

EUDOKIA

Address at the 25th jubilee of Eudokia Hospital

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by

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Esteemed Audience,

It was a privilege for me to be invited to give a commemorative address this evening on the occasion of Eudokia's 25th jubilee. Eudokia has had my warmest interest from the start. To begin with, its name was so well chosen. The villa where this hospital might be set up bore the name "Goodwill" and my late friend and brother Lion Cachet² made the happy suggestion to keep the name using the word from the angel's song: *eudokia*: "Glory to God in the highest, and peace on earth, God's *eudokia* toward men." This made the venture no longer to the glory of man but to the glory of God, and so, in quiet expectation of what God might permit, the [bequest of the] property was gratefully accepted and the hospital opened its doors.

The entire venture owed its existence—why hide it?—to the *Doleantie*.³ Many people think the central issue of the *Doleantie* was confessional faithfulness, but from the outset those involved knew better. We were supposed to be happy with a church organization⁴ that lacked the spark of a warm, rich Christian life. There were plenty of orthodox pastors, but the crippling conditions caused the best ones to lose the heart

¹ *Eudokia; rede gehouden bij het 25jarig jubileum van het Rotterdammer gesticht Eudokia* (Kampen: Kok, 1915). Translated, slightly abridged, and annotated by Harry Van Dyke.

² Rev. Frans Lion Cachet (1835-1899) was born in Amsterdam and for many years served the Dutch Reformed Church in South Africa as missionary, later as pastor, 1858–74 and 1876–80. He was minister in the Reformed Church of Rotterdam from 1883 to 1887, thus during the stormy *Doleantie* years.

³ The more than 200 Reformed congregations that broke away from the national church in 1886 styled their action a *Doleantie*, indicating that they were "grieving" for having failed to reform the church from within. Their grief did not diminish after the Supreme Court ruled that they had forfeited all rights to church properties.

⁴ During the nineteenth century, the national church, a government creation of 1816 with a hierarchical structure, became increasingly more latitudinarian in doctrine and life.

of their spiritual vigour. There was no vibrant life to inspire them. This explains the early demand in the *Doleantie* to revive the office of deacons. The mechanical and meagre care of the poor had to go. People's basic needs, including the often dire need for care during illness or accident, had to be addressed. When Jesus came to earth he did not limit himself to the Sermon on the Mount and to parables that illustrated the truth, but he devoted his brief days just as resolutely to raising the dead and healing the sick. Christ's work aimed at the *whole* man, soul and body. For the soul the gospel, for the body relief of pain and suffering. This dual office led the early church to institute the two offices of Evangelist and Deacon: evangelists for the ministry of the Word and deacons for the ministry of mercy and benevolence. As Jesus had healed the sick and fed the thousands, so deacons were to pursue both. Distributing bread was not enough; care for the sick was also needed. Hence the speedy installation, alongside deacons, of deaconesses. The first to be summoned to any sickbed, after all, is the woman—the woman where it concerns the heart,⁵ the man not turning up until it concerns a show of strength or intellectual matters. Unfortunately, a dangerous element easily plays a role in the conduct of oriental women, so that the apostle restricted the office of deaconess to widows, and preferably widows of at least 60 years old,⁶ a policy that naturally reduced the availability of caretakers for the sick. This especially put the office of deaconess in jeopardy, at last in disuse. The work of mercy was then taken over by sisters living under a sacred vow in a nunnery, and thus came about the founding of separate Congregations that devoted themselves exclusively to this work.

With the Reformation, we lost both nunneries and congregations, and care of the sick gradually devolved partly upon the family, for another part upon the civil authorities. In this way our churches, too, lost the sense of the high calling to which Christ calls his church. For the soul the sermon, but for the body no tender concern or loving care. This was not the least of the causes of the rigor mortis of church life, and it was

⁵ Cf. note 23 below.

⁶ See I Tim. 5:9.

therefore inevitable that the Doleantie broke with the spiritually dead regime. A reawakening of deep concern for the suffering was the result, and it is fair to say that the national church with which we had broken began to follow our example and breathed new life into its own diaconate; our example was a standing rebuke and Eudokia was a prime instance. Especially here in Rotterdam people struck the right note. The practical skills that have always been part of the residents of this port city did not disappoint here either. And although Eudokia is only a quarter century old, it is well-known around the country and has undergone a rate of growth that others find amazing.

We are the more thankful when we recall that our people became only gradually familiar with the high demands placed on nursing care. Competent physicians offered sound advice but were not always abreast of new developments. And, not to forget, quality nursing that provides the care prescribed by science and technology requires great sums of money, and whatever the churches of the Doleantie were rich in, not in financial resources. They had forfeited their sanctuaries and had to build from scratch, which was costly throughout the land, but especially in Rotterdam. Nor was that all. Pastors were formerly paid in part from endowments, in part from the national treasury. Now the local church had to provide the salaries, and the general feeling was that pastors who joined the Doleantie were to be compensated not *less* but, if anything, *more* than before. Thus it is understandable that in our first few years [as a separate denomination] the additional cost of founding a hospital was unthinkable. And yet, the church of Rotterdam went ahead and did it.

Support and assistance came from all sides, and before long the tiny seedling began to prosper. Yet the financial sacrifices people made were not enough. Christian hospitals in other countries were staffed by at least one full-time doctor, but that was not possible here. But no fear. Several members of the church were medical doctors, and by volunteering their services they showed that they had *warm hearts* as well. Their dedication cannot be praised enough, that of Dr. Van Staveren first of all. Appointing a chaplain was also indicated, though it is still not affordable. All the more do we owe a debt of gratitude to elders and pastors who

faithfully helped out. It soon became apparent that the whole congregation proudly cherished this institution, which started with one patient and has since been a blessing to thousands upon thousands. I won't say that prosperity by itself is a sign of divine approval. Sinful, worldly institutions often flourish even more quickly, but in this case a different mark was decisive. This was Christian faith in action, not for profit, nor for private use. This was a cause for which prayers could be raised without restraint. Even outsiders showed respect for the church that sponsored this "worldly" cause. When this universal support achieved the outcome that we are celebrating today, it was not an empty pious term when we ventured to speak of God's blessing. We felt deeply that in this way the Doleantie was honouring the *whole* Christ, the Redeemer of our souls but at the same time the Saviour of what our frail bodies suffer on account of sin.

II

What was to be the admissions policy for this institution so holy in its founding? Was it to be restricted to patients who shared our faith? We sensed at once that this would be intolerable for those who act in Jesus' name. The good Samaritan with his merciful action was a condemnation of the narrow-minded Levite. Much more serious, however, was the question where it concerned members of the board, department heads, nurses and nurses' aides, and in particular *the choice of doctors*. Whatever arises from the Christian church cannot be "neutral." Eudokia too had to show its colours. It cannot be what a public hospital wants to be. It is not humanity but *Christus Consolator* who here calls the sick to himself and extends his hands of blessing over them. But then one automatically faces the sharp dilemma: Are we allowed to hire as doctors only those who believe as we believe; or may we separate, if necessary, faith and medical skill? Still more: will patients have a say in whom to hire? The hospital itself, it hardly needs saying, will prefer, if the opportunity presents itself, to opt for spiritual homogeneity, and the patient is all the more thankful if what was one in Christ—power to save the soul and power to rescue the body—also resonates in his doctor. However, the fact alone that among

believers in our country the number of physicians is proportionally low reduces such opportunities. This situation is improving, thank God! In my younger years, it was more like 1 in 40. This percentage has risen to just under half. Still, some shortage remains. In this respect, too, Rotterdam was extremely fortunate in that it has been able to boast of numerous Christian doctors. Nevertheless, we must not insist, not even when following Scripture, that for medical help we may use only fellow believers.

This can be seen in Hiram and Solomon. King Solomon at the time was planning to build a temple on Mount Zion. One would think that no unholy hands would be allowed to touch it; only those who worshipped the God of Israel should have been employed, and no pagan artist or architect should have been hired. That's how the building of the tabernacle had been undertaken in the wilderness. Moses had no choice but to employ only Bezalel and Oholiab, two sons of Israel who had learned trades and crafts from the Egyptians and who now, moreover, were inspired and guided by the Holy Spirit.⁷ But Solomon did have a choice. His endeavour was to build a temple for Yahweh that would, where possible, eclipse every temple dedicated to idols in solidity, splendour, and artistry. Just imagine, the transportation alone of the timber harvested in Lebanon required 80,000 men as they assisted the heathens of Gebal who were skilled in felling and sawing the cedars and so prepared the pillars, supports, and boards for the temple.⁸ Israel was an agricultural nation without any notable artistic development, and to the extent that men of greater talents arose in Israel, they customarily devoted themselves almost exclusively to Israel's *spiritual* calling. Thus, in the history of art, particularly architecture, Israel was of no account, just as in our country after the secession of Belgium a type of architecture came into vogue which to this day disfigures The Hague. I live on the Kanaalstraat and it pains me every day to see the dull products of that style of building,

⁷ See Exod. 35 and 36.

⁸ See I Kings 5 for more precise details.

a style which was not discontinued until De Stuers⁹ at last reintroduced art. That is also what was being built in Judah and Ephraim at the time: common, everyday structures erected by carpenters and stonemasons, with no input from artists or architects. During the planning of the temple on Mount Zion, Solomon therefore faced a painful choice: to restrict work on the sacred temple to the hands of godfearing men of Israel, or to invite builders from the nearby heathen land where fine construction flourished. In the face of that choice, Solomon did not hesitate to call for the help of talented builders from Tyre and Sidon. King Hiram had converted Tyre into a beautiful city with temples and palaces that were admired throughout Asia Minor. Solomon therefore ignored distant Athens and Sicily and instead approached his immediate neighbour for assistance, and Hiram was most happy to oblige: he made his best artists and architects available. And so, for building Zion's temple the question was not, *Who is a believer?* but *Who is competent?* What decided the issue was not particular grace but common grace; and employed in the building were not the solid believers but the best of artists and architects.

Even today we as Reformed people, given the smallness of our circle, run a grave danger associated with favouring our fellow believers. If we reward them with our patronage when they face no stiff competition, they often do not advance and improve but begin to lag behind. If you purchase from a nephew, because he is your nephew, a horse that has a lot wrong with it, and your carriage then causes a fatal accident on the road, you stand guilty before God. In this area, skill and talent should take precedence over family ties and fraternal bonds. In the sixteenth century our fathers were not afraid to accept unsparing competition, and how brilliantly was their valour not crowned! That is also how Solomon understood the question. To be content with an inferior product where a better one was available would have done dishonour to God. Building a temple is a masterpiece of common grace and in no wise springs from particular grace.

⁹ Victor U. L. de Stuers (1843–1916) was a member of parliament and a pioneer in the conservation and preservation of Dutch cultural goods, including monuments and archives.

The board of Eudokia, accordingly, did not shut the door to the best available surgeon, even if he was a stranger to the gospel. In this it did not act arbitrarily but according to a Scriptural guideline. It did not do so to prove its liberal outlook, but rather to fend off the small-mindedness of a narrow faith and to submit unreservedly to the clear rule that God has given us in his Word.

Granted, what can save the soul and rescue the body was one and undivided in Jesus' miracles and in his death on the cross, but healing in our current imperfect state moves along two different tracks. It is simply a fact that a person can be a solid Christian and a bungling surgeon, and conversely, that a medical specialist who is still a stranger to the faith can excel as a surgeon. The same can be true, of course, of family doctors and no less of midwives. What went together in Christ has all too often become disconnected in Christians. It is our sagging faith through sin that ever again imposes on us a divorce between faith and art.

Of course, this does not mean that an unbelieving doctor would be allowed to abuse his position in our hospital, for example, to insult the faith or withhold his respect for it, even if only formally. Respect for the faith may not be infringed for a single moment, and whoever enters here should understand this well and practise it constantly. The expectation is that an old habit of taking God's name in vain stay far away from Eudokia, and if sometimes a curse escapes the lips of the surgeon during a difficult operation it is expected of him that he afterwards offers an apology and avoids a repeat. Now I am quite aware that in this respect we sometimes forego making an issue out of cursing, for example when a foul-mouthed sailor goes after your child that fell into the water and returns it to you alive and well. But the tone in Eudokia must always be serious and show respect for what is holy, so that this evil, should it ever present itself, shall be nipped in the bud.

III

Still, I would not want my words to be understood contrary to my intentions. Just because once in a while we put up with what must always be offensive, that should not make us forget what medical science, and

even more *care for the insane*, owes to the Christian religion. It would be erroneous, of course, to hold that the healing arts were not practised until Christianity came on the scene and that the great achievements in medicine, surgery, and midwifery are rooted in Christian teachings. History tells of no people, however ancient or forgotten, that lacked medicine men. When Eve bore her first son, Adam was the first obstetrician. The medical arts are as old as the world. To this day, there is not a tribe in Asia or Africa so backward that somehow or other it does not protect life and offer help when life is threatened. Childbirths are assisted, wounds bandaged, fractured bones braced, as best they may. Herbs and medicines are everywhere sought and applied—at times foolishly, but the point is that the sick and the wounded are never left to themselves. The least developed nations share this concern. One can go further: even the animal world models it to us. The noted scientist Reichenbach¹⁰ has shown that even some plants try to restore what is damaged. Letting the plant world rest now, everybody knows about animals that the mother will try anything for her injured young, and the youngling will soon help itself by licking its wounds. Doctors are born from the distress of natural life, and even in the highest mountain regions of Tyrol where only three or four families were still living, I would almost always come across one person, mostly an older woman, who kept on a shelf over the foot of her bed several pots with medicines that were used for all sorts of pains or injuries, and more than one mountaineer profited from her provisions. In a more distant past, men who passed for priests among the heathens would exert themselves to heal the sick and restore the injured. Priests were famous for that in ancient Egypt. And although Moses was not a priest, his recommendations for treating leprosy have been acknowledged as best practices, first by Astruc¹¹ and still today by physicians of name. During my term as Minister of Interior Affairs my special interest in this history was raised by the French-language journal *Janus* edited by the late

¹⁰ Heinrich Gustav Reichenbach (1823–1889) taught botany in Leipzig and Hamburg where he specialized in the study of orchids.

¹¹ Jean Astruc (1684–1766) taught anatomy in Toulouse, Montpellier, and Paris and became a specialist in venereal diseases.

Dr. Peypers¹²—to such an extent, in fact, that I wanted to nominate him for a position at one of our universities. To my great disappointment, he passed away two months before the nomination could be tabled, and so my plan came to naught. However, I was so far from letting the medical arts begin after Bethlehem that I thought it extremely important to teach people that the very break in all of nature, caused by the fall into sin, prepared us for the calling to heal and restore. Thus I never thought to claim the honour of all the medical arts for the Christian religion. I always sensed that considerable credit was due to what was introduced by Hippocrates, Galen, and soon also Islam. It even seems to me that it is terribly one-sided of today's doctors to take into account almost exclusively only what our own time has come to understand and discover while ignoring the findings of Boerhaave and Van Swieten.¹³ But what I have intended to emphasize all along about the debt our physicians owe to Christianity are two altogether different, unimpeachable facts: one in medical science, the other in nursing.

There is no question that healing and nursing are as old as the world. He who takes note of the *Ebers Papyrus* dating from centuries before Christ, is astonished at the different branches of medical knowledge already practised at that time, including dentistry and ophthalmology.¹⁴ Similarly, the hymns of the Atharva Veda that have come to us from India testify to what was available in ancient times for tending to the health of the body—by means of incantations, to be sure, but also through practical measures. Greece could boast of its Aesclepius. In Rome, patrician homes always had a physician among the servants, while the Sibylline Books also contained medical advice. All who were interested in

¹² H. F. A. Peypers (1853–1904) was a noted historian of medical science, based in Amsterdam, and a regular contributor to the freethinkers' journal *De Dageraad*.

¹³ Herman Boerhaave (1668–1738), professor of botany and medicine in Leiden University, and his pupil Gerard van Swieten (1700–1772), a practising physician in Leiden and Vienna, were known throughout Europe for their pioneering work in clinical medicine.

¹⁴ The Ebers Papyrus is an ancient scroll containing descriptions of medical remedies in Egypt.

Roman antiquity heard of Galen. After the fall of Rome, the Arabs took over this task, and Avicenna was their supreme authority. However, much as one might appreciate these beginnings, anyone who compares the knowledge of medicine and surgery in Asia and Africa with Christendom in Europe and America will realize that higher knowledge and richer results were achieved only in Christendom. Japan, with whatever surprising speed it advanced to higher knowledge, not least in medicine, received virtually nothing from China or India, but almost everything from Europe. The Christian world alone was able to enrich it with the comprehensive inventions and discoveries in the medical and surgical fields. The antiseptic and aseptic findings of Lister and Pasteur, the revealing insights of bacteriology, the antitoxin, antipyrine and electrotherapies, and so much more, did not hail from heathen lands, nor from the world of Islam, but from the Christian nations. Not that one can say that all scientists in this domain were Christians; on the contrary, often they were not. Yet it was our Christian principle that caused the development of the mind to rise so much higher and in that way raised our physicians to a level that was so much loftier. Let this explanation elicit contradiction, the facts are a matter of historical record and brook no denial. Even the eradication of all manner of superstitions in the medical field is owed to the spirit of Christianity. Witness how they are resurging in London and Paris among those who are leaving the church. A man like Boerhaave would have been unthinkable in Athens or Alexandria. Just recently we saw our point exemplified on Java, where Islam was impotent to stem the plague epidemic. The average number of deaths was 700 every two weeks, whereas today, now that Christian help has arrived, that number, praise God, has shrunk to below some two dozen.¹⁵

¹⁵ The bubonic plague that broke out on the island of Java in October of 1910 lasted longer than perhaps necessary because the local health authorities were slow in diagnosing the disease and adopting the right response. Although quarantine measures and travel restrictions were imposed, the situation was not brought under control until six months had passed. The solution was found in rat-proofing the houses, which were mostly made of hollow bamboo canes, perfect hiding places for house rats that carried the fleas which were the real source of infection.

So much for what the Christian spirit has wrought in medicine. In nursing its record is even more impressive. Buddhists erected one or two hospitals in Kashmir and on Ceylon,¹⁶ but these were rare exceptions; and Rome's *valetudinaria*¹⁷ were hardly Red Cross field hospitals; they were dens of woe and misery, nothing more. Under paganism, the power of a higher love was lacking. Only the Cross, by its unique Divine self-sacrifice, ignited in man's egoistic heart the spark of loving devotion, and it is solely in the Christian world that nursing as we know and cherish it came to display its noble character. Only the Christian manner of caring for the sick received the suffering patient in both body and soul. Embracing in its care not just the body but also the inner life of the sick, Christian nursing respected the person qua person, down to his wishes and feelings; and when it was increasingly realized that mental illness via the nervous system can be injurious also to blood vessels and muscle tissue, it began to insist that due respect must be paid to the life of the soul as well as the body. That is why quality nursing cannot be attained unless nurses, too, reveal the power of love that flows from God into their hearts and works its wondrous signs of rescue. This higher love in nursing cannot be emphasized enough. It also inspired the physicians. The heartfelt tenderness of the doctor who empathizes with his patients offers a balm of precious incense. The expression of this ennobling love was never absent in Christ as he healed the sick so wondrously together in body and soul alike. Jesus first received the sick with the warmth of his heart and only then did he speak the word to heal them. And although we separate what was one in Jesus, still it is the Saviour who has pressed his holy stamp on Christian nursing. Sure, I know there are also municipal hospitals, university hospitals, and religiously neutral hospitals, but even there the spiritual element is taken into account. Even those institutions are partial to admitting, and practically inviting, the spiritual care they themselves cannot provide. Authors of medical history without exception acknowledge that nursing owes its rise to the Christian church, and that it is not

¹⁶ Buddhism was the established religion on the currently named island of Sri Lanka.

¹⁷ *Valetudinaria* were military shelters for soldiers in the Roman Empire.

found where the Cross is not known. To this day, it is Christian missions in heathen lands and among Islam that is the first to step forward and offers nursing services worthy of the name. I am not closing my eyes to the good that Humanity offers both in the Red Cross and in hospitals, but that Humanity has come to us, via the Renaissance, from Greece and Rome, and never was the profession of nursing in Athens or Rome able to celebrate the slightest triumph, whence what modern Humanity offers could only arise in the atmosphere of the Christian spirit.

IV

Although I could not remain silent, friends, at the attempts to drive apart the treasure we have in Eudokia from the Christ of God, nevertheless I must now return to my earlier assertion that the practice of medicine owes its existence not to Golgotha but to the creation—or more clearly, to the natural reaction of the creature against the breach struck into the creation by the devil and by the man seduced by him. Indulge me as I describe this dimension of our subject as well.

All that exists, in heaven and on earth, on our planet and in the starry heavens, is one coherent whole. It is one universe, not conceived and knit together by bits and pieces, but a single mighty organic whole in which all that exists is most intimately connected. The universe is the realization of one grand idea that was thought out all the way from the heavenly bodies down to the tiny honeycomb. The Almighty Power that speaks through this is therefore at the same time the All-wise, the Perfect, the Beautiful One, unsurpassed by anything in the visible or invisible world. Only in this way, and in no other, are you able to hold together the two notions of a Creator God and a universe created by God. That anything other than perfection should be created is inconceivable.

Now then, does this undeniable state of affairs correspond with the universe as we know it? Moreover—and there is no help for it—do the facts in every domain not clearly show that the existing creation answers to this state of affairs *in no respect whatsoever*? Anyone who looks at the creation in the actual shape it presents itself to us does not see a glittering palace but a ruin. Over the centuries our earth has been wracked by

erosion, eruptions, and convulsions. We were reminded of it again not so long ago by the Krakatau disaster.¹⁸ And when we compare the Mediterranean Sea of today with its mighty waters of ancient times, we are astonished at the destruction evident in many places.¹⁹ The atmosphere surrounding our planet lacks all harmony and regularity: rain, hail, snow, thunderstorms, often hurricanes, cyclones and tornadoes, continually disrupt our sweet tranquility. The plant world has poisons of every kind that can be lethal; thorns and thistles crowd out roses and carnations; the most gorgeous foliage can be covered by sombre cocoons. In the animal world, one animal devours another, the spider lies in wait for the fly, the tiger stalks the lamb. All kinds of insects—just think of wasps and mosquitoes—attack life. A world of bacteria can spread cholera, plague, and what not. In short, everything found in nature displays a flawed, broken, threatening and threatened existence, and the entire Creation cries out in dramatic language that it cannot have been created like this by a God who is the perfect Spirit.

Suppose a contractor is to build a beautiful country estate for you on the basis of a blueprint approved by you. When the construction work is done he sends you word to come and inspect it. And what do you find? A cracked wall, a crooked door, a creaky floor, the attic leaking, a dank room with vermin crawling up the wainscoting—be honest, wouldn't you sue the imposter? Or again, imagine a tailor who is to make you a splendid suit, and when it is delivered at your home and you try it on, it is fraying on all sides, it hangs crooked, and it is full of stains—admit it, wouldn't you scratch his name permanently from your list? Or take the case of agreeing with an artist to buy a painting from him that looks

¹⁸ In 1883 the explosion of the Krakatau volcano in Indonesia destroyed hundreds of villages, killed thousands, and spewed ashes around the globe. It is counted among the most devastating natural disasters in history.

¹⁹ A decade earlier, the author completed a grand tour around the Mediterranean, visiting many coasts and harbours; cf. A. Kuyper, *Om de oude wereldzee*, 2 vols. (Amsterdam, 1907; 1908). See also the recent television series that retraces Kuyper's steps, made available on-line by the Bavinck Institute under the title *Around the Old World Sea*, with English subtitles.

beautiful, but after it has hung on your wall for a year the colours are blurred and the canvas is fading—wouldn't you call such a fraud to account?

Yet this is how all too many people view the relation between the Creator and his failed creation. They tell you that the world as it now is was called into being like that from the very first moment of creation; they don't want to hear about an originally perfect creation that was critically injured by opposition from the creature. The absurdity of such a view is obvious. Almighty God, who was able to create and breathe life into a vast universe, could not have made a flawed product. What he created can only have been perfect, harmonious, fully intact. That has always been believed by those who could think well and who embraced the historic Christian faith: in the beginning the creation was perfect. But then it was disrupted and damaged. That explains all those woes, all that misery, in nature, in the plant and animal world, beneath the earth and in the atmosphere, in the starry heavens, and so also among us humans, in body and soul alike. The disruption first entered in the spiritual realm, and from there into the natural life in this world. As the apostle described it in his letter to the Romans: "For we know that the whole creation has been groaning together in the pains of childbirth until now." Precisely because the creation is one organic whole, no evil jolt could occur at its centre without the whole creation losing its unblemished perfection. The angel fell, man fell, the earth shook, nature was distorted, the atmosphere, the plant world and the animal kingdom—all were disturbed in their sacred harmony. And thus, from spiritual rivalry with God, came forth the misery and illness of us all. "You will be as God" was the demonic language that unhinged the universe.

This is what we believe, because logically it cannot be otherwise, and this is therefore for us the basis of all medical knowledge and understanding. Sickness ruptured the wholeness and health of what was originally given, and that is why the effects of the medical arts, clinical therapy, obstetrics, and so forth, are no more than the self-operative reactions that arise from what the creation originally was, against everything that disturbed and disrupted it. As a result, every attempt at

tackling man's ailments with spiritual means met with failure. I leave aside for now nervous excesses and madness, but what was susceptible of physical treatment and cure belonged exclusively to common grace. That accounts for the rise of "herbal medicine," which highlights what still lies concealed in us of original natural power. Homeopathy likewise aims at restoring physical health by applying extremely fine doses to activate the minutest vital forces in the body. But in whatever way it is done, all medical treatments arise from nature, and the closer it follows the givens of nature, the richer the results. This was realized by Eudokia from the very beginning and to this it owes its success. It never for spiritual reasons waived physical means, and precisely this open-mindedness accounts for its happy outcomes.

This attitude determines not only the choice for the best physicians, but also for the best technical tools. It was seriously looked at already when the original villa was first remodelled, and even more emphatically at the addition that opened in 1911. An operating room was built equipped with first-class instruments. Antiseptic and aseptic methods could be applied. Shock therapy, radio therapy, and x-ray therapy were added to treatment programs. More is to come. Lack of funds has often prevented the purchase of all the applications that are already accessible in other hospitals. And the air circulation in rooms and corridors, for example, could be better. But Eudokia is neither smug nor overconfident. It avoids both complacency and rash decisions. "Always Advancing" is Eudokia's slogan. It rejects small minds, eschews narrow thinking. Ask the experts in the country, or poll foreign doctors who know our country, and they will all say that Eudokia is quite up to date. That holds not only for its buildings and its furnishings, but also for its staff.

Only, Eudokia is and remains an institution with the advantages but also the disadvantages that are inseparable from the life of institutions. I emphasize this aspect because Calvinists have of old looked too one-sidedly to the family home for caring for the sick. Home nursing had come into its own neither in Italy nor in France, and only partially in England. Members of monasteries and congregations in those countries had no choice but to step in precisely because home life was so poorly

developed. In our country, on the other hand, the national trait had aroused love of home life even among families living in tiny houses, provided the family lived on its own. And it was this home sense, combined with family life and Calvinism, that brought home nursing into vogue in our country more than anywhere else, and in former days better than anywhere else. And if true, why be silent about it: nothing is better for the soul than to be taken care of in one's own home. For a man who is ill, nothing is better than to be lovingly looked after by his wife, or for a young person to be tenderly cared for by his mother. If one cannot have this, no institution can make up for it, not even the best. To be bedridden *at home* encloses the patient within a tranquil circle, leaves room for quiet contemplation, and invites higher thoughts, whereas lying ill in a large institution detracts from one's inner life and causes the soul to get lost in the hubbub around him. Thus, wherever feasible, nothing trumps being nursed at home, so long as the home is peaceful, the sick room is set up for it, and the air is fresh.

And yet, friends, however much we prize home nursing, let us not fool ourselves with fairy tales. Many of our poor people lack sufficient space in their homes to have a separate sick room, and the sick person, his head weak and his breath short, often suffers as the dear members of his family mill around his bed the whole day. In fact, that very bed is often barely usable and must often be shared.²⁰ Even the nursing care itself can often be virtually absent. Provisions are lacking when money is short. Home nursing in that case does not alleviate suffering but aggravates it. Add to that the obvious circumstances that many illnesses do not tolerate

²⁰ When serving as a pastor in the rural village of Beesd and in the working-class districts of Utrecht, Kuyper had been a faithful home visitor. Consequently, he was familiar with cupboard bedsteads that opened onto the kitchen or the living room and he was acquainted with straw mattresses in the attic. During his years in Amsterdam he helped revive and organize home visitation as a regular form of pastoral care; cf. J. Vree, *Kuyper als Amsterdams Predikant (1870–1874)* (Amsterdam: Historisch Documentatiecentrum, Free University, 2000), 19–21. The Dutch Reformed Church of Amsterdam had 10 sanctuaries and 27 pastors; of her 300,000 registered souls (adults and minors) fewer than 8,000 attended services; *ibid.*, 13.

breathing in stale air, that most operations cannot be performed at home, and that many other procedures simply cannot be done outside a hospital. Moreover, many housewives lack the special skills to meet the needs of the sick person. When a public nurse pays a visit and remakes the bed, you often hear: "Oh, this is so much better!" What our faithful sisters are able to do for the sick at home is most valuable, especially if they can count on the well-to-do to help provide what a poor family needs but can't afford.

I would even go a step further. It used to be that daughters would mostly live at home and were taught by their mothers such arts as caring for the sick. Today, our girls go out to clubs, sewing circles, and what not, and nursing skills are not learned or practised. It often becomes a crash course once the girl is engaged to be married, which is commendable because our common folk can rarely afford to hire a nurse. As well, to fill the minds of a young woman with all kinds of bookish learning is well and good, is laudable, but let's not forget to provide her with the kind of practical knowledge she will need as a future mother, so that she will be able to take proper care of any of her children should they become ill. So, please, no institutional mania which unnecessarily deprives the sick from being cared for at home; but neither a degree of domesticity for the mere love of it, of which the sick become helpless victims.

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That brings us automatically to the still more difficult question of *spiritual care*. In a family setting this is easily solved. You can close the door when you want to pray with the sick person, and in the case of a dangerous illness the whole household shares in the gravity of the situation. When a life itself is threatened, the religious keynote of the family not seldom is inspired as by heavenly tones. In a hospital, on the other hand, spiritual care meets many obstacles. Eudokia understood correctly that freedom must not be curtailed. A patient's beliefs may not be violated. He must be able to choose the medicine for his soul that he believes is the right kind. Calvinists are enemies of all constraint of conscience. In the second place, it is not feasible to gather all the patients in the chapel to start the day with

God and later to end the day with God. Too many patients are confined to their beds. Even on Sundays it is often difficult to collect the nursing staff together in the chapel. Many prefer to attend the local church, and not all can be away from their patients. Nevertheless, to resort to a colourless religious neutrality should not be considered for a single moment. Every patient admitted to Eudokia must know that it is avowedly a Christian institution, a Reformed hospital. Eudokia cannot set aside the intention that all spiritual care of those who belong to a Reformed church be entrusted to a Reformed church, and the council of that church may not back out of this care even when its parishioners are patients in an institution. The sick person must be visited, addressed, edified, if necessary admonished, and especially comforted. There must be good (not just devotional) literature available for patients to read. Not one patient may be exempted from spiritual care, unless the patient himself requests that it be spared him. That will then be his responsibility, but the request will be respected by all who respect freedom. That has also been the view of Eudokia, and the council of the church of Rotterdam adopted this correct standpoint from the start. Its pastors, assisted by elders, were charged with the spiritual care provided by Eudokia. But patients remain free in their choice of spiritual care. At the same time, the church's deacons gave financial assistance to patients from poor families.

Of course, the ideal has not yet been attained. A live-in medical doctor is needed, and as the hospital grew it would ideally have appointed a full-time chaplain, totally devoted to the institution and preferably living on site. Fixed hours of prayer would certainly be desirable for all employees. An ordained minister should preach the Word not just in the chapel but also in the large sick bays. Preaching for the sick is just as demanding as preaching for the healthy. In spiritual things, true comfort does not lie on the surface. You heard me say earlier that I do not, for the sake of the spiritual, withhold my appreciation of support from the natural realm. If I could, I would cover Eudokia every morning with flowers. In the resort at Weiszer Hirsch, where I have found rejuvenation

and renewal,²¹ bringing in flowers, and always more flowers, is everything, and you can only imagine how Eudokia would gain if the scents and colours of God's beautiful world of flowers were to fill the atmosphere. I always reach out eagerly for anything nature has to offer. Only, the aromas from God's world of angels come to us from a much higher plane, and they alone can give the sick true comfort. Just ask your doctors, and they will tell you that the comfort of a quiet religious faith is of significant benefit during convalescence. Provided, of course, that it be genuine, purified comfort, and a Reformed hospital will provide no other.

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And now, friends, a brief word about women's emancipation.²² There is no greater liberation for a female patient, where it concerns this delicate domain, than when she can stay free of examination by a male. I mentioned Weisser Hirsch a moment ago. Well, it has thirteen doctors, but among those thirteen there is always one of the female gender. I applaud this. I leave aside the academic training of female doctors. Not every female brain is suited for it, but where it is possible the presence of a woman among the doctors means an enrichment of her status. This has also been realized in America, but for an institution in our country, which often has many female patients, a doctor in female dress is still mostly a rarity. As for nursing care, the woman trumps all. She is the prime candidate, the person who in her very nature is gifted by God to perform this grand work. He endowed her hands with that soft and tender, pervasive loving care that the robust man lacks. There are of course effeminate men who can almost pass for women, but that is unnatural and evokes disgust. Primal force must mark the man. But in the woman, feelings predominate, hence she alone radiates that quiet, enveloping love which sometimes

²¹ From 1911 on, Kuyper would spend the month of July at the naturopathic health resort Weisser Hirsch near Dresden in Saxony; cf. Johan Snel, *De zeven levens van Abraham Kuyper* (Amsterdam: Prometheus, 2020), 311.

²² Throughout this paragraph, Kuyper voices perceptions and reactions common to his time.

more than medicine comforts the heart.²³ If I just now allowed myself a word of mockery about effeminate men, I am aware that there are also nurses with a mannish look, females on whom you can't help but search for hair on the chin—unnatural females. But, praise God, these were not accepted in Eudokia. The person who started the godly direction that has since prevailed at Eudokia was its first Director, the late Miss Scheurer. Only her successor, the very capable Miss Van Hoytema, was able to alleviate the sadness of her premature death.

Let us therefore raise a *Gloria in excelsis Deo* in praise of our God. From the beginning Eudokia was blessed in the choice of men and women that led and inspired it. Who could equal men like Dr. Guldenarm, and even now, for twenty-five long years, Dr. Van Staveren, and with him Dr. Bavinck, as they give their best to the hospital? Eudokia has indeed been fortunate in its choice of all its personnel. It can be proud of its head nurses and its entire staff of nurses and nurses-in-training. Honour to the men who gave us the requisite quality. Honour to both women directors who developed Eudokia so richly in its internal life. Honour to the whole host of nurses that serve here. But, far above any honour to people, may our praise and adoration flow together into one jubilant Hallelujah, to the glory of Him who granted us all this.

On the founding day of the Free University we always raise the cry *Vivat, floreat, crescat!* Pray that Eudokia, too, may live, flourish, and grow. Eudokia is its name. May God's goodwill never leave it.

I thank you.

²³ For Kuyper's view of women, see Mary Stewart Van Leeuwen, "Abraham Kuyper and the Cult of True Womanhood: An analysis of [his publication] *De Eerepositie der Vrouw*," *Calvin Theological Journal* 31.1 (1996): 97–124; repr. in S. Bishop and J. H. Kok, eds., *On Kuyper: A Collection of Readings on the Life, Work and Legacy of Abraham Kuyper* (Dordt College Press, 2013), pp. 423–42.