

now. Nearly every society is calling for nurses, and all find them most difficult to get. In my own society, the C.M.S., at present we have 86 doctors, and only 57 nurses, and several of these latter are doctors' wives, who can only give a portion of their time to the work. This means that in many places doctors have still to undertake the most arduous work without the invaluable help of a trained nurse. I know what this means from my own experience. I had 1½ years of pioneer hospital work in Persia without a nurse. Patients, left to their own resources, took full advantage, and I would often meet my patients out walking, or may be washing clothes in a stream, when they should have been lying in their beds. Bandages were removed whenever the fancy took them. They were no more to be trusted than the veriest children. For the patients the absence of a nurse often meant a fatal termination of their cases; for the doctor it meant an almost unendurable strain. It meant, sometimes (after performing a laparotomy for example) sitting up all night to nurse the patient. What surgeon in this country would have that additional burden in a serious operation case? Is it right that such things should be abroad? *Could* they be if nurses realised the need for their services in the mission field? Surely it must be that they do not realise it. But in these days such ignorance is almost culpable. There are opportunities for knowing on every side. Missionary literature (and readable literature, too) abounds. Within the last few years that most valuable asset to medical mission work, the Nurses' Missionary League, has been organised, the object of which is to spread missionary interest throughout the hospitals all over England. Are you a member of that League? Are you doing all you can to facilitate its work in the Hospital you represent? If not, you cannot plead ignorance of the need as an *excuse* for not taking part in missionary work. You are *responsible* to know, as we all are responsible for the use we make of the opportunities given to us.

What, it will be asked, is the special sphere of the missionary nurse?

I think I may say it is three-fold.

1. Her chief work will be to train others. In most medical mission stations the work is far too great for an English nurse to do much actual nursing herself. But she will nearly always find raw material to hand out of which to manufacture nurses. For this she must be thoroughly well-trained herself, and have the happy knack of getting on with others and of adapting herself to all sorts of surroundings and circumstances. Native nurses are often very

trying and aggravating, but an English nurse will find in a keen sense of humour, a safety-valve for herself, when sorely tried by their provoking ways. Their limited knowledge of the English language is often a source of amusement, as in the following case, which occurred recently in a mission hospital. A patient had died in the night, and the native nurse in charge had written in the night report book:— 12 p.m., patient in the sink; 1 a.m., patient on the flit; 1.30 a.m., patient flut!

In most hospitals for men abroad the nurses will be men, but these, just as much as the girls in the women's hospitals, need an English nurse to train and superintend them. Not every nurse at home can expect to become a Matron. All are practically such abroad.

2. But secondly, her work will generally include taking a large and responsible share in the midwifery cases that are brought to the Mission Hospitals, or which she will be asked to attend.

No nurse should go out to the mission field without having taken a full course of midwifery training. If she is working with a male doctor in a place where there is no lady doctor she will often have to take sole charge of such cases, and even where, under desperate circumstances, she may obtain their consent to send for the doctor, she will have had much anxious responsibility before gaining this permission. Her skill and common sense will often save a life.

In places where there are lady doctors the co-operation of a nurse trained in midwifery is an unspeakable boon. Before this boon was granted to me I was once called upon to perform version with my patient lying on a mud-floor in a wretched hovel. The room and courtyard were crowded with excited spectators. My only helper was a lady missionary who had never even seen a midwifery case before. Yet I had to entrust the giving of chloroform to her, and it did not make my task the easier to be informed in the middle of it by her that she did not think the patient had breathed for the last few minutes. Another case where I would have given much to have assistance was when a patient expired during the removal of a long-retained placenta. A timely hypodermic injection might have saved her life.

3. But thirdly, the sphere of a missionary nurse is something more than this. No society would be justified in sending out nurses as such alone. They must go, not as nurses merely, but as *missionary* nurses. They must have a great longing to help to extend the kingdom of Christ throughout the world.

(To be concluded.)

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