by the visitors. After one visiting hour one of my fellow-patients let out a sigh of relief, and said: 'Thank goodness, that's over! Let's get back to normal again now!'

With the best intentions and quite unwittingly visitors can upset a patient, can disturb the relatively peaceful frame of mind he has with much effort at last achieved. Maybe he knows how ill he is, and does his best to hide it from his visitors; maybe he knows they have spoken to the specialist and are only telling him what they think he ought to know, and then it does not really help to hear about seemingly parallel cases . . . about which anyway he may not be told the whole story. Sometimes it's much simpler: all he really wanted was a presence . . . instead the present carefully tied up has to be undone; the paper rustles in the process, the string (or the sellotape) and the paper have to be disposed of, place has to be found on the locker. Or the flowers—on the whole so welcome—are a worry, because the patient already has so many, or because he knows the job the nurses have to find suitable vases, and, in the evening, to carry them all out of the ward, in the morning, to carry them all in again. Yet memory tells me what joy patients and nurses can give to other patients less well-endowed—one morning in a private ward a non-catholic nurse brought several vases of the loveliest of the flowers from the corridor for the table of a newly-arrived foreign patient, who was to receive Holy Communion before a major operation. Or again these 'rich' patients will say they want you to have some of their fruit . . . and send their visitor to you with the offering. The patients among themselves often sense what to do; suffering has perhaps sharpened their perception.

To be of real help to the patient the visitor needs to sense what to do, what to bring, what to say, and above all what to be. For that he needs desperately to find the right attitude to illness, and that is not an easy thing to find. Let us admit there is something so puzzling, so understandable almost, about illness. Death is after all the passing over to another life, the moment—if we can dare to put it like that—for which we are born, but illness does not fit into the picture in that way. There is something mysterious about every illness; it can usually of course be

explained physiologically, or we can even find moral or psychological reasons, but they do not tell the whole story or lead us to the deep mystery of illness itself.

In the Gospel illness is sometimes connected with sin. When our Lord cured the cripple at the pool, the injunction leaves no room for doubt: 'Behold, thou has recovered thy strength; do not sin any more, for fear that worse should befall thee.' (Jn 5. 14). The scene when the palsied man was let down through the tiles by his friends suggests that here too the illness was connected with sin, for St Luke relates that Jesus seeing the faith of the men who had brought the invalid said: 'Man, thy sins are forgiven thee.' (5. 20). On the other hand, in at least one instance—the man born blind—our Lord clearly stated that an affliction had nothing to do with sin, neither the parents nor the man were responsible, but the illness was 'so that God's action might declare itself'. (Jn 9. 3). Even here Job's words 'God's hand has fallen on me' cannot be excluded, and we will not be far wrong if we make our own the thought of Hippocrates, the Greek physician of the fifth century before Christ: 'Every illness is both divine and human.' Though the great merit of Hippocrates was his insistence on the 'human' element, the need to treat illness scientifically as subject to natural laws and to get rid of superstition, he would not have disagreed with the opinion recently expressed to me by a doctor, who has specialized in psychiatric medicine in Africa: 'Whatever the treatment indicated, if God's hand is not there to heal, we cannot effect a cure.'

'God's hand'—Job's expression—surely provides a key, but it must not be expected to reveal the skeleton of guilt in the cupboard. There are saints in whose lives illness seems to be almost existential; it is so much a part of their life, of their mission, that it cannot be imagined away if they are not to lose their *raison d'être*. Quite apart from exceptional cases like St Lydwina of Schiedam, this is true of people like St John of the Cross and St Teresa of Avila, and, of course, St Theresa of Lisieux. In these lives there is no question of illness as a personal punishment, though it may be a vicarious punishment.

'God's hand': ultimately then illness can be seen as a meeting of the divine and the human, or, in more Christian terms, of a coming of Christ to the patient (how rich that word is), and also, in a way, as a period of waiting for Christ to come. Sometimes, like the man at the pool, the sick person does not know that he is waiting for Christ, but there are times when he does and then it may happen as it did for St Lydwina that not even the repulsive aspects of sickness keep visitors

away. Reinhold Schneider, to whom this essay owes much, wrote so aptly, with Jacob's ladder in mind, that an illness which the patient accepts in all simplicity is an angel in disguise carrying him from step to step.

After all this pondering about illness and the patient, there will be nothing surprising in suggesting that the visitor may be at least as enriched by the visit as the patient. He may receive more than he has brought. Christ said 'I was sick, and you visited me,' and already the Old Testament taught: 'Never tire of visiting the sick; no surer way of winning thy neighbour's love' (Ecclus. 7. 39)—and to that one can only add: 'Not gold or silver is so worth the winning as to be loved.' (Prov. 22. 1). The visitor may sense much more deeply than the patient that the latter has already been 'visited' by Christ, and that visiting the sick provides more than the usual encounter with Christ which we experience whenever we meet one of those for whom he died. There is of course the extreme case when the visitor alone understands, when the patient's mental condition makes visiting into something very like a heroic act of charity. It is then above all that the visitor must come in faith. In this case, but obviously it is true always, there must necessarily be reverence and respect—God forbid they should make for pompousness—because illness is a sign of the weakness of humanity, and of our need to be healed, and that there is only One who can heal us.

Illness is a sign, but it is also, in a sense, a sacrament, and a sacrament which even an unbeliever can administer. Christ is there to receive the visitor, who has come out of love; he is there to repay that love with greater love, and what more can one ask than that love repay love and help to dispel the hate, the fear, the suspicion, that divide the world. The visitor must bring above all love and peace, and an awareness of the humility needed if he is to meet Christ; and if he sense, in his heightened awareness of the other's need, that his presence might jar then he will visit by prayer and love, not only in visiting hours but also in the despairingly long night hours. 'To visit the sick'—love of one's neighbour, of one's brother no matter his colour, suggests it, and we in our turn shall be visited if we obey the promptings of God, who is Love.