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Christianity and medical science: A historical quest for remedy in time of epidemics

ABSTRACT

On 27 March 2020, Pope Francis led a special prayer to seek divine intervention for the cessation of the global corona virus pandemic. At the end of the prayer, the pontiff, carrying a monstrance with the Blessed Sacrament, pronounced an extraordinary Urbi et Orbi blessing. At its worst, nature can be overwhelming and destructive in its universal ability to strike fear and terror that ridicules the best efforts of science. In such moments of universal terror and dread, human beings, in their helplessness and regardless of place and time, instinctively seek to escape their fate. In most instances, they do so either through faith or reason (science) alone, or through a combination of both. Supernatural powers are invoked through prayers and entreaties to assist mortals in their afflictions. For its part, reason dictates what needs to be done in terms of practical and necessary measures to alleviate pain and suffering while waiting for divine intervention. This article explores the historical response of Christianity during epidemic outbreaks. It does so more specifically through the lens of Catholic religious tradition and practices, in order to highlight a few instances when the Catholic Church partnered with science to shield human beings from nature's threat of extinction.

1. INTRODUCTION

The Catholic Church is much more than an organisation. In its essential nature, it is a community of God's people united in a common faith. Although faithful human beings are a people of God, they are not protected from the human

agonies of any society. When a society suffers from catastrophic events and upheavals, the church, as a matter of association and necessity, also suffers because its faithful are also members of the wider human community (Logan 2006:275). As such, natural disasters such as plagues, epidemics, floods, or locust invasions invariably affect the church profoundly. Against the background of the church's long history of accompanying humanity through thick and thin, Pope Paul VI, in his address to the United Nations General Assembly on 4 October 1965, described the church as an "expert on humanity" (Paul VI 1965).

Throughout history, plagues and epidemics have inflicted indescribable misery and suffering on humanity. One example is the current COVID-19 pandemic that has caused a global health crisis, and that acts as a stark reminder of what plagues or epidemics can do with their macabre waves that strike fear in mortals. Despite continuing advances in medical sciences, human beings are painfully reminded of their vulnerability and finitude in the face of nature's capriciousness and ferociousness. Epidemics do not respect people, as both the low and the mighty of society are humbled by this powerful force. Plagues and epidemics illustrate vividly the fragility of human life that human beings, in their pride, tend to forget. Wondering if any lesson was learnt after the influenza pandemic of 1918-1919, Kupperberg acknowledges that giant strides have been made scientifically. Nevertheless, he also notes that the world

remains at the mercy of a single, random, genetic mutation that could unleash a modern-day plague every bit, if not more, terrible than the virus that swept the world in 1918 (Kupperberg 2008:103).

It appears to be an inescapable human destiny that, as one epidemic is overcome, or as a disease peaks and runs its natural course, another outbreak is already waiting to make its appearance. This article does not set out to enunciate the history of epidemiology, or to enumerate the many plagues that the world has experienced. Its articulation is hinged on three main subheadings: a perennial motif, religious response to epidemics, and interplay between divine and human. Its objective is to highlight the marriage of convenience between Christianity and science in helping human beings when plaques and epidemics have struck. It also examines the cautious partnership between the Catholic Church and medical science in some instances. It is the natural place of science to find practical solutions to humanity's weakness in the face of constant health challenges. Because suffering, pain, sorrow, and death constitute part of the phenomena of human experience, they reinforce the indispensable place of religion. Christian religion always seeks avenues to provide comfort to hurting humanity during its earthly sojourn, once described in the language of the Middle Ages as the "valley of tears".

Plagues and epidemics are used interchangeably in this article. The basic orientation and approach of this article are predominantly historical, although religious responses to the dread of epidemics and human suffering in general, both explicitly and implicitly, carry theological and pastoral undertones. This much is evident in the following words of Pope John Paul II in his apostolic letter on the Christian meaning of suffering, *Salvifici Doloris* (John Paul II 1984:#3):

It can be said that man in a special fashion becomes the way for the Church when suffering enters his life. This happens ... at different moments in life, it takes place in different ways, it assumes different dimensions; nevertheless, in whatever form, suffering seems to be, and is, almost *inseparable from man's earthly existence* ... the Church has to try to meet man in a special way on the path of his suffering. In this meeting man "becomes the way for the Church", and this way is one of the most important ones.

2. A PERENNIAL MOTIF

In her article on Renaissance epidemics, Carmichael (1998) narrates a traditional Italian story about an encounter between a hermit and an old woman who was depicted as the personification of plague. The hermit asked the old lady, as she was about to enter a city: "For the love of God, how many victims will you take from this fair city?". Her response was a promise that "not more than a thousand" would die. Unfortunately, as the story goes, the plague caused some 10,000 casualties. When the plague had ended, and all was calm, the hermit met the old lady again, and screamed after her: "You wretched hag! Ten times a thousand souls you wasted!". The old woman retorted in reply: "I did not deceive you. I took just my thousand. The rest died of fear." (Carmichael 1998:132).

It is common to attribute the causes of misfortune and illness to some supernatural forces outside the visible realm of human affairs. Most of the cultures have their own accounts about the supernatural sources of human afflictions. They form part of the catalogue of human responses to calamities, and act as a human mechanism to make sense of a perplexing situation or condition. Modern readers of early Greek poetry and tragedies may be amazed to notice how these stories are suffused with narratives about divinely sent diseases. In his *Iliad*, Homer recounts how Apollo sent disease, as an affliction and in the form of a plague, to the Greek city of Troy in retaliation for the mistreatment of one of his priests. Hesiod recounts how Zeus sent plagues upon mankind in revenge for Prometheus' gift of fire. Hesiod also

mentions punishments from Zeus in the form of disease, famine, and sterility, because of human violence and wickedness (Hankinson 1998:1).

Beyond mythologies, one of the earliest recorded plagues with a high death rate is believed to have occurred during the Peloponnesian War between Athens and Sparta, c. 431-404 BC. It is believed to have killed thousands in Athens, with Pericles among the dead. Following traditional assumptions, many Greeks attributed the cause of the plague to the whims of the gods. This same plague induced Greek thinkers such as Hippocrates and Thucydides to discard folk beliefs in the supernatural causes of epidemics. Instead, they favoured natural causes through rational inquiry. In this, Thucydides did for history what Hippocrates achieved with his rudimentary progress for medical science. According to Thucydides, the plague originated with pestilence in Ethiopia, and later spread from Egypt to Greece. As a historian, he described the symptoms and the spread of the disease, as well as the response of the Greeks, who through sacrifice sought to "allay the wrath of the gods", but to no avail until the epidemic had run its course (Stoclet 2007:135).

As for Hippocratic medicine, its effort to find cures for the victims of epidemics and other ailments that afflicted human beings led to the rejection of anything that smacked of the supernatural as being responsible for human bodily ailments. Non-identification of supernatural causes for epidemics was explicit in the seven books of the *Hippocratic epidemics* (a collection of works by various authors in the Hippocratic tradition). Hankinson (1998) holds that those books were the classics of Hippocratic clinical observations, and did not mention the divine. Hankinson observes that the authors, like their contemporaries, remained religious but drew a line between their credulous belief and their rational endeavours to find solutions to the illnesses of their religious beliefs did not play a role in their practical conception of medicine (Hankinson 1998:7).

In contradistinction to supernatural causes of misfortune and possible manipulation of the divine by human beings, the Hippocratic medical tradition made a transition from a "poetic paradigm" of diseases to a somewhat "rational" doctrine. Diseases were not viewed as the result of supernatural influence and displeasure of the gods that required supplications and prayers or magical coercion to effect cure or remedy. On the contrary, diseases, as conceived by the Hippocratic authors, were placed within the realm of pure nature, which means that ailments were predictable and treatable without recourse to divine intervention. Although this position was not an outright rejection of religion, what they sought to achieve was to ensure that "awesome divinity" ceased being synonymous with the mysterious and terrifying source of epidemics and plagues that frequently threatened human existence (Hankinson 1998:13, 17).

However, the remarkable achievements of Hippocrates and others in this medical tradition in ancient Greece did not prevent the ancients from seeking religious solutions upon the outbreak of an epidemic. As Stoclet (2007:136) rightly observes when citing the Roman historian Livy:

More often than not, the sheer scale and wantonness of epidemic disease make but short shrift of reason: faith prevails and divine intercession is solicited by means of public rituals of atonement or appeasement (Stoclet 2007:136).

Seeking supernatural causes of human suffering is what the ancient Greeks had in common with their contemporaries, including those of different race and religion such as the Jews. The Jewish conception of epidemics and plagues, as set in the Jewish scripture, provided the platform for early and medieval Christian notions of epidemics and plagues. The Bible, particularly the Old Testament, is replete with stories of plague being sent as a divine punishment. A similar belief is predominant in many of the apocalyptic images in the Book of Revelation especially 20:1-5. These formed the basis for millenarianism in early and medieval Christianity.

The memory of the plagues used against Egypt remained alive in ancient Israel's collective consciousness. The biblical prophets made recourse to them in calling their contemporaries to repentance and used them as a threat in case of non-adherence to their prophetic message (Bredin 2009:28). There is a similar motif in the Book of Revelation, which Bredin describes as "a retelling of Exodus", and "an *apocalypse* in the sense of unveiling truth about human sin" (Bredin 2009:30). In the mind of the biblical announcers of plagues – both the Old Testament prophets and the author of the Apocalypse – it ultimately comes to repentance:

If humanity wishes to see and hear the way God wants, there must be repentance and acknowledgement of the sin of exclusion and violence. Seeing and hearing in Revelation mean experiencing the pain that lies behind the plagues (Bredin 2009:30).

The word "plague" is often used to designate catastrophic events (Bredin 2009:30).

A sense of sin and guilt haunted the collective memory of Christians each time there were plagues and epidemics throughout the medieval and the Renaissance epochs. The modern discoveries of some of the causes of epidemics have not completely extinguished that guilty conscience of humanity each time there is an epidemic outbreak, whether in the form of smallpox, influenza, cholera, measles, HIV-AIDS, Ebola, or coronavirus. For Christian people in medieval Europe, the biblical narrative of the four horsemen of the Apocalypse – pestilence, war, famine, and death – formed their understanding of their ordeals at the merciless hands of nature (Getz 1991:268). Awareness of human finitude before the overwhelming wantonness of epidemics tests human endurance. Faith and reason are shaken, so that any possible rational explanation can amount to nothing or fade away altogether. Human beings hang their hope on anything that can be a remedy and protection from a powerful and often invisible enemy.

In view of this realisation, caution ought to be exercised in passing judgement on medieval Christians for their gullibility in search of solutions to the plagues that afflicted them. The Christians were still a negligible minority at the time of the smallpox outbreak in the Roman Empire from AD 165, when it made its first appearance, to its eventual dwindling in AD 180, or as late as AD 194 in some parts of the empire. Known in antiquity as the Antonine Plague, the disease took the life of Emperor Marcus Aurelius and approximately 10 million other lives. A century later (c. AD 250-270), Emperor Claudius Gothicus died during another epidemic outbreak (Reff 2005:13; Little 2007:4). Although the Christians suffered like their neighbours, any specific Christian response to the outbreak was swallowed by an empire-wide response. Early Christian literature abounds in references to illness and miraculous cures. Reff (2005:35) asserts that miraculous cures seem to have been common, as depicted in many hagiographical writings of the period.

The first well-known Christian response to a plague occurred during the Justinian Plague of AD 590. The details of that plague are found in *Historia Francorum* of Gregory of Tours (538-594), and in *Historia Longobardorum* of Paul the Deacon (720-799). In Paul the Deacon's narrative, the outbreak occurred before the election of Gregory the Great to the papacy, with the plague having

struck pope Pelagius [II], a venerable man, and quickly killed him. Then when their pastor was taken away it spread among the people. In this great tribulation, the most blessed Gregory, who was then a deacon, was elected to pope by the common consent of all. He ordained that a seven-fold litany should be offered ... (cited in Stoclet 2007:138).

In a homily to the people, Gregory deciphered supernatural causes to be the origin of the plague, which he viewed as the "sword of celestial ire", brought upon the Romans by their sins (Barker 2017:29). Through his providential interpretation of the plague, Gregory set both the pace and the tone for subsequent Christian perception of medieval plagues, and even much later, into the 18th century. This was evident in artistic representations of the period that were functional in character, as they were intended to procure protection from plagues through the intercession of potent spiritual or heavenly protectors.

With the sporadic outbreak of plagues in Europe after the Bubonic Plague (the Black Death) of 1347-1351, human ingenuity began to be displayed in the transformation of divine weapons from being those of human affliction to being those of succour and healing. One of those weapons of misery is the arrow. It was long held in ancient mythology as the instrument of the gods to inflict misfortune, disease, and death. Its transformation from a deadly weapon to that of life-saving in Christian imagery was its identification with St. Sebastian. Because of his piercing to death with arrows, Sebastian was considered to be in a position to help mortals against the arrows of pestilence (Marshall 1994:488, 493). There was equally the place of Mary as the mother of mercy. She made her debut from the 13th century as a powerful protectress who intervened to thwart the punitive arrows of plagues from an angry God against a sinful humanity. The same was true of the saints who, in the affirmation of Giordano da Pisa, do "battle" with a punitive God on behalf of their supplicants and devotees (Marshall 1994:506).

In 1755, Jesuit preachers used the providential notion of epidemics and natural calamities at the time of the earthquake that levelled most of the Portuguese capital of Lisbon. Some of those preachers construed it as a divine punishment to the Portuguese for their sins (Martina 2002:310). It fitted into the old narrative about the circular nature of providential history: human sin, divine punishment, repentance, forgiveness, renewed divine protection, until another round of epidemics strikes (Marshall 1994:518). One example is the "heavenly letter" purported to have been brought to earth by an angel before the outbreak of the Black Death. It told of Christ's anger with rampant impiety. The letter demanded reform and penance, accompanied by the threat of great punishment in the case of adamance. According to script, it promised that the anger of Christ would be appeased if people were willing to make amends, to be followed by a time of blessedness and fruitfulness for everyone (Lerner 1981:537).

A similar conception of natural disasters obtains in the African climes. This is not surprising, since the African world view is densely populated by invisible forces of spirits and gods. In his research on traces of epidemics in some parts of Africa prior to contemporary times, Chouin cites one case in a Ghanaian village. An oral tradition recalls an outbreak of smallpox that occurred in approximately the 19th century, during which many people died. The simplest interpretation that the villagers could give was to point to the supernatural causes for their predicament. It was believed that some angry spirits of the dead, who were supposedly buried without proper rites, must have caused the inexplicably high rate of premature deaths in their community (Chouin 2018:5).

Similarly, the Spanish influenza in 1918 provided the impetus for the emergence of one of the earliest African Independent Churches in West Africa. The church in question is the Cherubim and Seraphim, which later became popularly known as the Aladura Church. It found a fertile ground among the Yoruba people of western Nigeria when the disaster of the influenza struck, against which Western orthodox medicine was ineffective. Since the medicines of the White man were impotent to avert the disease, it was thought to have been caused by some spiritual force. Hence, the subsequent recourse to prayer as a better and stronger alternative in warding off the evil forces that were behind the deadly epidemic (Adogame & Jafta 2005:316-317).

In the 1980s and 1990s, death due to the HIV-AIDS pandemic became omnipresent in some African communities. People initially considered it to have been the work of some occult or spiritual powers. In the village of Tooro in Uganda, people either accused their neighbours of witchcraft, or blamed some malign spirit. At first, local Christian churches viewed it as a punishment from God for the "immoral and sinful" behaviour of the world. Some traditionalists were quick to regard it as a punishment from ancestral spirits for people's negligence of traditions (Behrend 2009:34-36). This attribution of cause and shifting of responsibility to some otherworldly power(s) was possible for the following two reasons. First, the African world view acted and continues to act as a substratum for understanding and interpreting misfortunes and inexplicable illness. Secondly, epidemics have a *longue durée* in collective human memory. This is evident in the panic that easily holds sway as people remember with dread past epidemics and the throes of scars left behind, as well as the concomitance of general demoralisation.

3. RELIGIOUS RESPONSE TO EPIDEMICS

In an interesting diatribe against the use of quarantine during the plagues that afflicted England between 1603 and 1604, the Protestant minister and writer Henoch Clapham (1585-1614) described plague as a divine judgement against humanity, and a strike from the angel of death. In *An epistle upon the pestilence*, Clapham (1603) defines plague through its classical roots in Greek, Latin, and Hebrew. Derived from the Greek *plege* and the Latin *plaga*, plague is viewed through a providential prism and, as Henoch propounded it, it is "a blow or strike inflicted on mankind" (cited in Hammil 2010:90). Its Hebrew derivation, *devar*, means to "speak, whether it be a speech of life or death" (cited in Hammill 2010:90). For Henoch, a combination of the three derivatives translates to mean that plague is a blow or strike through which God speaks. It is an act of violence and a moment of revelation. To think otherwise was tantamount to rejecting God's very word, particularly when

some people maintained that plague was a natural disease that originated from natural causes (Hammill 2010:90).

A religious response to epidemics occurs within this perspective. This must be inserted against the backdrop of the scholastic distinction between God's absolute power (*potentia absoluta*), which refers to his absolute will to do whatever he pleases in terms of acting outside natural law, and God's ordinary power (*potentia ordinata*), which refers to his willingness to act within the limits of the laws of nature. Miraculous deeds are placed within this context to indicate God's absolute will within and outside the natural order. From the viewpoint of those who resort to prayer and ask for miracles for the cessation of an outbreak, plague helps reinforce the distinction between God's absolute power and God's ordinary power. As far as they are concerned, plague manifests God's supreme intervention in the created world (Hammill 2010:86-87).

The perception of epidemics in religious world views dictates and colours their response, which often is to look upward for succour and miracles. Pope Gregory did so in AD 590, when he led the first-known Christian procession to seek divine intervention for the termination of the Justinian Plague. Little did he know that he was inaugurating a tradition and a practice that would be repeated time and again whenever there was an outbreak of epidemic. By the 14th century, when epidemics struck with deadly frequency, plague processions through a city had effectively become an important aspect of civic and religious response to epidemics. Although the first of such processions took place on 25 April 590 to entreat divine mercy to end the plague's scourge, it was later shrouded in legend. Gregory's action struck upon a responsive Christian chord in managing plague crisis.

According to Barker (2017), there was no mention, at the time, of the use of an icon during the procession. Based on the work of Paul the Deacon, there was a noticeable increase in the mortality rate, with roughly 80 people dying in the course of the procession. The mention of an icon only surfaced in the 13th century, with Jacopo da Varazze's (Jacobus de Voragine) *Golden legend* (1267). He wrote that an icon was used.¹ Da Varazze introduced other legends in his quest to attribute success to Gregory's plague procession. According to da Varazze's description, an angel appeared, sheathed a bloody sword, and ended the plague. He added that angels were heard singing the hymn *Regina coeli* to dispel the pestilential air, as the miraculous icon made its way through the eternal city, bringing about purification from the deadly pestilence (Barker 2017:29-30).

¹ Possibly an icon of the Virgin Mother, invoked in Rome as *Salus Populi Romani*, and kept in the church of Santa Maria Maggiore.

Historically, it appears that an icon was used for the first time during a procession in Constantinople in the 10th century. It is likely that da Varazze borrowed from Constantinople's example and inserted it into his narrative about the Gregorian procession of the 6th century. In Rome, the initial impulse to popular credence in the power of icon to quell a plague may have started with Pope Nicholas III (1277-1280) (Barker 2017:31). As for the Byzantine tradition, the earliest procession to seek divine intervention to end natural calamities was led by Emperor Maurice to the Blachernai Monastery on the occasion of the famine in AD 602 (Barker 2017:48). That famine caused many economic hardships for the people and provided the occasion for the Syzantine empire into a period of protracted and bloody civil war (Sarris 2007:132-133; Stathakopoulos 2004:331, 334-335).²

With regard to the Blessed Virgin Mary, she became the most beloved advocate for medieval Christians in times of epidemics. It is likely that Empress Pulcheria initiated her cult in roughly AD 450. This may have been heightened during the Justinian Plague. The aim was to provide a tangible object of devotion to the people in times of epidemic crises. Another aim might have been to prevent them from lapsing back into pagan superstitions (Stoclet 2007:139). Mary was already honoured as the "tyché" – tutelary divinity of Constantinople, in a 5th- or 6th-century Marian hymn, the *Akathistos*:

Hail to you, through whom trophies of victory are assured, Hail to you, through whom enemies are vanquished, Hail to you, who are the healing of my body, Hail to you, who are the salvation of my soul (cited in Stoclet 2007:140).

Given nature's proclivity for epidemics, plagues, and famine, the Virgin Mother acquired a centrality of her own in the medieval search for protection against earth's destructive forces. Against that background of desperation is the inscription of John of Damascus on the supposed tomb of the Blessed Virgin:

I am the inexhaustible source of healing, the warder-off of demons, the medicine that drives away evil from the sick, the refuge of all who seek protection (Barker 2017:48).

A plethora of saintly intercessors appeared alongside the Blessed Virgin Mary. The first of such acclaimed, powerful, and saintly protectors from plagues was St. Sebastian. His martyred image was meant to showcase his ability

² It is believed that the famine in 602 followed the outbreak of a plague in 599 that killed roughly 380,000 people, among whom was the Patriarch John of Constantinople. It is most likely that such a high mortality rate depleted the human resources needed by the empire for the cultivation of the fields and for the production of grains.

to dull the pains caused by plague arrows. The patron saint of a town was usually the first recourse in time of an outbreak but, given the progression and intensity of infections and mortalities, displacement of a local patron saint by a more powerful foreign saint was not an issue for a people in need of healing. Saint Roch (in French) or San Rocco (in Italian) became idolised as a strong protector against plague. His popularity owes its origin to Francesco Diedo's hagiographical work, *Vita Sancti Rochi* (1478). It came on the heels of a series of devastating epidemics that swept through Italy from 1477 to 1479 (Marshall 1994:504)

In his elevation of San Rocco, Diedo was convinced that "those suffering from the plague, fleeing to the protection of Roch, will escape that most violent contagion" (Marshall 1994:504-505; Boeckl 2001:29, 31). He was also invoked as a heavenly protector against cholera in most of Catholic Europe (Gentilcore 1998:157). His cult even found its way into Ethiopia from the Christian shores of the Mediterranean. Suffering from a public health crisis similar to that of Europe between the 13th and 15th centuries, the Ethiopian church created a hagiography of its own saints. They were portrayed as healers and thaumaturges, with the intention of bringing hope and succour to victims of epidemics, and to patients who were sick with other illnesses. There was also the consecration of new churches to seek the protection of local saints (Chouin 2018:22).

In this sense, the Ethiopian church enjoys a great affinity with the Western and Byzantine Christian traditions that had specific saints for specific diseases, such as St. Donatus for epilepsy in the West. In the Byzantine tradition, Saints Symeon the younger Stylite, Artemius, and Demetrius, among others, were relied upon to ward off plagues (Stathakopoulos 2007:110). For the faithful, a saint was judged "alive" on the basis of being a source of sacred power. One of his/her expected functions was to provide healing. The status of edifyingsaint models was a later preoccupation of the Catholic Church, especially during the period of Counter-Reformation. It came to the fore after the creation of the Congregation of the Holy Office of the Inquisition in 1542 (Gentilcore 1998:158).

There was also an insatiable demand for holy relics, reputed as sources of healing for the common people in their afflictions. These were accompanied by prayers, pilgrimages, or vows to a saint with the view of obtaining an anticipated cure or relief (Gentilcore 1998:157). When viewed *vis-à-vis* contemporary realities in a continent such as Africa, that craving for healing in medieval and early modern Europe may not be totally dissimilar to the present-day proliferation and mushrooming of "faith ministries" and "prayer-healing houses" in many parts of Africa. Their emergence is made possible by the continental lack of access to good medical care. Many people resort

to self-acclaimed healers and charlatans in their pragmatic search for remedy and cure. The "healing ministries" seem to cater to a "market" in meeting the psychological and medical needs of their constituencies. Supplicants yearn for material prosperity, liberation from material oppression, poverty, and hunger. They equally seek deliverance from the afflictions of supposed witchcraft, sorcery, and spirit possession, which appear to be prevalent in many economically underdeveloped African societies (Møller 2006:32; Linden 2009:249-250; Thiandoum 1994:12).

The Catholic Church, for its part, has often sought other means to assist people in coping with the devastating effects of epidemics while also imploring divine powers. One of such means was the sacred images of Jesus and the saints. The sacred images so created either in response to, or in anticipation of plagues were appreciated for their functional and devotional benefits, rather than for their aesthetics. Appearance hardly mattered to the humble people who wanted protection against the forces of nature that can be merciless and indiscriminate in their attacks (Barker 2017:46). It was not art for the sake of art, but it was directed towards securing protection and healing from plagues through the solicitation of the intervention of the heavenly protectors who were rendered present in devotional images.

Furthermore, the images established a mutual obligation between the worshipper and the object of devotion. In return, the invoked saint or heavenly power was expected to reward the votive devotions rendered by the afflicted devotee. This was especially true for the poor people who bore the harrowing effects of epidemics in their flesh. Marshall (1994) observed that plague images DRAW heavily on pre-existing conceptions of saintly figures, in order to obtain security against ever-new threats of plagues. Images in that category were created through the experience and expectation of plagues. They vividly demonstrate the psychological effects of the cyclic epidemics that were thorns in the flesh of the people. The same motif appears in Renaissance art, notwithstanding its theorisation and the objectification of devotional images. They served to reinforce worshippers' ability to cope with the incessant threats of plagues and epidemics in their lives (Marshall 1994:488, 529). Within the plague narrative, sacred images constituted one of the multiple means to access supernatural aid in times of widespread despondency with the threat of extinction.

One of the lasting effects of plagues on Catholicism is the doctrine of purgatory. To some extent, since the Black Death in the 14th century, it effectively turned "Catholicism into a cult of the living in service of the dead" (Swanson 2009:360). This was done in the celebrations of masses that kept the memory of the deceased alive; it sought to obtain remission of sins and final admittance into heaven (Swanson 2009:363). This is not surprising if viewed

through the current understanding of the Black Death, which is considered to have been at 10.9 on Harold Foster's disaster magnitude scale. The Harold Foster's scale is assessed on the basis of the toll on lives, physical damage, and emotional stress. When Foster proposed his theory in 1976, he identified three worst disasters with those criteria: the Second World War (11.1), the Black Death (10.9), and the First World War (10.5) (Lerner 1981:553; Belich 2016:93-107).

The sharp edges of terror and panic induced by epidemics were sometimes blunted by prophecies and eschatological interpretations. They emanated from millenarian tradition and belief. Their ultimate effect was to comfort people by acting as a tranquiliser in seeking future blessedness after present ordeals. Plague prophecies were freestanding in nature. They did not spring forth from the official church, but from private visionaries who were millenarians in most instances. Their stock-in-trade was to draw from a prophetic "deep structure" in calling out old prophecies, assigning new dates to them, and situating them in their own time of epidemic. They assisted their gullible recipients "to fathom the unfathomable" through the provision of edification and comfort. This offered a veritable flight into the future through a simplistic message that present chastisement must be endured in view of future "peace and tranquillity" (Lerner 1981:551-552; Marshall 1994:518). Alongside millenarian obsession with the final consummation of the present world, plaque prophecies and eschatological conceptions endeavoured to fit plagues and epidemics into the divine plan. Comprehensively, as Getz (1991: 287) opines, the panic, terror, and general demoralisation of the innumerable victims ought to be empathetically visualised and approached without Enlightenment stoicism.

4. INTERPLAY BETWEEN DIVINE AND HUMAN

From its inception, Christianity provided a belief system and rituals with the aim of helping people deal with diseases and their consequences. In many ways, as observed by Reff (2005), ecclesial communities and monasteries once functioned as centres for organising and reorganising lives that were shattered by epidemic diseases, immigration, and warfare. In such instances, particularly with the appearance of new and more virulent strains of infectious diseases, people viewed their lives as fragile, short, and at the mercy of nature (Reff 2005:37-38). In this regard, the experience of disease and its multifaceted effects are conditioned by religious, cultural, social, and biological factors. The coexistence and convergence of naturalistic, religious, and even magical views of illnesses and their treatments progressively gave rise to three interacting spheres of healing, particularly from the early modern era: medical, ecclesiastical, and popular (Eamon 1999:481, 485).

Christianity also possesses, within its make-up, a remarkable capacity for adaptation, and the Catholic Church itself often displays such a pragmatic ability. The church adopted measures during the Black Death. It is believed that, at one point during the epidemic, Pope Clement VI (1342-1352) consecrated the River Rhone. The aim was pastoral, so that corpses flung into the river were considered to have received Christian burial, since an extraordinary circumstance requires an extraordinary response (Armenio 2007:400). Due to the high mortality rate among priests and the religious, lay people were co-opted in some places to perform priestly functions, as evident in this directive from one bishop:

If the dying cannot find an ordained priest, they should confess their sins, according to apostolic teaching, to any lay person, even to a woman if no man is available (Logan 2006:283).

Another bishop, in appointing an Augustinian canon to a parish that did not belong to the order, put forward this reason:

[W]e make an exception now because of the lack of secular priests, who have died from the deadly plague hanging over us (Logan 2006:283-284).

In terms of cooperating with science to limit the spread of contagion in the wake of an outbreak, the first instance in a long history of cooperation between Christianity and science was the adoption of "guarantine". From the 14th century, it became the preferred measure adopted by civil and religious authorities as a coordinated disease-control strategy to limit infections. The term "quarantine" is derived from the Italian word *guaranta*, meaning forty. It was adopted for scientific, mathematical, and religious reasons. The first was the Hippocratic assumption that acute diseases took a maximum of roughly 40 days to incubate. The same was presumed true for the dissipation of pestilential miasma from human bodies and goods through isolation, fumigation, and disinfection. Another reason was based on a Pythagorean theory of numbers. Religiously, 40 recalls the 40 days of praying, fasting and temptation of Jesus in the desert. As a disease-control strategy, "quarantine" was first introduced in 1377 in Dubrovnic on the Dalmatian coast of Croatia. The first permanent quarantine hospital for plague victims was opened on the small island of Santa Maria di Nazareth in 1423 by the Republic of Venice. It was generally known as "Nazarethum" or "Lazarethum", because of its semblance to the biblical name of Lazarus. Other European cities gradually adopted the Venetian model (Tognotti 2013:254-256).

Better medical knowledge about the nature and mode of transmission of contagions enhanced the human and divine partnership in halting the spread of contagious diseases. During the plagues that ravaged the Italian city-state of Florence from 1630 to 1633, city authorities adopted draconian but rational measures to contain the spread of infection. While the traditional plague procession and the carrying of miraculous images were allowed, the authorities restricted the number of participants. They imposed a curfew on the city for the three days that the miraculous icons and holy relics were to make their way through the city and its environs. Women and children under the age of 14 years were forbidden to be outside during the procession. People who were not part of the procession were to stay off the streets up to about 100 yards away. It was a milestone in ecclesiastical and civil understanding and control of epidemics. Barker explains that a combination of human and divine factors, especially common sense and medical expertise, helped end that plague. In other words, that combination made it possible for the miraculous icon and public medicine to triumph over the deadly pestilence that had threatened the city (Barker 2017:43, 51).

Pope Gregory the Great inaugurated what later assumed the status of the traditional way of responding and repelling epidemics. Following the medical and scientific advice of his time, Pope Alexander VII (1655-1667) ushered in another way of dealing with plagues in terms of crowd management. The decisive year was 1656, during the Roman epidemic. On the advice of his medical experts, Alexander VII ordered the closure of churches in Rome to forestall overcrowding by desperate plague victims around relics and miraculous icons. In some instances, devotional images were completely blocked if they were considered to possibly attract people. The pontificate of Alexander VII coincided with the beginning of a materialist-medical approach to epidemic diseases. In the understanding of Alexander VII and his advisers, miracle-working crucifixes, holy-water stoups, and overcrowding around immobile icons were judged to be fraught with the danger of contagion. If not properly controlled, they would spread the very plague that their users had hoped they could dispel (Barker 2017:46-47).

It was an irony of some kind. Plagues necessitated recourse to plague processions and miraculous images. Science helped the divine maintain some distance in the preservation of the lives of victims when it successfully kept the once-miraculous images at bay from the people. Another instance of the collaboration between Christianity and science in the control of epidemics occurred during the cattle plague (rinderpest) in the early 18th century. Acting on the recommendation of his personal physician, Giovanni Maria Lancisi, Pope Clement XI (1700-1721) directed the adoption of a control method that warranted the slaughtering of affected animals. Although the human and economic costs were heavy, that drastic measure was considered appropriate and unavoidable in halting the spread of the virus from animals to human

beings. The collaboration of faith and science in the management of the cattle plague led to the establishment, in 1761, of the world's first veterinary school in Lyons, France. It was originally meant to teach Lancisi's principles and control methods, and to train veterinarians (Heeney & Friedemann 2017:xxiii; Cáceres 2011).

When the Spanish influenza broke out in 1918, the church cooperated with civil authorities in the enforcement of a range of disease-containment measures put in place by governments. In Italy, which had one of the highest mortality rates in Europe alongside Portugal, churches were quick to close their doors. Confessions and funeral ceremonies were suspended, and social distance was maintained on medical advice. While churches were quick to comply, some health and scholastic authorities initially resisted the order to close public schools as a control measure to arrest the spread of the virus. It was almost a repetition of the resistance mounted by the liberal reformers in England, who, in the name of "freedom", opposed quarantine and compulsory vaccination against smallpox (Tognotti 2013:256-257).

5. CONCLUSION

On humanity's helplessness, which hovers on the border of pessimism, Herodotus wrote:

Of all the sadness that afflicts humanity, the bitterest is this, to have the knowledge of many things, and control over none (cited in Sangalli 2011:8).

Nothing brings human beings to their knees like illness and the fear of death, coupled with the knowledge of dying when loved ones can really do nothing to avert the invertible. It becomes even more excruciating when epidemics and plagues strike indiscriminately with deadly intent so that friends and foes, the rich and the poor, the old and the young, the good and the bad helplessly await the harvesting sickles of death. Given their ferociousness and potency, plagues have inflicted misery and suffering on humanity throughout history. The global outbreak of COVID-19 in 2020, 100 years after the Spanish influenza of 1918-1919, brought home once again the fragility and vulnerability of human beings.

This article set out to highlight, in historical perspective, a few instances when epidemics struck in the past, and to show how Christianity responded, and more precisely through the optics of the Catholic Church. The article began with Greek mythology, in tracing a common denominator as an occurring motif in the understanding and interpretation of epidemics. The notion of epidemics and plagues as divine retribution runs through every culture. Christianity also has its own culture. When natural disasters such as plagues or pestilences break out, Christianity responds with religious weapons in its arsenal. For the Catholic tradition, religious and popular arsenals include processions, miraculous icons and images, holy water, prayers of supplication, pilgrimage, and religious vows. These can be described as official church responses that differ from the millenarian responses of prophecies and eschatological interpretations.

As evident in its long history, the Catholic Church has shown itself to be dynamic in its adaptation and response to epidemic outbreaks. Most of the time, its flexibility was dictated by its pastoral concern for the care of souls and bodies of the faithful (*cura animarum et cura corporum*), whom it accompanies like a mother through the thick and thin of life. Its attentive care also led it to partner with science when the need arose. The ultimate goal was to limit contagions and to end pandemics, even when it meant taking a rationalistic approach toward some of its previous weapons against plagues.

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