

## The Minister in the Sick Room.<sup>1</sup>

I AM glad that my subject is not "The Minister in his Sick Room," for my experience of Ministers in such places is that they are handfuls, and big handfuls at that. In fact, there is only one worse class of patients, and that is Doctors. I suppose it is because there is a bit of "Athanasius contra mundum" in both of us.

First, let me say that I feel that this subject is one of the greatest importance, for I am sure that sick visiting is one of the most fruitful parts of a Minister's work, the mighty results of which will never be known till the books are opened. Also, I feel very inadequate to discuss it, especially before such an august, learned and experienced gathering. Surely it seems like carrying coals to Newcastle.

In order to be a good sick visitor, a Minister should always remember that he is a Minister and not an amateur Doctor. A little knowledge is always a dangerous thing, but it is a hundred times more true in medicine than in anything else. He should sternly resist every temptation, however wheedling the patient may be, to discuss symptoms, to suggest remedies, even domestic ones, and, above all, to discuss with the patient cases which he thinks are similar to the one before him. Untold harm has been done in this way. False hopes have been raised with devastating consequences. The patient has often been misled and often badly let down. A much more serious result is that that confidence in the Doctor which is the prime foundation of success in treatment has been undermined. I have known men going to visit a patient suffering from obscure abdominal symptoms, and saying: "Oh yes, I had an Aunt whose case was just like yours, exactly the same symptoms; they tried everything but, poor body, she got worse and died of cancer." "And so shall I," the patient thinks, "the Minister said so." And she curls up her legs and gives up hope straight away. If you seriously think any change in the person's treatment is desirable, always consult the Doctor, and let him carry it out.

I said just now that sick visiting was one of the most fruitful parts of a Minister's work, but if it is to be really and eternally fruitful, due preparation must be made for it. I have seen a Minister, after half an hour's rest and smoke after dinner, a very right and proper thing to do (the first, at any rate), get up and kissing his wife, another very proper thing to do, say, "Now I must be off and look up some of my sick folk," and, putting on his hat, has been out of the door almost

<sup>1</sup> Read at the Walsall and District Ministers' Fraternal.

before he could pull his greatcoat properly on. He may in this way "look up" his sick folk, but he will never lift them up. We cannot give out what we have not received, and before we go out to help others, we must be helped ourselves. Human accumulators run down quicker than zinc ones, and if ours are exhausted, the heavenly music of God's wireless will never come through us to those we visit. I would urge all to have a few minutes' quiet alone with God, seeking that guidance, receiving that power which He is so willing to give us when we ask Him, freeing our minds from our personal cares and worries by casting them on Him, before we sally forth to shepherd His sheep, and to pass His love and power on to others.

There are five general principles which should be observed in sick-visiting.

1. *SMILE*. Bring sunshine in with you, even if it is a November fog outside. Don't depress the patient at the beginning by grousing at the weather. He can't help it, poor chap. Solomon was never wiser than when he said, "A merry heart doeth good like a medicine," and, unlike most medicines, it is a very pleasant one to take. Remember you are probably the only cheery one the patient will see that day, his friends being too worried, weary and depressed. I have a thousand times felt that I have done far more good by making my patient smile during my visit, than by the bottle of medicine which I sent him afterwards. I have heard patients say scores of times of a certain Doctor I know, "His face always does me good," (and he isn't all that good-looking either), "his smile always makes me feel better."

"If a smile we can renew, As our journey we pursue,  
Oh! the good we all may do, While the days are going by."

2. *GRIP*. Yes, a hearty shake of the hand. Only make sure that it is not a case of rheumatism. I speak feelingly, for since I was ill with it more than one warm-hearted brother caused me no small pain for some time after he had gone, by his hefty grip. But even that is better than the cold, damp, flabby paw-touch, that is all some people seem able to give. It was Peter's hearty grip as well as his faith that lifted up the lame man and set him on his feet. There is something wonderfully helpful and encouraging in a warm brotherly handshake. It gives a heart-warming glow of fellowship. It secures the hawser to the storm-stricken ship, and so enables you, as the tug, to tow her out of danger into calmer waters. Or, to change the simile, it throws a bridge across the gulf between you and the sufferer and makes intercourse and exchange of thought and feeling easy. Many Ministers seem to belong to the heavy Garrison Artillery, they only fire off their six-inch or twelve-inch howitzers

at regular intervals, and at such long range that only the angels flying above can record the hits. No, although the Royal Garrison Artillery work is necessary, it is the hand-to-hand work that decides the battle, takes prisoners, wins the victory and calls forth the greatest courage and grit. Every Tuesday I used to see a dear old saint of ninety-eight and a half years of age. She was the cheeriest Christian I have ever known. Her face was full of heaven's glory, but she was so deaf that it was impossible to talk to her. I just held her hand as I sat or knelt by her bedside, and that simple loving contact gave her great peace and joy and conveyed a great blessing to me also.

3. *PRAY.* Not as a matter of form, but from your heart. Never forget you are there not merely to amuse or interest the patients, but to bring God in all His love to them. You are His ambassador and often the only one they see. To do this, to revive faith, to bring power into that stricken soul, you must connect up with the only source of power, and you can only put the plug in by getting on your knees, even if you have to kneel on your boot. I have many times heard people say, "Oh, Mr. So-and-So called to-day, he was very nice but he never prayed, and I did want help so." There is nothing more bracing than God's own heaven-born air, that "vital breath" that we sing about, and when we get on our knees, we open the windows wide for it to blow in straight from God's mighty ocean, to our patient's weakened soul. Such prayer must be short and to the point, not telling the Lord what He knows about the patient far better than we do. Nor, as a dear old Minister I once knew used to do, summarise the contents of that day's paper before he got to business. It may have interested the Lord, but it tired out the sufferer. Let our prayers be as full of common sense as of grace. Spiritual telegrams, in fact, which always secure a more speedy answer than a prosy letter would. I shall never forget an experience forty-eight years ago. We had only been married a month, and life was a very hard struggle in those days, though perhaps people did not think so. One day, the Rev. George Russell, one of God's choice saints from a neighbouring circuit, called to see us. It was purely a complimentary visit, for we were both quite well, but he prayed with us, and both my wife and myself had such an uplift and blessing that carried us over many troubles for months to come, and even to-day is a very blessed memory.

4. *GO.* Don't stay long. Short and sweet. Never overfeed people with food, sermons or visits. Leave them hungry for the next meal. Invalids are very easily tired, especially where there have been two or three previous visitors, each of whom has depleted the sufferer of some of his scanty store of strength.

Some people have no idea of time, and when once sat down, especially in a sick room, nothing short of a red-hot poker will disturb them. There is always plenty to be done in a sick room which you may hinder by lingering. There should be no talking to other people in the sick room. Trying to follow such conversation is very tiring to the patient. Except in urgent cases, visits should generally be made in the afternoon, when there is less activity in a sick house than in the mornings. I can truthfully say that in my late illness, when I had three months in bed, whilst I was delighted to have my friends come and see me, I was equally glad when they left.

5. *RETURN.* Come again. It is a trouble, but it is worth it. Small doses and often are frequently more effectual than large ones at longer intervals. A proper system, with a visiting list like a Doctor's, will help greatly in this way. It will prevent oversight and neglect and may save you from the rebuke that an old lady gave to a Minister whose hobby was Fungi, and who, having missed her for some weeks, was met, when he did go, by the unkind remark, "If I'd been an ugly old toadstool in a dirty ditch, you'd have been here long ago." It also corrects that failing to which human nature is so prone, to give attention to our nicer and better-off people. It also enables you to say when probably your next visit will be, and as anticipation is often a very enjoyable part of a treat, you will give the invalid that added pleasure.

Now a few words on special classes of patients which require special treatment.

1. Patients who are dying and who know it, as in accidents. In the War, when Bishop Taylor Smith, Chaplain General to the Army, was examining candidates for commissions as Chaplains, I am told he used to pull out his watch and say, "Here is a man brought into the C.C.S. He has two minutes to live, how would you prepare him for the next world?" The answer he wanted was, "Believe on the Lord Jesus Christ and thou shalt be saved." Or, "In my hand no price I bring, Simply to Thy cross I cling." And I don't know that you could do better. I have often tested both of these with blessing.

2. Patients who are dying, and who don't know it. I think I may say from my fifty years' experience that quite ninety per cent. of people die without realising it. Of course, some, especially in T.B. cases, won't know it. Such have often declared to me two or three days before death, that they would be at work next week if the weather held good. In these cases, which constitute a most difficult problem, it is best to feel your way gradually and gently, and while there is time to stress the joy and blessing of living for Christ. If we can get them right on

that, the dying will take care of itself. It is most important not to take hope away, that sheet anchor of the soul and of the mind. If challenged as to the probable issue of the illness by a patient, remember you are not in a position to give an opinion. If you are desired by his friends to inform the patient, then the truth must be lovingly and gently told. The Roman Catholics are very strict on this point, and again and again I have been pestered to give a definite opinion when it was impossible to do so. I have sometimes wondered which were the greater sin, to let them die without "extreme unction" or to let them have their "pass to heaven," and then get well and sin again. Each case must be decided on its own merits after consultation with the Doctor and friends. A patient who has been religiously brought up, of course, can be dealt with very differently from one who is absolutely ignorant of religion and of religious terms. I have often regretted the waste of good thought and effort in sermons. So many theological words, perfectly familiar to the preacher and to advanced Christians, are utterly unintelligible to the "man in the street." When you really come to go into the matter, it is surprising how ignorant even well-educated people are in this respect. I once taught in a Ragged School in a London slum, and was trying to show the boys that if they did wrong, God would punish them, but made no impression till I found out and used the local slang term that God would "pay" them if they lied or stole, a truth they at once grasped and remembered. A bit of real experience, your own or someone else's, or a telling illustration, will often let the light into a darkened soul, which technical or even plain scriptural words would fail to do.

3. Acute cases. Remember you step into the midst of a strenuous fight. Cheer the combatant, but don't take half an ounce of strength from him. Two or three bright words, a breath of prayer, all should be over in three or four minutes by the clock, at the outside, and you outside the door, too.

4. Convalescent cases. Here Hope is the lady to take with you when you go visiting. Her gracious presence will work wonders, and you can't take her too often. It's a good thing to get these patients to see that activity is not the end-all of life. By far the largest number of railway trucks are not rushing about the country made up in trains, but are standing in sidings. They are there either to unload or to load up with something else, and it is for one or both of these purposes that the patient is shunted on to his present siding. Four years ago I had three months in such a siding, but during that time the Lord took a good deal of pride and self-satisfaction out of me, but only to load me with many and rich manifestations of His Love, and

to teach me some of the things I am trying to pass on to you. John Bunyan is not the only man who has been blessed by an enforced holiday in Bedford Gaol. With all, but especially young people, it is of vital importance to win first their confidence and regard by finding out what their hobby is, or what specially interests them. To be thoroughly up in football lore is a great asset, and the study of the Saturday Sports paper is not to be neglected where you have a lot of young men to deal with. I speak from experience. I should never have been led to Christ when I was thirteen if it had not been for the tact and skill of the Rev. George Eddy. He found out that I was very fond of ships, and in his youth he had served for a month on a frigate in some Naval Militia in Jersey. Every time he saw me he talked not religion but ships, and when, after three months, he had completely won me over and bound me to him, he turned his guns on me and in three days I surrendered my stubborn will, a willing prize to Christ.

5. Chronic cases. These are the hardest to deal with and call for all the tact and patience that God can give us, as there is so little hope of improvement. The great thing is to get the sufferer to look up and not in. Reading a Psalm (not a blood-thirsty one), or one of John or Charles Wesley's glorious hymns, such as "Now I have found the ground," or "Jesu, Thy boundless love to me" will do more good than cheery chat. Get the patient to see that the beauty of the sky, especially at sunset, is due to the clouds, and when these are touched with the rays of the love of God, their darkness glows with golden splendour and becomes a joy to all. Life would be a terrible Sahara if there were no clouds, and many a barren life has been made fruitful by their refreshing showers, and many a dull life glorious by the heaven-lit beauty of God's love shining upon them. In these cases the wireless is an immense boon, and the services and talks provide good jumping-off places for helpful and pleasant chats with suffering folk. In lingering cases encourage the patient to try all he can to keep in active use all the powers of mind and body, or the little he has will soon atrophy and be lost. The Fibrositis, from which I suffered for the last five years, would have permanently crippled me if I had not fought it resolutely and continuously by using every muscle I could. I wrote, I sewed, I darned, I played the piano (when no one was listening), the Pianola, I chopped wood, put screws in and took them out again, printed, etc. In those most tedious surgical cases of T.B. spine and hip disease, try to interest the patient in some form of reading of solid value. Suggest books of his mental standard, sandwiching them with lighter reading. Short talks on these will not only be pleasant but distinctly beneficial.

Another line is birds and their habits, with an improvised bird table fixed outside the window, plentifully supplied with bread crumbs and water, and in winter with lumps of fat, cheese, nuts, etc. Two sparrows may only have been worth a farthing in the market, but hopping about under your nose they can be very lively and entertaining company.

Here let me say a word for the regular administration of Our Lord's Supper to these invalids. Some Ministers (unconsciously, I think), seem to reserve this means of grace for patients about to die. One of those curious traces of Romanism, which still survive even in sturdy Protestant hearts. Surely it is especially a service for the living and suffering. I know of nothing which more effectively dispels that terrible sense of isolation from the Church life than this does. It makes these lonely souls feel that they are still a vital part of the family of God. If, as well as the patient, the other members of the household, servants included, who are believers, are invited it adds greatly to the power and blessedness of this service and makes it a real communion of saints.

6. Imaginary invalids. These are the most dangerous cases to deal with. They must be visited, but I should always have a third person present or close at hand. There is nothing so difficult as to lift these sufferers out of themselves. It calls for tenderness as well as firmness. Never forget that patients with hysteria really suffer; they are not conscious shamers or imposters. Here a strong personality can often do good, but, my friends, beware of dabbling with psycho-analysis; it leads some people on the road to Endor. Although it is a very fascinating study for research, it is even now in its infancy, as we can see by the way the Freudians, who once held the field, are now not quite so fully recognised. Nor is it necessary to know the "why and wherefore" of its secret processes to be able to encourage and enhearten weak and suffering minds. Long before the analytical chemist had found out and explained its scientific rationale, iron smelting was very successfully carried on. So the Minister, by conversation and the Spirit of God, can get there, though it will be many years before the science of this power is fully understood.

7. Hospital patients. Here, of course, one has to follow carefully the rules of each Institution. It is well to secure beforehand the goodwill of the Resident Medical Staff by free and friendly camaraderie. A wise man will also secure his welcome by the Sisters and Nurses of the ward by his genial and considerate thoughtfulness for the needs and requirements of their arduous and constantly changing responsibilities. Visits to patients in general wards must of necessity be brief, but

they can none the less be full of cheer and help, not only to your patient, but to others around him, who may benefit far more than you think. More than one arrow from a bow "drawn at a venture" has found its mark.

In conclusion, I have been asked to say a word or two on "How to keep well when sick visiting." There are three fundamental rules of health.

1. Keep your feet dry and warm. Have good boots. Ministers should have thick soles as well as tender souls.

2. Clean hands. Never eat without washing your hands. Soap and water, especially if hot, make a model cemetery for most germs.

3. Keep your mouth shut. Mouths should be kept closed except at meal times. Of course, in the pulpit they must be opened, but not for too long then. What goes into a man may not defile him in the scriptural sense, but it can make him mighty bad and unhappy. Our noses, not our mouths, should be used for breathing purposes; they are specially fitted to filter and warm the air before it reaches the delicate larynx and the vital lungs. Other points are, to breathe deeply when you get into the fresh air after leaving a sick room. After going to an infectious case it is wise to gargle your throat with salt and water, a teaspoonful to a pint. Don't worry about your own health, or about catching this, that or the other disease. The Doctor visits all kinds of infectious cases, but very rarely catches anything. The surest way to become ill is to think and worry about what you may catch. Don't be foolish, but having taken all reasonable precautions, keep a happy mind, and trust in God to keep you fit to do His work.

I will sum up what I have said by giving you the text of my sermon last instead of first, as you do. It is this: "Put yourself in the other chap's place."

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