

# The Linacre Quarterly

---

Volume 42 | Number 3

Article 7

---

August 1975

## The Anointing of the Sick in Historical Perspective

Louis P. Rogge

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

---

### Recommended Citation

Rogge, Louis P. (1975) "The Anointing of the Sick in Historical Perspective," *The Linacre Quarterly*: Vol. 42: No. 3, Article 7.  
Available at: <http://epublications.marquette.edu/lnq/vol42/iss3/7>



*Father Rogge holds graduate degrees in theology and in Religious Studies. He is currently enrolled in a doctoral program at Union Theological Seminary in New York. He hopes to write his dissertation on the relation between the sacrament of anointing and the charism of healing.*

## The Anointing of the Sick in Historical Perspective

Louis P. Rogge, O. Carm.

The publication of the Apostolic Constitution *Sacram Unctionem Infirmorum* and the revised *Rite of Anointing and Pastoral Care of the Sick*<sup>1</sup> on January 18, 1973, was a signal that the Church of Rome had arrived at yet another plateau in her understanding of her ministry to the Body of Christ, and more specifically to those suffering from sickness or old age. Among the doctrinal developments found in these documents, there is one of particular interest to the medical profession—one whose impact may become the most far-reaching of all—but which has as yet received but scant attention: the sacramental care of the sick is

understood to be closely allied with the proper goals of the medical profession, and that profession itself is said to have “a participation in Christ’s healing ministry.”<sup>2</sup>

The purpose of the sacrament of the sick is to restore the sick person to wholeness. Negatively this is brought out in the documents by the deliberate omission of all reference to “danger of death” as a condition for receiving the sacrament, and positively by the statement that “those who are dangerously ill due to sickness or old age”<sup>3</sup> are to be anointed. The following paragraphs,<sup>4</sup> as though to emphasize the broadened spectrum of those who may

now be anointed, mention several specific instances: within one and the same illness anointing may be repeated should the danger become more serious, even when there has been no partial recovery as previously required; before surgery if it is due to a dangerous illness (this would apparently include any morally justifiable major surgery apart from interventions of a purely cosmetic nature); in cases of weakness due to old age even when there is no dangerous illness; for children so long as they are capable of receiving some comfort from the sacrament; for those deprived of the use of reason, whether due to mental disorder or to unconsciousness, when it can be presumed that they would request the sacrament if able to do so.

An even more positive indication of the Church's desire for collaboration between clergy and medical profession is found in the expression that "all who are dedicated to helping the sick should consider it their duty to do whatever they judge will help the sick both physically and spiritually," and in the directive to sacramental ministers to submit any doubt as to the seriousness of a particular case to the judgment of the doctor.<sup>5</sup>

Roman Catholics whose religious education dates to the years before Vatican II may be inclined to think of the sacrament of the sick in terms of "extreme unction" or "last sacrament." In line with Canon 940 "danger of death," however remote, was

deemed a necessary condition for the reception of the sacrament. Even Vatican II retained this expression, although modified by "certainly" so as to limit the doctrinal implication of the phrase itself.<sup>6</sup> The problem, therefore, is: how to explain the new direction taken by the church as regards the sacrament of anointing.

Given the desire of the church for the medical profession—including nurses, technicians, and "all who are dedicated to helping the sick" as well as doctors—to participate in her ministry to the sick, and in view of her directive to submit doubts to the judgment of doctors, it may be useful to review, albeit summarily, the history of this sacrament.

Biblical scholars have provided us with a growing recognition of the New Testament concept of man. The contrast between body and soul so common in Christian thought at least since the era of the early scholastics is not scriptural in origin but flows from Greek dualism. In New Testament understanding man is not constituted of opposing elements. In the Pauline trichotomy (1 Thes 5:23) for example, spirit, soul and body do not represent three distinct constitutive principles but each of them represents man as understood from distinct points of view: "body" is man in his relatedness to all material creation; "soul" is man in his particular living-ness or self-consciousness, in that which is the source of his superiority to mere animals; "spirit" is man in

his relatedness to the beyond self, to God.<sup>7</sup>

For modern man, steeped as he is in the thought patterns of an extreme rationalistic form of Aristotelianism, such New Testament conceptualizations are foreign. But for New Testament authors they were normal. Thus James, writing of the situation of sick brethren and encouraging them to call upon the presbyters to pray over them, certainly had more in mind than either bodily healing or forgiveness of sin:

Is there anyone sick among you? He should ask for the presbyters of the church. They in turn are to pray over him, anointing him with oil in the Name [of the Lord]. This prayer uttered in faith will reclaim the one who is ill, and the Lord will restore him to health. If he has committed any sins, forgiveness will be his. Hence, declare your sins to one another, and pray for one another, that you may find healing. (James 5:14-16, New American Bible)

"Reclaim," a contextually superior translation to the "save" found in most English versions, brings out the effect on the individual as a member of the entire community to be expected from the rite.<sup>8</sup> "Restore" is used in the New Testament at times in reference to raising the dead (e.g., Mk 5:41-42; Jn 2:19-22; 1 Cor 15:15-17), and at other times in reference to healing and wholeness (e.g., Mt 9:5-7; Mk 1:31; Acts 3:7); however, unless one is prepared to restrict the meaning in this text to the parousia—an

interpretation contrary not only to the context but also "to the purpose of the apostolic ministry of healing . . . , a ministry which in some way prepares for our sacrament"<sup>9</sup>—he must recognize it as a reference to physical healing. Finally, in an environment that understood sickness as a visible, palpable manifestation of the power of evil in man's life, it is not surprising to find "forgiveness" among the results expected from the ritual anointing and prayer of the presbyters. It is thus the whole man—body, soul and spirit—who is the object of the community's concern.

Indeed, any explanation of James 5:14-16 that would ignore any of these aspects of man's restoration to wholeness is doomed to frustration; any explanation that would exaggerate one or other of them at the expense of the others can result only in a distortion of its meaning.

. . . the Epistle of James refers to an action to be performed by the ministers of the church (presbyters) for the benefit of sick Christians. . . . The aim of the ministrations is not simply eschatological or spiritual, for this does not correspond to the context—namely, a sick, not a dying Christian. Neither does James envision merely a bodily-medicinal result. Rather the effects of anointing touch the religious situation of the sick person: the threat to his salvation posed by religious powerlessness and weakness of soul, as well as the temptation and burden to his faith and trust. The sick person shall be raised up from this weakness and saved from the threat that sickness constitutes to his salvation.<sup>10</sup>

There is but a single healing causality, one that embraces the whole man and whose purpose is man's restoration to wholeness.<sup>11</sup> Yet there is no hint in James of some "magical" power, whether in the presbyters who are to be called in or in the oil itself. The accent is on "the Name of the Lord," the "prayer uttered in faith," and the power of the risen Lord given to the Twelve and now understood to be at the disposition of the presbyters. There is no indication that death is to disappear; although the promise of healing is unconditional, it is a promise whose primary object is to aid man in achieving his ultimate perfection, a promise that can be completely fulfilled only in the parousia.<sup>12</sup> On the other hand the restoration to the community, the physical healing, the forgiveness of sin, though subordinate to the primary objective of anointing, are clearly understood as real and attainable. Like Jesus' own works, they are signs

that the kingdom has already arrived and is [being] realized in the restoration of the sick to wholeness and in the gift of eternal life offered now to all men who by witnessing these signs of the kingdom are led to faith and conversion.<sup>13</sup>

Early in 1963 *L'Osservatore Romano* announced the discovery of a small silver lamina at Thecua, south of Bethlehem.<sup>14</sup> Dated between AD 70-90,<sup>15</sup> the text preserved on it confirms all the important elements of James 5:14-16, including the expectation of

spiritual as well as physical healing; moreover, the differences between the lamina and the text of James demonstrate that neither depends on the other. Historically, therefore, they are two independent witnesses attesting to the existence of a first century Christian rite of anointing the sick.<sup>16</sup>

### Few Early Writings Deal With Anointing

The discovery of this artifact is all the more important due to the fact that the extant writings of the early patristic era contain relatively meager information about the anointing of the sick. One reason for this may be that, since anointing was for the sick and since it was normally administered by priests rather than by bishops, less was actually written; as a matter of fact the earliest liturgical texts that have come down to us were intended for the use of the bishops who blessed the oil rather than for that of the ministers who applied it. Another explanation, somewhat related to the privacy due the sick, is that much of patristic literature consists of sermons; given the situation of the sick, the occasion of their anointing was not especially apt for formal sermons.<sup>17</sup> Likewise, another common form of patristic literature is the commentary of the Bible; we are aware that several of the Fathers did write commentaries on the epistle of James;<sup>18</sup> however, the earliest that we possess is that of St. Bede the Venerable from the eighth century.

Limitation of space prevents a detailed analysis even of those texts that have been preserved; however, the conclusions of Antoine Chavasse's study<sup>19</sup> can provide us with some surprising insights into the mentality of the patristic era.

In the first place, there is no evidence whatsoever during the first eight centuries of the life of the church that the sacrament of anointing was understood to be the "last sacrament" or intended solely to prepare a sick person for death. Indeed what is envisaged in the vast majority of the literature of the period—whether the writings of the Fathers, liturgical texts, or the lives of the saints—as the principal effect of anointing is physical healing. When mentioned at all, with very rare exceptions, spiritual effects are considered only secondarily. Occasionally, it is true, in the lives of saints who lived during the period one finds indications that anointing was considered as a rite for the dying; but invariably this type of account dates from a later period, and one may conclude that the opinion is that of the ninth or tenth century author rather than that of the sixth or seventh century saints.<sup>20</sup>

The first relatively complete treatment of the sacrament of anointing that we possess is found in the letter of Pope Innocent I to Decentius in AD 417.<sup>21</sup> Although Innocent does not explicitly refer to the spiritual effects of anointing—the ques-

tions to which he was addressing himself did not require it—he does so implicitly by citing the entire text of James 5:14-16, including the section about forgiveness of sins. Similarly there are references to forgiveness to be found in the writings of Caesar of Arles (+543) and Eligius of Noyon (+659). But Bede, who cites Innocent as his authority, fails to connect anointing with forgiveness. At the very least we must conclude that in this very early period far less attention was paid to the spiritual effects of anointing than to physical healing.

A second facet of the Fathers' understanding of the sacrament of the sick that may surprise us is the importance of the blessed oil. It is no exaggeration to state that, although both blessing and application of the oil were considered necessary, it was in the blessing or consecration of the oil that the sacrament was confected. Somewhat analogously to the Eucharist—but with no sense of any sort of "transubstantiation"—the power of the Holy Spirit was thought to bestow on the oil an enduring energy for healing and restoration. Whoever made use of this consecrated oil to anoint the sick played a relatively minor role, for although he was to pray for the sick, he contributed nothing to the power of the oil. The consecrator of the oil was always a bishop, or at least a priest; the blessing of oil by someone who lacked sacerdotal power

would have been inconceivable. Had the scholastic concept of "minister" been available to these ancient authors, there is no doubt but that they would have applied it primarily not to the one who applied the oil but to him who blessed it.

This leads us to a third surprise in our brief survey of patristic literature: lay anointing was not only permitted but encouraged. We read, for example, in the letter of Innocent I to Decentius:

Now there is no doubt that these words [i.e., James 5:14-16] are to be understood of the faithful who are sick, and who can be anointed with holy oil in charism, which has been prepared by the bishop, and which not only priests, but all the faithful may use for anointing, when their own needs or those of their family demand.<sup>22</sup>

Various attempts have been made to force this and similar statements of the Fathers into closer agreement with the Tridentine teaching that only a priest is the "proper" minister of anointing: some have claimed that Innocent is referring to two types of anointing, one sacramental the other merely charismatic; others that he was making a distinction between ordinary and extraordinary ministers of the sacrament. All such attempts ignore the basic fact: as understood by the early church, the confection of the sacrament took place not in the use of the oil but in its consecration. The analogy with the Eucharist is consistent: as the bread and

wine are consecrated only by bishop or priest but may be distributed by others, so the oil of the sick was blessed by bishop or priest but could be used by others, and in its use its latent power would be activated.<sup>23</sup> Moreover the use of the consecrated oil was considered an official rite of the church and as such subject to the regulation of the hierarchy.<sup>24</sup>

Beginning with the ninth century there were several developments: not only did the actual consecration of the oil become both more solemn and more restricted—eventually it was reserved to the bishop on Holy Thursday—but also the application of the oil became associated both with final death-bed penance and with Viaticum. Finally, by the twelfth century, the focus of the sacrament had shifted from its previous emphasis on physical healing to an almost exclusive interest in its spiritual effects.<sup>25</sup> The causes of this change are extremely complicated, but among the contributing factors must be numbered at least the following: a growing consciousness of class and privilege among both clergy and laity; the greed of a now privileged clergy; the mass "conversions" resulting all too often more from expediency than from conviction; the superstitious ignorance of poorly instructed converts; the confusion of anointing with final death-bed penance, which in turn gave rise to the imposition of such penances as prohibition of the use of meat, of the

marriage bed, of the right to sign contracts, all to last for the remainder of one's life. Nevertheless, at least until the mid-twelfth century the effects of anointing were understood to include physical as well as spiritual healing.<sup>26</sup>

Many early scholastics continued to teach the importance of not putting off anointing until the very last moment; Peter Cantor (+1197) for example favors early anointing because he feels there would be more opportunity for a bodily cure; and he claims to be but one of many who hold this view.<sup>27</sup> Yet by the time of William of Auvergne (+1249) the sacrament was understood to be a preparation for death, to be administered to the dying only; William even goes so far as to hint that a recovery of health would frustrate the true purpose of the sacrament!<sup>28</sup> And it was this doctrine that was adopted in one form or another by the later scholastics both Franciscan and Dominican. Marcotte's explanation is no doubt correct: their arguments were based not on the teachings of the Fathers or even on Scripture, but only on the actual practice of the church they knew, a practice that went unquestioned from the twelfth century on.<sup>29</sup>

Corresponding to the changed emphasis regarding the effects of the sacrament, both the blessing and the administration of the sacrament came to be reserved to those with sacerdotal power, and the application of the oil rather

than its consecration to be considered as the confection of the sacrament.

### Decrees of the Council of Trent

The decrees of the Council of Trent reflect their scholastic heritage, but they are not subject to it. The purpose of the Council at this particular point is clear: to reply to the accusation of the reformers that the Roman practice of anointing the dying was incompatible with the text of James. Far from defining anointing as the sacrament of the dying, the Council Fathers were very careful to pick their way between the scholastic stress on the spiritual effects of the sacrament and the Reformation insistence that anointing was but a temporary charismatic gift to the early church and that it no longer existed. The Council teaches that anointing is a true sacrament, that it is intended for all the sick, and especially for those sick who are in danger of death.<sup>30</sup> Likewise where Trent concludes that priests alone are the "proper" ministers of anointing, the Fathers are doing no more than defending the propriety of the current practice of the church against the objections of the reformers; they had no intention of even discussing whether a non-priest might apply the consecrated oil to the sick. That this interpretation is not simply one more attempt by a faithful son of the church to theologize her current practice is confirmed by the understanding of contempo-



raries of the Council. Thus, to provide but a single example, shortly after the Council, the *De Sacramentis* of the Carmelite theologian Thomas Netter was republished, once in 1557 and again in 1571; Netter clearly taught that at least in cases of necessity lay anointing was permissible. It was only some 200 years later that an editor noted what he considered a discrepancy between the doctrine of Trent and that of Netter; the contemporaries of the Council found none.

Clearly the documents of the magisterium need careful study, not only in what they say—or do not say—and not only in attempting to discover the intent of those who compose them, but also in their relation to Scripture and to Tradition and to the previous documents of the magisterium, and even to those that come after them.

The plateau reached on January 18, 1973, is not a goal; it is but a place to rest a moment, to recuperate one's strength, and to prepare to set out for the next plateau. The current *Rite of Anointing* represents a great step forward, but it is not the last word. Indeed it leaves many questions unanswered.

One very practical question that comes to mind, one that should be submitted to doctors frequently: what about a chronically ill patient? Should such a patient be anointed? Neither the Apostolic Constitution or the *Rite of Anointing* makes any provision. Nevertheless, this author

must agree with Fathey Gy<sup>32</sup> who has pointed out that, given the emphasis in the documents on the anxiety caused by any serious illness and on the wholeness of man, and granting that the sacrament is not intended for just any sickness, real or imaginary, but only for those that involve some spiritual crisis; it would appear that the anointing of the chronically ill is justified, even in cases where they are able to continue their normal activities. This also appears to be an interpretation in complete accord with the general tenor of the provision for the old who are weak although not dangerously ill. Fundamental to any understanding of the revised rite is its concentration on the well-being of the whole man, for the consecration of his weakened condition so that he may receive whatever graces he may need in his weakness.

A comparison of the new ritual with the old not only confirms all this but also demonstrates that the revised rite is truly a development rather than a reversal: in the earlier ritual—based on the Tridentine reform—although the accompanying prayers dealt with healing, the form dealt with forgiveness; in the present ritual the form itself brings out both healing and forgiveness, and the accompanying prayers are to be varied according to circumstances. Yet the older rite's penitential aspect has not been overlooked, nor has its relation to resurrection. In the newer rite the eschatological situation of the

sick man—redeemed indeed by the life, death and resurrection of Christ, yet still looking forward to the coming of the Kingdom in its fullness—is made even more clear. Thus,

The benefits of anointing are directed not merely towards an eschatological-spiritual salvation achieved in death, nor towards an earthly-bodily healing resulting in complete health and recovery in every instance. Rather, the sacramental ministry to the sick expressed in anointing aims at overcoming the specific obstacles to grace and salvation arising from the situation of sickness itself. As a result the inward anointing with the Holy Spirit will either remove the outward cause of this danger to salvation, namely sickness, or, as may be expected in every case where this sacrament is received in faith, the inner body-soul personal constitution of the sick Christian will be healed by the grace of Christ through a special strengthening of his entire being.<sup>33</sup>

The two extremes have been avoided: on the one hand, by recognizing man's need for healing in his entire being—body, soul and spirit—the revised rite rejects a definition of anointing as a sacrament of the dying; on the other, by recognizing the Christian situation in relation to the Paschal mystery it has safeguarded the evangelical doctrine of redemptive suffering. It has underlined the teaching of the Vatican Council's Dogmatic Constitution on the Church:

By the sacred anointing of the sick and the prayer of her priests, the whole Church commends those who

are ill to the suffering and glorified Lord, asking that He may lighten their suffering and save them. . . . She exhorts them, moreover, to contribute to the welfare of the whole People of God by associating themselves freely with the passion and death of Christ.<sup>34</sup>

If the sick are indeed to "contribute to the welfare of the whole People of God" it is only fitting that the sacrament of the sick should involve the Christian community. This is of course fully in accord with the general principles for liturgical and ecclesial renewal; given the situation of the sick, it is the medical profession that is being called upon to exercise a most important ministry, in the Name of the Lord and of His Church.

#### REFERENCES

1. Both documents are easily available from the Liturgical Press, Collegeville, Minnesota.
2. *Rite of Anointing* No. 32, with reference to *Lumen Gentium* No. 28; cf. also *Rite of Anointing* No. 4.
3. *Op. cit.*, No. 8.
4. *Op. cit.*, No. 9-14.
5. *Op. cit.*, No. 4 and 8.
6. McReavy, L. L., "Degree of Infirmary Required for Anointing of the Sick," *The Clergy Review* 51 (1966), 888-890.
7. Montague, George T., S.M., *Riding the Wind: Learning the Ways of the Spirit* (Ann Arbor: Word of Life, 1974), 22-35; also "Body, Soul, and Spirit," *New Covenant* 3:5 (November, 1973), 18-19; cf. also Robert Jewett, *Paul's Anthropological Terms: A Study of their Use of Conflict Settings* (Leiden: E. J. Brill, 1971), esp. pp. 448-456.
8. The communal connotation of this term is confirmed in Mt 9:21-22 where

the same verb is used three times in describing the healing of the woman with a hemorrhage; since this affliction involved ritual impurity, the healing also effected her restoration to the full life of the community.

9. Palmer, Paul F., S.J., "The Purpose of Anointing the Sick: A Reappraisal," *Theological Studies* 19 (1958), 314.

10. Gusmer, Charles W., "Liturgical Traditions of Christian Illness: Rites of the Sick," *Worship* 46 (1972), 531.

11. Alszegehy, Zoltan, S.J., "L'effetto corporale dell'Estrema Unzione," *Gregorianum* 38 (1957), 397-399.

12. Condon, Kevin, "The Sacrament of Healing (Jas. 5:14-15)," *Scripture* 11:14 (April, 1959), 40-41; Bo Reicke, "L'Onction des malades d'après Saint Jacques," *La Maison-Dieu* No. 113 (1973), 55-56.

13. Bishops' Committee on the Liturgy, *Study Text II: Anointing and Pastoral Care of the Sick* (Washington: United States Catholic Conference, 1973), 17.

14. Testa, Emmanuele, "Scoperta del primitivo rito della Estrema Unzione in una laminella del primo secolo," *L'Osservatore Romano*, (Jan. 31, 1963), 5.

15. Milik, J. T., "Une amulette judéo-araméenne" *Biblica* 48 (1967), 450-451, has challenged this dating; however, Emmanuele Testa, "Ancora sulla laminella giudeo-cristiana" *Biblica* 49 (1968), 249-253, appears to have adequately responded to the objections; to the best of the author's knowledge there has been no further attack on the first century dating.

16. Testa, Emmanuele, *L'Huile de la Foi* (Jerusalém: Imprimerie des PP. Franciscains, 1967), 212-213; "Découverte d'un texte sur l'Extrême-Onction," *Ami du clergé* 73 (1963), 490; Prudent DeLetter, "Anointing of the Sick," *Sacramentum Mundi* 1:37-40; Eugène Marcotte, O.M.I., *Revue de L'Huile de la Foi, Revue de l'Université d'Ottawa* 38 (1968), 556; and the best treatment in English, S. G.

A. Luff, "The Sacrament of the Sick—A First-Century Text," *The Clergy Review* 52 (1967), 56-60.

17. Cf. Paul F. Palmer, S.J., *Sacraments of Healing and of Vocation* (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963), 44-45.

18. E.g., Clement of Alexandria, Didymus, Augustine, Cyril of Alexandria; cf. Adrian Jerome Kilker, *Extreme Unction* (St. Louis: B. Herder Book Co., 1927), 20.

19. Chavasse, Antoine, *Étude sur l'onction des infirmes dans l'église latine du IIIe au XIe siècle*, Tome I: *Du IIIe siècle à la réforme Carolingienne* (Thouars: Imprimerie Nouvelle, J. Gamon, Dr, 1942); although never published, the contents of Vol. II of Chavasse's work have been provided in Placid Murray, O.S.B., "The Liturgical History of Extreme Unction," *The Furrow* 11 (1960), 572-593. Cf. also Palmer, "The Purpose of Anointing the Sick: A Reappraisal" where the author claims to have arrived at many of Chavasse's conclusions independently.

20. Chavasse, *op. cit.*, 164-196; and Palmer, *op. cit.*, 321-322.

21. Cf. Paul F. Palmer, S.J., editor, *Sacraments and Forgiveness: History and Doctrinal Development of Penance, Extreme Unction and Indulgences* (Westminster, Md.: The Newman Press, 1959) II: 283.

22. *Ibid.*

23. Chavasse, *op. cit.*, 139-152; cf. Paul F. Palmer, S.J., "Who Can Anoint the Sick?" *Worship* 48 (1974), 83.

24. Chavasse, *op. cit.*, 181-182.

25. Egan, James M., O.P., "Extreme Unction: Sacrament of the Sick or of the Dying?" *Proceedings of the Seventeenth Annual Convention, The Catholic Theological Society of America* (Pittsburgh, 1962), 200-201, and note 15; Charles F. Ward, *Two Recent Theories on the Finality of Extreme Unction. The Catholic University of American Studies in Sacred Theology* (Second Series) No. 144

(Washington: The Catholic University of America, 1963), 57-63.

26. Palmer, "The Purpose of Anointing the Sick: A Reappraisal" 342; Condon, *op. cit.*, 33; and H. B. Porter, "The Origin of the Medieval Rite for Anointing the Sick or Dying," *The Journal of Theological Studies* 7 (1956), 220.

27. Ward, *op. cit.*, 73-77.

28. Palmer, *op. cit.*, 331-332.

29. Marcotte, Eugène, O.M.I., "L'Extrême-onction et la mort d'après Saint Thomas." *Revue de l'Université d'Ottawa* 30 (1960), 85\*-88.\*

30. Duval, André, O.P., "L'Extrême-onction au Concile de Trente: Sacrement des mourants ou sacrement des malades?" *La Maison-Dieu* No. 101

(1970), 127-172; Pierre-Marie Gy, O.P., "Le nouveau Rituel Romain des Malades" *La Maison-Dieu* No. 113 (1973), 32; Charles George Renati, *The Recipient of Extreme Unction, The Catholic University of America Canon Law Studies* No. 419 (Washington: The Catholic University of America Press, 1961), 29-31.

31. de Guibert, P., *Bulletin de littérature ecclésiastique* (1919), 86; cited in Duval, *op. cit.*, 152-157.

32. Gy, *op. cit.*, 42, 44; also "Le Nouveau Rituel des Malades." *Notitiae: Sacra Congregation pro Cultu Divino* 9 (1973), 115, 117.

33. Bishops' Committee on the Liturgy, *op. cit.*, 24-25.

34. *Lumen Gentium*, No. 11.

---

## Committee on Philosophy and Medicine

The American Philosophical Association has established a Committee on Philosophy and Medicine, which will develop special programs at meetings of the Association. The Committee will distribute a newsletter containing bibliographic and pedagogic information, announcements of conferences, and other materials.

Persons wishing to be on the Committee's mailing list should provide the following information: name, address, institutional affiliation, professional field, primary interests in philosophy and medicine, and relevant teaching experience. Enclose \$2 to cover mailing costs. Send this material to Professor John Ladd, Committee on Philosophy and Medicine, Department of Philosophy, Brown University, Providence, Rhode Island 02912.

---