

GLOBAL AIDS: WHAT WOULD JOHN WESLEY DO?

15th Oxford Institute of Methodist Studies

Christ Church College, Oxford, England

August 13-22, 2003

Donald E. Messer¹

A popular question posed by countless Christians every day is: “what would Jesus do?” Sometimes they reduce the words to initials and even wear armbands or jewelry inscribed “WWJD?” Often derided by more “sophisticated” and “scholarly” Christians as being too “simple” and “simplistic,” yet this query serves as a helpful guideline for many as they seek to be faithful and obedient disciples of Jesus Christ.

For purposes of provoking discussion at the 15th Institute of Methodist Theological Studies, I am paraphrasing the question slightly and asking, “What would John Wesley do?” particularly in light of the unprecedented global HIV/AIDS pandemic that the United Nations has declared “a global emergency.” Ultimately, I am not only asking “WWJWD?” but “What should Methodists be doing?”ⁱ

Why A Global Emergency?

Recognizing the world faces the worst health crisis in 700 years, the United Nations General Assembly in June, 2001, declared unanimously that the “the global HIV/AIDS epidemic . . . constitutes a global emergency.”ⁱⁱ The global statistics are overwhelming: 40 million people are infected worldwide; 7,000 people die daily, 1,600 persons each day are infected. Some 26 million persons have already died. Devastating personal, political, and societal consequences are escalating. Therefore, the UN calls on every segment of society to come to the rescue, specifically mentioning faith-based groups as essential to the global effort.

Why did the United Nations declare HIV/AIDS a “global emergency” rather than simply saying it reflects a major world disaster? Disasters have a foreseeable end and *the global HIV/AIDS pandemic is just beginning* with no end in sight. Some 63 million people worldwide have been infected since the disease was first detected twenty years ago. It is now the leading killer among all known infectious diseases. Far from being over, it has just begun. Gerald J. Stine notes that if the world is “lucky” and breakthroughs in terms of prevention, treatment and vaccine occur, “by 2021 AIDS will be killing 5 million people a year. If not “lucky,” the toll could be 12 million.”ⁱⁱⁱ Who can understand or comprehend the suffering and misery these abstract numbers signify in terms of the lives of individual women, men, and children?

The United Nations mentioned numerous reasons and concerns for calling this a “global emergency.” Succinctly, eight can be cited. First, they noted the number of people estimated to be living with the disease—40 million—and the 23 million who have already died. Some 95% of those living are in the two-thirds or developing world, 75%

¹ Donald E. Messer is Henry White Warren Professor of Practical Theology at The Iliff School of Theology, Denver, Colorado, USA. He is also President Emeritus and Director of the Center for Global Parish Ministry at Iliff. Contact at: messer@iliff.edu

of whom are in sub-Saharan Africa. Second, the UN expressed "grave concern that all people, rich and poor, without distinction of age, gender or race are affected by the HIV/AIDS epidemic." They noted that women, young adults and children, in particular girls, are the most vulnerable. HIV/AIDS impacts everyone, whether infected or not because it "threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden . . . ;" especially in Africa and other parts of the two-third's world.

Citing alarming statistics from around the world—from Caribbean to sub-Saharan Africa to Latin America to Asia-Pacific to Central and Eastern Europe, the UN General Assembly forecast, thirdly, that a rapid escalation of the epidemic was forthcoming and the impact would be devastating if specific measures of prevention, treatment and care were not taken immediately. Within the short time period of 1999 through 2001, about 17 million new people were infected. Some 16,000 new infections occur every day. This disease had caused Africa alone to have 12.1 million orphans by 2002, with estimates that in eight years that number would escalate to 40 million (the same number as children enrolled in public schools within the United States).

Fourth, the UN emphasized that stigmatization, silence, discrimination, and denial, as well as a lack of confidentiality, undermine prevention, care and treatment efforts," increasing the impact of the epidemic on individuals, families, communities and nations. Often persons with HIV/AIDS are marginalized as societal pariahs, religious sinners, sexual deviants, or worse. These prejudicial practices and attitudes not only harm the well-being of individuals but also undermine the well-being of society. Unlike any other disease, persons often fear early death less than they fear the response of family, friends, church, and society to the disclosure they are ill with HIV/AIDS.

Fifth, the United Nations stressed that conquering HIV/AIDS requires gender equality and the empowerment of women. In a world where women are the most impoverished and have the least control over their own destinies. The global vulnerability of women and girls to HIV/AIDS must be addressed. The report stresses that the "full realization of human rights and fundamental freedoms for all is essential" to fighting the HIV/AIDS pandemic.

Sixth, a fundamental element in the struggle will be access to resources and medication for the prevention, treatment and care of persons with HIV/AIDS. Currently of the 25 million persons in the two-third's world with the disease only 30,000 are receiving treatment. The cost of pharmaceutical drugs is prohibitive in most of the world. No worldwide mechanism exists to provide free condoms to the poor—the United Nations recently reported a shortage of 2 billion condoms in Africa alone during the month of July, 2002. Clearly a global emergency exists when only the rich have access to prevention and treatment, and the rest of the world is condemned to suffering and death.^{iv}

Seventh, reducing the external debt and debt-servicing problems of the poorer nations of the world is imperative. Nations straddled with overwhelming "eternal" debt have no resources to expend for the health and education of its citizens. Programs of prevention, treatment and care are impossible in countries lacking medical infrastructure and no funds to create or sustain it.

Government alone cannot control or conquer HIV/AIDS, and, therefore, eighth, "the important role of cultural, family, ethical and religious factors in the prevention of the

epidemic, and in treatment, care and support, . . . ” is emphasized. Priority is given to the creation of partnerships among governments, non-governmental organizations, people living with HIV/AIDS, groups vulnerable to the disease, foundations, medical, scientific, and educational institutions, businesses and labor unions, and faith based organizations.

Perhaps for the first time ever, the United Nations called on the leadership of churches, synagogues, mosques, temples, etc., to join with others in tackling this global emergency. As United Methodist Bishop Felton E. May has said, “Churches cannot conquer AIDS alone, but it will not happen without us.”

What Are Methodists Doing?

Of course, it is impossible to prescribe or describe what John Wesley would do in light of what the United Nation’s General Assembly has called “a global emergency.” In an age of globalization, sometimes it feels we live “light years” away from the days John Wesley used to wander around the campus of Christ Church College, throughout England and a part of the United States. Yet parallels are not completely impossible and we can draw some insightful clues from his practical theology and his practice of ministry in relation to issues of medicine, health, illness, suffering, and death.

What we do know is that contemporary followers of John Wesley are doing very, very little in response to the worst health crisis facing planet earth in the past 700 years. Theological scholars and schools generally are silent. Despite some “sophisticated” and “scholarly” statements passed by various church conferences, along with a sporadic consultation here or there, Methodists expend almost nothing of our vast financial resources to prevent or combat the ravages of HIV/AIDS, or to care for the ill, the widows, and the orphans. //

To date, the efforts of Christian congregations and denominations have been less than minimal. More than twenty years into the global pandemic, most denominations have passed compassionate-sounding resolutions, but few have become involved significantly in God’s mission and ministry of healing. A bottom line test is to examine the expenditures of a congregation, conference, or denomination. Budgets reveal values, be they managerial, maintenance, or missional. Only a very few have even allocated a minuscule portion of funds to a mission and ministry of healing directed at the global HIV/AIDS crisis.

Despite the plea of the United Nations for “faith-based” organizations to get deeply involved, Methodists around the world fundamentally remain on the sideline. Worse yet, in many places and times, we contribute to the stigma and discrimination that adds to the suffering, encouraging greater silence, and, therefore, furthering the prevalence of the deadly HIV virus.

Now twenty years into the global pandemic, Methodists have yet to mount a sustained medical mission focused against HIV/AIDS. Where or where is a Lucinda Combs who dared to go to Beijing, China, in 1873 as the first female medical missionary? Where or where is another Clara Swain, the first woman physician in India, who constructed the first hospital in Asia for women and children? Surely there must be many Methodist physicians, nurses, and other health care workers toiling behind the scenes throughout the world without notice, but clearly there is no strong, sustaining Methodist movement providing continuing, caring and creative support. It is so low on

the agenda of most Methodist meetings, including Oxford Institutes, that it is non-existent.

In contrast, the conservative Newsweek columnist George F. Will asserted several years ago that what the world desperately needs is a new John Wesley, actually “a lot of Wesley’s.” Reflecting on the global AIDS crisis and John Wesley, Wills wrote:

In 18th-century England, rapid modernization and urbanization brought social disintegration that was exacerbated by a chemical plague, of sorts, a product by the new science of distilling . . . gin. Traveling 250,000 miles on horseback to deliver 30,000 sermons to largely illiterate audiences, Wesley enkindled a broad cultural, meaning behavioral, reform, . . .^v

The image John Wesley and his followers continue to portray to the George Will’s of this world is that of compassionate, evangelical folk who care about the bodies and souls of human beings, especially the poor, the sick and the marginalized. To understand why, we need to re-examine our own distinct and dynamic theology and practice, mission and ministry, heritage and hopes.

Wesley’s Response To Context and Conditions

More people probably act their way into new ways of thinking than think their ways into new ways of acting. A case might be made that Wesley’s theology and practice likewise was influenced by the context in which he lived and the conditions he experienced among his people.

Wesley did not do his theologizing in a social or cultural vacuum. He was a man immersed in his context and culture. His understanding of Christian faith and life was imbedded in the real life issues of health and illness, life and death. Doctrines of new creation, preventient grace, or Christian perfection were not simply theoretical abstractions but evolved from a man experientially engaged in action and reflection--and more action and reflection.

Despite his long life, Wesley himself did not enjoy robust health, but struggled against an array of bodily ills—fevers, fits, nosebleeds, coughs, and consumption. For several years he split blood, and at one point nearly died from a fever. At Christ Church College, Oxford, at the age of 17, Wesley read books on “anatomy and physic,” and continued an interest in the latest developments in medical care the rest of his life.^{vi} Touched by widespread illness and suffering among the poor people of England, by 1746 he even decided to practice medicine himself. He opened dispensaries in London, Bristol, and Newcastle, where every Friday he diagnosed and treated patients. In his first five months, he dispensed medicine to about five hundred patients!^{vii}

Remember that medical science at this point in history was not highly developed. “Wesley knew little about medicine,” says E. Brooks Holifield, “but neither did the physicians.”^{viii} This, however, did not stop Wesley from expounding his medical viewpoints, as he incorporated medical care into his mission and ministry. But it should be noted that “Wesley never designated himself as a special agent of healing, never made healing central to his revival, never conducted healing services, and never found in the biblical stories specifiable rules for healing.”^{ix}

Reflecting his concern for both body and souls, in 1747 he published Primitive Physick: An Easy and Natural Way of Curing Most Diseases. This popular volume contained recommended remedies for about 250 different maladies. Wesley urged its

distribution along with devotional tracts, declaring "If you love the souls or bodies of men, recommend, everywhere, the Primitive Physick and the small tracts."^x Obviously Methodist people took this injunction to heart as the volume went through twenty-three editions during Wesley's lifetime. By the end of the nineteenth century, there had been 38 English editions of the book and 24 editions in the United States.^{xi}

What Wesley would have done or written about HIV/AIDS, of course, is unknown, but based on his profound interest in medical care and his prolific publishing about known preventions and remedies, one could conclude that he and his followers would have expended significant energy and resources in promoting prevention and treatment for the 40 million persons infected globally. At a time when 16,000 new HIV infections occur daily, presumably Wesley would exhort his followers "If you love the souls or bodies of men, recommend, everywhere, . . ." the best public health care policies known anywhere.

Wesley could not have imagined a continent like Africa with potentially 40 million orphans. His heart, however, was broken by the plight of orphans, and he had hoped to build in Newcastle an "orphan house," modeled after what the pietists in Halle, Germany, were doing to feed and educate poor children. These plans never were realized, but George Whitefield, at the recommendation of Charles Wesley, did succeed in 1740 to establish an orphanage near Savannah, Georgia.

In the 21st century of AIDS, the world faces an escalating population of orphans. In Africa there are an estimated 12 million orphans. Children are caring for children. Listen to this letter from Uganda:

"Last Friday I attended 4 funerals. One of the women who died was only 28 and left five orphans. On Dec. 31, 1997, the father to this girl died of AIDS; after four days his wife died. In February this year their eldest daughter died and now the last born of their children, and these due to AIDS. . . . they have left 13 orphans under the care of a young 22-year-old unmarried man."

Or this description from India of an elderly grandmother who now is back working in the fields, earning 20 rupees a day (40 cents USA) to try care for orphaned grandchildren:

"Poverty has aged her fast and her body bears signs of undernutrition: Her cheeks are so hollow that the movements of her jawbone stand out. Her eyes look dull but she bears a stoic expression. Even when she talks about her son's death or her daughter-in-law's condition, she shows no grief. She has to deal with the present, taking on the responsibility of her son's two children. The only time her expression does change is when she looks lovingly at her two grandchildren, Gauri and Ganesh."^{xii}

Wesley was appalled by the medical conditions faced by the poor in his world and dedicated himself and his movement to alleviating human suffering and pain. The precedent of Wesley, following the pattern of Jesus, going everywhere to preach, teach, and heal the sick has been a powerful motif for Methodists over the centuries. Methodists have found in Wesley's example of "systematically and scientifically caring for the sick poor"^{xiii} a "persuasive motive"^{xiv} for Methodist involvement in health care, the deaconess movement, hospital building, orphanages, childcare services, and community health care. Why hasn't our slogan, "the world is my parish," translated into an aggressive and compassionate program against global AIDS?

What We Can Learn From John Wesley

Many a lesson from the life and ministry of John Wesley is instructive as we face the global AIDS crisis. Eight themes in particular can be briefly noted. Each, if taken seriously, could make a major difference in the struggle to defeat this deadly disease.

First, shunning and stigmatizing the sick was not John Wesley's way. Unlike "ivory tower" theologians who write theoretically about the sick and the suffering, Wesley was directly engaged with persons who were inflicted with the diseases of his time. M. Douglas Meeks claims Wesley "actually shared the life of the poor in significant ways, even to the point of contracting diseases from their beds. . . ."^{xv}

Further, Wesley was adamant that visiting and caring for the sick was of the essence of the Gospel of Jesus Christ. In his famous sermon "On Visiting the Sick" he cited Jesus in Matthew 25:36: "I was sick and ye visited me." Such a work of mercy was "a means of grace" and "necessary to salvation."

Wesley did not discriminate among the sick, helping some and ignoring others. In his sermon, he defined the sick as "all such as are in a state of affliction, whether of mind or body; and that whether they are good or bad, whether they fear God or not."

Second, Wesley denounced indifference and demanded involvement. He was appalled that the rich in his society were so unconcerned about the horrendous health conditions of the poor. Similar to the widespread apathy about HIV/AIDS currently among Methodists around the world, the rich of his time, said Wesley, had "so little sympathy for the poor" . . . "because they so seldom visit them." In words appropriate for our time, Wesley declared: "one part of the world does not know what the other suffers." And that lack of knowledge and action is deliberate, for as Wesley notes:

Many of them do not know, because they do not care to know: they keep out of the way of knowing it; and then plead their voluntary ignorances an excuse for their hardness of heart. "Indeed, Sir," said a person of large substance, "I am a very compassionate man. But, to tell you the truth, I do not know anybody in the world that is in want." How did this come to pass? Why, he took good care to keep out of their way; and if he fell upon any of them unawares "he passed over on the other side."

A primary reason Methodists "pass by on the other side" and do not energetically and compassionately address the global AIDS crisis is because HIV/AIDS is primarily spread through sexual relations. "If only the bite of a mosquito caused HIV/AIDS," says N. M. Samuel, M.D., "then the Christian community would be in the global forefront of the struggle for prevention and care." However, unlike the historic struggles against leprosy, the church has failed to visit and care for the sick.

Third, Wesley stressed compassion, not condemnation, of persons who were ill. Wesley's own perspectives on sexuality were reflective of his own time and culture.^{xvi} We do know, however, that compassion, not condemnation, seemed to be the primary motif of his life. This is evidenced by the criticism he was willing to bear in the Oxford Club when he came to the defense of young Blair who had been imprisoned for "sodomy."

Lack of compassion and inaction in the Christian community to the global AIDS crisis stems in large part because of the church's negative attitudes toward homosexual persons. Gay men suffered the first major wave of the epidemic in Europe and the

United States. Now HIV/AIDS has become an “equal opportunity” disease, and is transmitted primarily among heterosexuals. Married women in the “two-third’s world” are now the most vulnerable to contracting HIV/AIDS. Still Methodists show few signs of organized compassion and care.

Fourth, Wesley believed love was the way of salvation. It is clear that John Wesley’s interest in visiting the sick, praying with the ill, providing medicine and health care, and reaching out in compassion was rooted in his profound belief that love was the way of salvation. “Wesley felt certain that the way of love brought healing to the soul,” says Holifield. “He also thought that it could bring health to the mind and body.” Therefore, Wesley could speak of love as the “medicine” of life, the “never-failing^{xvii} remedy” for all of life’s miseries.

Fifth, Wesley emphasized the hope of a “new creation.” Despite the overwhelming signs of despair evident in the society, Wesley did not succumb to despair. He was an apostle of hope believing that “the great Creator made nothing to be miserable, but every creature to be happy in its kind.”^{xviii} Wesley believed creation was good and that we were called to be stewards of the good bodies God had given us. John Wesley conceived God’s “new creation” as a coming time of transformation of all things. Holifield notes that:

“In the new creation, there would be no sickness, no pain, no death. Hence the struggle against sickness, pain, and death anticipated the larger end of creation, and that larger end continually informed each individual journey.”^{xix}

In light of the unfolding tragic pandemic of global AIDS, finding rays of hope becomes increasingly difficult. Yet persons struggling with HIV/AIDS look to faith communities to provide a vision of hope to help them face the pain, suffering, and likely early death. Plus persons living with HIV/AIDS look for spiritual strength to deal with the added stigma and discrimination inflicted by an uncaring world. They look for a people of prayer and care. What the world needs is what Gordon Rupp called Wesley’s “optimism of grace,” which he based on the “new life God has in store for the whole creation.”^{xx} This “therapeutic grace” emphasizes the healing power of love for both body and soul.

Sixth, Wesley was a champion of social justice, but did not wait for the political authorities to act. Wesley had no hesitancy in chastising governments and society for their failures. Likewise Methodists today are called upon to challenge governments to respond more fully and actively to the Global AIDS crisis. The new Global AIDS Fund established by the United Nations languishes for lack of funds. Clearly \$10 billion is required, yet governments and private entities are slow to respond.

“But” as Theodore Runyon notes, “Wesley did not wait for the government to act. Ministering to the poor and their needs was part of the job description of every Methodist. They were not simply to wait until the poor came to them, but were to seek them out.”^{xxi} If that is the Methodist mandate, why have not Methodists everywhere formed action agencies designed to reach out in healing ministries to persons living with HIV/AIDS? Why are programs specifically focused on global AIDS still the exception rather than the rule among contemporary followers of John Wesley?

Methodists, at the local, conference, and global levels, need to respond imaginatively to this global emergency. Educational programs at all levels of the

church, supporting orphan outreach programs, speaking out for global social justice in health care programs, and participating in volunteer mission programs are but a few examples of what can be done.

Seventh, Wesley sparked a major movement of behavioral change among the people called Methodists. Just as people must change their behavior in order to prevent and eliminate AIDS, church leaders also must change their own behavior. Compassion, not condemnation; involvement, not indifference, must prevail. The days of denial and discrimination must end. Global AIDS education, prevention, treatment and care must become a priority agenda in the church's mission. This is not a "liberal" or an "evangelical" issue, but a call by God to respond to an urgent human crisis with the healing spirit of Jesus Christ.

The spirit of Methodists who founded hospitals for the poor must be recovered. "Christian" hospitals in some parts of the world currently do not welcome persons with HIV/AIDS. Literally, they are told "there is no room in the inn." Others see them as a major cost and inconvenience. Behavior change is required so that the poor and suffering are not seen as charity patients but as "guests of the Church."^{xxii}

Eighth, Wesley's understandings of Christian perfection prompted him to expect Methodists to be deeply involved in the world. Perfection did not mean fleeing from conflict or controversy, but to be in the forefront of the struggle for life over death, healing over illness, comfort over pain. In A Plain Account of Christian Perfection, Methodists can find a summons for constructively engaging in combating global AIDS. Wesley wrote:

Beware of sins of omission; lose no opportunity of doing good in any kind. Be zealous of good works; willingly omit no work, either of piety or mercy. Do all the good you possibly can to the bodies and souls of men.^{xxiii}

Global AIDS: A Time of "Kairos"

Several years ago Christians in South Africa issued a famous document based on the *kairos* of apartheid, calling God's people everywhere to join them in the battle against racism and segregation and violence. The thunder and lightening of that proclamation forced Christians worldwide to re-think their attitudes and to renew their political, social, economic and missional activities. Apartheid was labeled a sin and abolished; democracy dawned and a new day launched.

Now the South African theologian Ronald Nicolson argues that global AIDS is "a time of kairos" that "will, or should change the way we think about God, about Jesus, about the church, about life and death and sexuality." Another South African theologian, Bonginjalo Goba, says the AIDS epidemic leaves us with more questions than answers, challenging: ". . . all our philosophical or theological presuppositions. To encounter those who have openly come to terms with the challenge of AIDS is to participate in a deep spiritual pilgrimage which attempts to redefine the ultimate meaning of human existence."

The church of John Wesley is very late in getting involved, but for the sake of its own salvation, now is better than never. As an African proverb suggests, "The best time to plant a tree is 20 years ago. The next best time is today."



Without question this essay is offered without apology as an advocacy for Christian involvement in addressing global HIV/AIDS, believing that God is calling us to join in this divine mission. The very soul of the church is at stake, if we fail to reflect both the deepest values and vision of Jesus, the Great Physician, and our founder, John Wesley. In a world strewn with orphans and widows, it is incomprehensible that Bible-believing folk would stand idly by, letting the numbers of orphans and widows multiply and suffer alone. In a world where 40 million are infected and most are destined to die premature deaths, surely Christians will respond if they hear anew Jesus saying:

"I was sick and you took care of me," and "... just as you did it to one of the least of these my brethren, you did it to me." (Matthew 25: 36 & 40)

The pen-ultimate questions are "What would Jesus do?" and "What would John Wesley do? and "what should Methodists do?" The ultimate religious question, however, is "what will I do?" as a Christian in light of the global AIDS emergency?

Only if people get treatment will they get tested for HIV
(Mandela)

Bishop in Africa - You either a theol. of condoms or you have a theol. of coffins.

Daudala, The Meth. Response to HIV/AIDS in Southern Africa

73 Annual Comfs last year passed resolutions but ~~no~~ no resolutions on AIDS.

In a few years there will be more AIDS in India than in all of Africa.

Global AIDS is causing us to rethink mission.

SAfr. Meth issued poster making ~~us~~ by all churches

"The Church is AIDS/HIV infected."

Importance of supportive structures for health workers so demoralized by their failures. They know their patients ~~are~~ are all dying.

ENDNOTES

ⁱ Similar to Questions for the Twenty-First Century Church, edited by Russell E. Richey, William B. Lawrence, and Dennis M. Campbell (Nashville: Abingdon Press, 1999), this essay carries a question for a title. As Richey, p. 2, notes, "question-titles" typically indicate only one of the central motifs in an essay but they do assist in helping looking at a topic in a fresh way.

ⁱⁱ United Nations, "Declaration of Commitment on HIV/AIDS."

ⁱⁱⁱ Gerald J. Stine, AIDS Update 2002 (Upper Saddle River, New Jersey: Prentice Hall, 2002), p. xxii.

^{iv} Sabin Russell, "Drugs, Contraceptives Failing to Conquer Virus; Many Tools Are Low-tech, Underused," San Francisco Chronicle, July 12, 2002.

^v George F. Will, "The Last Word: AIDS Crushes A Continent," Newsweek (January 10, 2000), p. 64.

^{vi} A physician preached his funeral service!

^{vii} E. Brooks Holifield, Health and Medicine in the Methodist Tradition: Journey Toward Wholeness (New York: The Crossroad Publishing Company, 1986), p. 30. Holifield provides a comprehensive review of John Wesley and the Methodist movement regarding these issues. See also Wesley, "Plain Account of the People Called Methodists," Works 5:187; A. Wesley Hill, John Wesley Among the Physicians (London: Epworth Press, 1958, pp. 1-12, and Harold Y. Vanderpool, "The Wesleyan-Methodist Tradition," in Caring and Curing: Health and Medicine in the Western Religious Traditions (New York: Macmillan, 1986).

^{viii} Holifield, p. 30.

^{ix} Holifield, p. 47.

^x Wesley to Christopher Hopper, November 20, 1769, Works 6:788. Wesley published his first medical tract in 1745 A Collection of Receipts for the Use of the Poor, in 1769 Advice with Respect to Health, and in 1774 An Extract from Dr. Cardogan's Dissertation on the Gout, and all Chronic Diseases.

^{xi} G. S. Rousseau, "John Wesley's *Primitive Physick* (1747), Harvard Library Bulletin 16 (1984): 242-56.

^{xii} Kalpana Jain, Positive Lives: The Story of Ashok and Others (New Delhi, India: Penguin Books, 2002), p. 36.

^{xiii} Cited by Holifield, p. 23.

^{xiv} Holifield, p. 23.

^{xv} M. Douglas Meeks, ed., The Portion of the Poor (Nashville: Kingswood Books, 1995), p. 10.

^{xvi} See Holifield, pp. 133-159. For example, "Wesley shared the popular eighteenth-century medical and religious conception of masturbation as a dangerous form of self-abuse." He even wrote a treatise on the subject, A Word To Whom It May Concern. This approach dominated Methodism until 1931 when Leslie Weatherhead published the popular book, The Mastery of Sex Through Psychology and Religion, and concluded "the act in itself is neither moral nor immoral."

^{xvii} John Wesley, "Earnest Appeal," Works 5:5

^{xviii} John Wesley, "Of Evil Angels," Works 3:140; Wesley, "Spiritual Worship," Works 2:183.

^{xix} Holifield, p. 12. See Wesley, "The New Creation," Works 2:84-87.

^{xx} Theodore Runyon, The New Creation (Nashville: Abingdon Press, 1998), p. 26, and Gordon Rupp, Principalities and Powers (Nashville/New York: Abingdon-Cokesbury Press, 1952), pp. 90-112.

^{xxi} Runyon, p. 189.

^{xxii} See Holifield, p. 55.

^{xxiii} See A Plain Account of Christian Perfection in response to Question 35.