

LESSON THREE

VISITING THE SICK.

WHETHER a minister may or may not frequently call on his people at large, in pastoral visitation, no ordinary circumstances can excuse his neglect of the sick. The sick room and the house in sorrow constitute an imperious demand upon his sympathies and his services. It is his duty, as the shepherd of the flock. It is one of his broadest and most inviting fields of usefulness.

It is undoubtedly true that not a few ministers dislike and shrink from this department of their work. They claim that they are not adapted to it, and cannot do it profitably. While it is true that visits to the sick and dying may impose a painful obligation on some, especially young men, yet it can scarcely be doubted that where such service seems repugnant, it is rather for want of a deeper and more fervent piety, to bring the soul into a closer spiritual sympathy with the suffering. The minister of Christ who has the spirit of his Divine Master and of his sacred calling, can carry the gospel as glad tidings to the sick room, as well as proclaim it from the pulpit. He will be a blessing, and will himself be blessed by such a ministry. He can never be in full fellowship with his calling until he can be the messenger of

consolation to the sick and dying. Such, let every minister become.

1. Visits to the sick should be brief. How brief, circumstances must determine, judged by the good sense of the pastor. Protracted calls would consume too much of his own time, and too much of the time of the family, while they might harm rather than benefit the patient.

2. As a general rule, it is better to visit the sick during the forenoon, since they usually feel better, and are stronger to bear any excitement in the early part of the day. This is particularly true if they be very feeble.

3. Much of the advantage of pastoral visits depends on the deportment and manner of the minister. He should approach the sick gently and quietly, with a pleasant countenance, and with kind and gentle words. No true Christian gentleman will approach a sick-bed in a rough and boisterous manner, and with a loud voice, as destitute of sympathy as it is of courtesy. Nor should he come with a melancholy countenance, or with doleful and depressing words.

4. The minister must remember that his visit is to be a religious visit. It is for that purpose he is expected and desired to call. His conversation should therefore be of a religious kind—hopeful, gentle, and inspiring. No disinclination on the part of the sick should prevent faithfulness in this respect, on his part.

5. In many cases, especially of the unconverted, it may be desirable for the minister to ask to see the

sick alone ; since they may show their true religious state, and converse on religious subjects more freely alone than in the presence of others.

6. Persons very feeble should not be required to talk much. The effort, mental and physical, of conversing, and even of answering many questions, may be very exhausting. They can listen to conversation when they cannot converse. But if they desire to make statements, they should not be hindered, however feeble.

7. The minister should practice no deception on the sick, either as to their spiritual condition or in regard to the prospect of their recovery. It may not be best to express one's greatest fears as to recovery, but the sick should not be deluded with false hopes. The souls of backsliders and the unconverted should be dealt faithfully with—though always in kindness.

8. Prayer should almost always be offered ; in which the condition of the sick can be mentioned, with even more plainness than in conversation. It should be brief, tender in spirit, and gentle in tone ; and should embrace the members of the family, according to their condition, as well as the sick. Whether the whole family, with attendants, should be present at the time, must depend on circumstances. Sometimes this is impracticable. Sometimes it is better for the sick that but few should be present, to vitiate the air and confuse the sufferer.

9. A few brief and appropriate portions of Scriptures may well be read, preceding prayer ; or what would prove quite as profitable, and perhaps less tiresome to the patient, let these appropriate portions be

repeated in the conversation; to which brief comments may be added. Short, selected portions—single verses, well chosen—will meet the condition of the sick better, afford more instruction and comfort, and be less tiresome, than entire chapters, or long continuous portions. The mental effort necessary to follow the reading of long passages is very considerable, especially if it be read rapidly, or indistinctly; and is quite too much effort for a very sick person to make.

10. It is fortunate if the minister can sing. If he can sing well and wisely, his presence will be a special benediction in the sick-room. Song, soft and sympathetic, inspires devotion, carries truth to the heart as well as to the judgment, helps to lift the soul into a spiritual atmosphere, and performs a ministry peculiarly adapted to such a service. But, better no singing than bad singing.

11. The whole manner, deportment and utterance of one who visits the sick, should be calm, cheerful and serene, assuring and not agitating the patient. A noisy, harsh, and blustering deportment is as cruel as it is discourteous, in the sick-room.

12. The minister should be very careful and not intrude upon the province of the physician. Most people have some favorite remedy of their own, for almost every ill. From their great familiarity with sickness, ministers necessarily obtain considerable knowledge of diseases and remedies. But they should carefully avoid playing the doctor. Their sphere is chiefly spiritual. They may safely second the physician's counsels as to careful nursing, pure

air, quiet surroundings, if there seems to be need of this. And if thoroughly satisfied that the sick are not receiving proper medical treatment, they may at times, no doubt, advise a change, and the procurement of a competent physician to attend them.

13. Clergymen in visiting the sick-room should avoid every possible condition of annoyance and discomfort to invalids. If their clothing be damp, the outside garment should be laid aside, or they should sit at a prudent distance from the bed. If the hands be very cold, avoid taking the hand of a very feeble patient. Some clergymen who use tobacco—what no clergyman ever should use—are so thoroughly saturated with its fumes, as to offend and almost nauseate even the well, much more the sick, whom they approach. Cases have been known where the sick and dying were obliged to exclude from their presence their own pastors, because the stench of tobacco upon their persons was unendurable, in their feeble condition.

14. The pastor will often—especially in cities and large towns—be called on to visit the sick in homes of poverty and want; perhaps in habitations of squalor and degradation. He must, so far as is in his power, preach to such a gospel of food and raiment, as well as a gospel of repentance and faith. Let him, as he is able, of his own personal means, relieve the wants of the sufferers. But he should enlist the kind services of the generous, to minister to such sufferers. Such charities will be doubly blessed: to those who give, as well as to those who receive. It will give the minister greater influence in spiritual work, among such families.