

infectious disease, and there is the risk that this may be communicated to their patients by the nurses who perform the last offices. We go even further than this, and say that it is no part of the duty of nurses to place in their coffins bodies upon which a post-mortem examination has been performed. This work should be done by porters, under the supervision of a sister or head nurse. House surgeons, as a rule, are not allowed to perform post-mortem examinations, and then attend surgical patients. On the same principle nurses should not handle bodies of persons who have been dead for days, and then dress surgical wounds. In fact, no surgical nurses should be allowed to enter a mortuary at all. In addition to this, the removal of heavy bodies may be much more suitably performed by men than women.

A good arrangement is that the out-patient sister, or nurse, on the medical side, should accompany the bier or coffin to the ward and receive the body from the ward nurses, whose responsibility for it then ceases. She should supervise, but not perform, the work of the mortuary, and should in every case be present when a body is removed by the undertakers. It should also be part of her duty to see that the bodies are labelled with the name and age of patient, and date of death, when they are sent down from the wards, and that this label remains intact. Every now and then a case is reported in the papers in which the wrong body has been removed from a hospital by relatives, and even buried, instead of the one which should have been handed over to them. When such a case occurs it will generally be found that the mortuary is not in the charge of a responsible nurse, or even that the undertaker has been allowed to remove a body without any official being present. Only by such personal supervision on the part of a responsible nurse can the mistakes which from time to time occur as to the identity of bodies be avoided.

With regard to provision for the reception of bodies of persons who die outside hospitals and infirmaries, there is no doubt that every parish should have its own mortuary. We may add that we should like to see a woman employed as attendant at every parish mortuary. We are glad to notice that the Chichester Guardians decided that their workhouse should be used as a mortuary only under exceptional circumstances.

## Annotations.

### THE NURSING OF THE SICK AT SEA.

WE print in another column a letter from Miss Mary H. Kingsley with regard to the maintenance of hospital cabins on passenger ships. This is, we consider, an excellent suggestion, both for the well-being of the sick and the safety of the healthy. To give only one illustration. Patients are often invalided home with dysentery. Not unfrequently cabins open directly into the dining saloon, and if the patient is unable to leave his berth, all the excreta must be carried through the saloon, not only a disagreeable and unseemly necessity, but also one which subjects other passengers to the risk of contracting this serious and infectious disease. Again, the average cabin, even that provided for first-class passengers, is not notable, as a rule, for efficient ventilation, one small port-hole being considered ample for any cabin. The fresh air, so essential in the recovery of the sick, is therefore unobtainable, unless a deck cabin (costing half as much again as first-class fare) is secured, and this is an unattainable luxury to those whose means are limited. We cannot too strongly reiterate our belief that all passenger ships should carry a trained nurse and also the ordinary requisites of a sick room, for lack of which those ill at sea frequently suffer much needless discomfort. The writer has seen, happily not on a British line, a passenger confined to his berth by dysentery, absolutely neglected by the ship's doctor, who held that the care of sick passengers was no part of his business, until finally, another passenger who was qualified as a medical man, took compassion on him. But a doctor could not perform the work of a nurse, and the sight of this sick man after a day's coaling at Aden, covered with coal-dust, a condition in which he would have remained had not a passenger taken him in hand, is one long to be remembered. The discomforts of the voyage to that man were extreme, and it is not too much to say that, but for the kindly attentions of other passengers, he would have died on the way home. Instances like the foregoing might be multiplied, and point to the urgent necessity for the establishment of hospital cabins, with trained nurses in attendance, on at least the principal liners. There is no doubt that such provision would be welcomed by many sick passengers, and would be the means of saving life.

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