

Theological Musings from Dave's Laptop

March 31, 2020¹

I've been thinking about blood this week. Over the years, I've given a good bit of blood and plasma, but I don't remember ever considering becoming a physician even for a moment. There were at least two reasons for this: I never really understood chemistry, and I don't do well with blood.

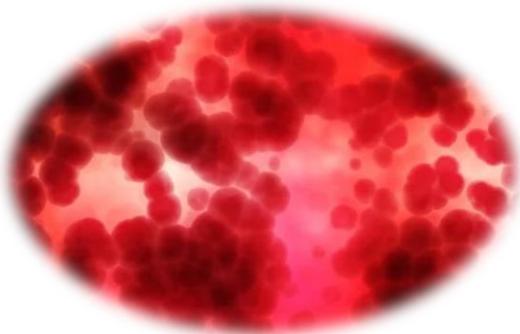


Now I know that blood is hugely important to life, and that it is truly a wondrous liquid, marvelous beyond what most of us have ever imagined. Blood is the most commonly tested part of the body, partly because it's easily accessible, and partly because it yields such an abundance of information about the body's functioning. Some physicians specialize in the study of blood, and are called "hematologists." The "hema" of "hematology" comes from 'αἷμα' ("haima"), the Greek word for blood, as in το αἷμα του χριστου ("ta haima tou Christou"), "*the blood of Christ*" (Hebrews 9:14).

Until his death in 2003, Dr. Paul Brand was a renowned surgeon who pioneered surgical work with those suffering from Hansen's disease, more commonly known as "leprosy." He was the first surgeon to use reconstructive surgery to correct the deformities leprosy causes, and he pioneered in many other areas of its prevention and treatment. Dr. Brand began his career as a missionary surgeon in Vellore, India for eighteen years, after which he became Chief of Staff at the U.S. Public Health Service's National Hansen's Disease Center in Carville, Louisiana.

"Although worshippers may feel uncomfortable with the fact," Dr. Brand writes, "**Christianity . . . is inescapably blood-based.** Old Testament writers graphically describe blood sacrifices, and their New Testament counterparts . . . choose the word 'blood' [of Christ] three times as often as the 'cross' of Christ, five times as frequently as 'death' [of Christ.]"²

The practice of animal sacrifices in the Tabernacle and the Temple grew out of God's instruction that Israel have a daily reminder that their sins were forgiven on the basis of the death of another in their places. So it was that Jesus later said to His disciples, "*This cup is the new covenant between God and his people—an agreement confirmed with my blood, which is poured out as a sacrifice for you*" (Luke 22:20).



Our current medical crisis appears to have more to do with respiratory failure than with blood, per se, but the last crisis—Ebola—was all about blood. I remember a news piece from that crisis that reported that an American physician newly infected with the virus was treated with the blood of the first American physician so infected, who recovered from the illness thanks to treatment with experimental drugs. What the first patient contributed to the second was what is known as "convalescent serum."

I heard that term—convalescent serum—used this week in our battle with the coronavirus. While the treatment was styled "old school," it is

¹ For those of you with really good memories, some of this was in a *Laptop* six years ago.

² Paul Brand, M.D., with Philip Yancey, *In His Image* (Grand Rapids: Zondervan, 1984), p. 61.

CBF: transforming Oakland Mills into a community others wish to replicate.

Archived Laptops are available at http://www.dcstancil.com/daves_laptop

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frequently the case that the antibodies developed in persons who have recovered from a particular illness will provide an advantage for those who are afflicted later. And that reminded me of two of my favorite stories from Dr. Brand's work in India

"Some years ago," Dr. Brand wrote, "an epidemic of measles struck Vellore and one of my daughters had a severe attack. We knew she would recover, but our other infant daughter, Estelle, was dangerously vulnerable because of her age.

"When the pediatrician explained our need for *convalescent serum*, word went around Vellore that the Brands needed the 'blood of an overcomer.' We did not actually use those words, but we called for someone who had contracted measles and had overcome it. Serum from such a person would protect our little girl.

"It was no use finding somebody who had conquered chicken pox or had recovered from a broken leg. Such people, albeit healthy, could not give the specific help we needed to overcome measles. We needed someone who had experienced measles and had defeated that disease.

"We located such a person, withdrew some of his blood, let the cells settle out, and injected the convalescent serum. Equipped with 'borrowed' antibodies, our daughter fought off the disease successfully. The serum gave her body enough time to manufacture her own antibodies. She overcame measles not by her own resistance or vitality, but as a result of a battle that had taken place previously within someone else. . . .

"The blood of Jesus Christ has overcome. It is as if Jesus went out of His way to expose Himself to temptation, to encounter the stress and strain you and I will meet—to gain 'wise blood' for our benefit. . . . Today, when we partake of Communion, it is as though our Lord is saying to us, *This is My blood, which has been strengthened and prepared for you. This is My life which was lived for you and can now be shared by you. I was tired, frustrated, tempted, abandoned; tomorrow you may feel tired, frustrated, tempted, or abandoned. When you do, you may use My strength and share My spirit. I have overcome the world for you*" (John 16:33).³

In the second story, Dr. Brand wrote that "I arrived as an orthopedic surgeon at the Christian Medical College in Vellore just as the college was recruiting specialists from all over the world. Among these was Dr. Reeve Betts, from the Lahey Clinic in Boston, who was to become the father of thoracic surgery for all of India. When Betts first arrived, he ran up against an immediate roadblock: the lack of a blood bank.



"In some surgeries we had been relying on a Rube Goldberg device I designed to suction out and recirculate a patient's own blood. But chest surgery required a prepared supply of five or more pints of blood which in turn entailed an efficient collection and storage procedure. Betts had the experience and skill to save the lives of patients who began streaming to Vellore from all over India, but he could do nothing without blood.

"Thus, in 1949, a blood bank became my number one priority. . . . The attitudes of Indian people themselves offered the biggest challenge. To them,

³ Brand, pp. 94-95.

blood is life, and who can tolerate the thought of giving up lifeblood, even to save someone else? . . . It went like this in the case of a twelve-year-old girl with a very bad lung:

“Reeve first informed the family that the lung must be removed to save the patient’s life. The family members nodded with appropriate gravity. Reeve continued: The surgery required at least three pints of blood, and we had only one, so the family must donate two more. At that news, the family elders huddled together, then announced a willingness to pay for the additional pints.

“I watched Reeve flush red. . . . Working to control his voice, he explained that he had no other source of blood—it could not be purchased. They might as well take the girl home and let her die. Back to the conference.

“After more lively discussion the elders emerged with a great concession. They pushed forward a frail old woman weighing perhaps ninety-five pounds, the smallest and weakest member of the tribe. The family has decided to offer her as a transfusion donor, they reported. We could bleed her.

“Reeve fixed a stare on the sleek, well-fed men who had made the decision, and then his anger boiled over. . . . In halting Tamil he blasted the dozen cowering family members. Few could understand his American accent, but everyone caught the force of his torrent of words as he jabbed his finger back and forth from the husky men to the frail woman.

“Abruptly, with a flourish Reeve rolled up his own sleeve and called over to me, ‘Come on, Paul—I can’t stand this! I won’t risk that poor girl’s life just because these cowardly fellows can’t make up their minds. Bring the needle and bottle and take my blood.’ The family fell silent, and watched in awe as I dutifully fastened a cuff around Reeve’s upper arm, swabbed the skin, and plunged the needle into his vein. A rich red geyser spurted into the bottle and a great gasp rustled through the spectators.

“At once there was a babel of voices: **‘Look, the sahib doctor is giving his own life!’**”⁴

And indeed, my friends, that’s what Jesus has done for us! Jesus offers us a transfusion of Overcoming Blood! That’s what Holy Week is all about.

Thanks be to God for this wonderful, wonderful gift!

Dave



⁴ Brand, pp, 99-100.