

also a fact that relations frequently leave their dead to the care of strangers, as soon as they have reason to believe that the act of death has really taken place.

We believe that it would be of great advantage if the primitive custom of watching the dead were more largely observed than is the case at the present time. The risk of burying a living person would then be much less than is now the case, and also it seems only natural that, so long as our dead are with us, we should wish to spend with them as much as possible of the short time that remains to us.

The reason that many people shrink from the death-chamber is, we believe, that so often its arrangement is repulsive, and repugnant to their feelings. But this need not be the case. It is, in fact, a relic of the Puritanism which, in its honest wish to abolish the abuses which had arisen from the laxity of mediævalism, swept away also much that was primitive and Catholic. If the body be disposed reverently and suitably, flowers arranged upon the bed and about the room, and the fresh air admitted, there is no reason why relatives should not visit the room as a matter of course. A crucifix at the head of the bed will speak of the hope of our salvation, and lighted candles remind them of the immortality of the soul.

Such visits will, we believe, be both beneficial, and comforting, to the mourners. It is well that we should at times consider the fact that our own dissolution is, in the natural order of things, inevitable. If also we believe that the soul progresses after death, that its severance from the body does not carry with it the capacity for the fulness of holiness to which we believe that it will eventually attain, then we must of necessity believe that our prayers may help the dead as they help the living—*how* we do not know, but, nevertheless, certainly and surely—and our natural instincts, as well as our religious beliefs, prompt us, to help them in this way. Our prayers, then, are surely most naturally offered by the side of the body which is still with us, and we shall wish to spend as much time as possible in its presence. An hour at a time is perhaps long enough, but matters can be so arranged that relations and friends shall relieve each other at the end of this time, and so a constant succession of visits to the death-chamber be kept up.

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SURGERY SYSTEMS.

AT King's College Hospital there are no beds in the casualty department. Any doubtful cases are admitted to the wards, an extra bed being put up if necessary. Both the casualty and out-patient departments are, during the day, under the control of the sister of an accident ward on the same floor. This ward has only fifteen beds, and the staff nurse is on duty in the out-patient and casualty department from ten a.m. to six p.m., and available at other times if wanted. There is always a senior probationer in the ward, and a sufficient number of junior ones. At night the night superintendent is informed if any case comes in, and a probationer is at her disposal if necessary. The number of casualty cases in this hospital is not so large as in many others. It is chiefly a hospital for operation cases, many being sent up from the country to be under the surgeons there. Last year there were seven hundred operations in the general theatre alone, and this did not include gynæcological, ophthalmic, aural, and other special cases. Miss Monk is of opinion that in any hospital in which the out-patient and casualty departments are not large enough to need the entire services of a sister, they are most efficiently supervised in conjunction with a ward. It will be of interest to those who have experienced the difficulty of arranging for the effective supervision of the out-patient nursing staff in a small hospital, to learn how this is managed in a hospital which ranks so highly for good nursing discipline as King's College Hospital. A possibility at once suggests itself, however, of the conveyance of infection from the out-patient department to the ward when the nurses are interchangeable, but Miss Monk thinks that "the proof of the pudding is in the eating," and this contingency is not one to be reckoned with as a practical difficulty.

ST. GEORGE'S HOSPITAL.

At this hospital the casualty department is under the care of a sister, with a probationer working under her. They attend to the female side only. The men are attended by a porter. There are four couches, two on the male side and two on the female side, where patients can lie down for a few hours if desirable, but any case which it is considered desirable to retain for the night is admitted to a ward. There is a night nurse told off for casualty duty who works in one of the wards when her services are not needed in the casualty department. There is a room where infectious cases can be isolated until they are removed.

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