

Island should not be less than ten, allowing for those at home on furlough. At this moment the staff is five, of whom three are either in or on their way to England.

In Zanzibar Island, therefore, two nurses are doing the work of six. At Magila on the mainland, a staff of three nurses should be maintained constantly. At the present time, it is true that the staff does consist of three nurses, but two of these are at this moment on their way to England. Instead of ten nurses, who should be actually at work in the Diocese of Zanzibar, there are now three; in other words, three nurses are doing the work of ten. We could, therefore—and we most earnestly wish to—send out to the Diocese of Zanzibar six new nurses, four to work in Zanzibar and two at Magila. With regard to the Diocese of Likoma, which is also attached to the Universities' Mission here, again there should be four nurses actually at work. At this moment there are *none*.

One nurse may go up next month, but this seems somewhat doubtful. This brings our actual need of new nurses to ten, giving us a working staff of fourteen (four at Nyasa, ten at Zanzibar and Magila). Allowing, therefore, for six nurses on furlough, it is evident that a staff of twenty nurses is none too much.

The Mission pays *all* expenses, and every want is amply provided for. In Zanzibar doctors are always at hand, while at Nyasa the Mission has now two Medical men on its staff. The work the nurses are called upon to do is, in the highest sense of the word, missionary. The very fact of her training renders a nurse more fit for undertaking work under difficult conditions such as prevail in Central Africa.

If a nurse is on a Pension Fund the Mission will, while she is attached to its staff, keep up her payments. She may return in two years time for rest. She will, on her return, receive liberal treatment at the hands of the Mission. In no instance have I known of any nurse to be incapacitated from work owing to her having been to Central Africa, nor do I know of any nurse who has suffered loss in consequence. One of our nurses who was invalided is now at work in Palestine, another is at the Cape, others who have returned have obtained posts at home.

Full information may be obtained from me, and I will gladly forward to any applicant the paper of the *Conditions* under which all our missionaries in Central Africa work.

Trusting you will allow that the urgency of our need is a sufficient excuse for my trespassing on your valuable space,

I am, dear Madam, yours faithfully,  
DUNCAN TRAVERS.  
Secretary.

9, Dartmouth Street, Westminster, S.W.

#### UNREWARDED HEROISM.

*To the Editor of "The Nursing Record."*

DEAR MADAM,—Your correspondent with the lengthy pseudonym thinks that I have betrayed resentment at my heroism and self-abnegation in nursing the plague not being rewarded. Such is not the case, however, for the simple reason that I am not, and never have been, a plague nurse. I was writing quite impersonally when I commented on the unequal recognition, and on the necessity for content with virtue as its own reward.

Yours faithfully,  
E. M. J.

#### AMERICAN ENTERPRISE.

*To the Editor of "The Nursing Record."*

DEAR MADAM,—I take this opportunity of writing to say how extremely interested I always am in the *NURSING RECORD* each week. I cannot refrain from noticing how much of the interesting news comes from America. Week after week articles, and news, of the deepest interest appear concerning nursing in that country, while, for ourselves, somehow we seem to get "no forrader." What we should do without the *RECORD* I cannot think. It does keep the heads of those above water who are inclined to despair, and one finds in its columns from time to time signs that there are brighter days in store. When these dawn it will, I feel sure, be recognised that their advent has been hastened not a little by our professional organ.

Yours very truly,  
A CONSTANT READER.

#### OUT-PATIENT DEPARTMENTS.

*To the Editor of "The Nursing Record."*

DEAR MADAM,—As a nurse of many years, and one who knows a good deal about the working of out-patient departments, I really feel impelled to protest against the wholesale accusations brought against them by your correspondent, the Secretary of the Society for the Protection of Hospital Patients. It is all very well, but such a sweeping condemnatory statement as that made by Mr. Osborne does not carry conviction, rather it arouses a feeling of indignation on the part of many who know the excellent work done in the out-patient rooms of most of our hospitals, and the gratitude of innumerable patients for the care they have received. If abuses exist, let them be rectified; but let the institutions who perpetrate them be named; let the burden of wrong be placed on the right shoulders. It would be as fair to say that the whole House of Commons is a mass of corruption, because one member is occasionally unseated for bribery, at his election, as that all out-patient departments are bad because in one institution a scandal occurs. I do not think the line of argument adopted by your correspondent will commend itself to the British sense of justice and fair play. After all, is the gentleman, who so scathingly denounces the casualty departments of our Hospitals, prepared to provide a better substitute? If not, then, to my thinking, he had better hold his peace.

Yours, indignantly,  
OUT-PATIENT NURSE.

#### AN EFFICIENT CURRICULUM.

*To the Editor of the "Nursing Record."*

DEAR MADAM,—Pray do not suggest that we should be required to learn anything more in the course of our training. Already, what with practical and theoretical work, there is almost more to be got through in three years than many of us can grasp, and if we are to add a knowledge of midwifery to our acquirements as well, some of us will succumb. As an extra qualification, after certification, for those who may desire to take the course, I think it would be most helpful if hospitals afforded facilities for training in midwifery, but I hope it will never be made obligatory.

Yours sincerely,  
A BEWILDERED NURSE.

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