

and attainments must be love—love of her work, love for the stricken bodies and sin-sick souls, love to God and man. As “the light of the whole life dies when love is done” so the best efforts of the missionary nurse would come to nought if not inspired by the love that “never faileth,” but abideth for ever.

THE NURSE'S SPHERE IN THE MISSION FIELD.

MISS EMMELINE M. STUART, M.B., Medical Missionary at Ispahan, Persia, in connection with the Church Missionary Society, presented the next paper, and said that medical missions had been called the handmaid of missionary work. She went further, and said they were the essence of missionary work. For the work of the missionary was to preach the Gospel, and the Gospel meant the glad tidings of God's love to man, and preaching it meant not only proclaiming the Divine message with our lips, but commending it by a practical manifestation of its spirit, and wherever the practical demonstration of that love was not given, there the Gospel was not “fully preached.” In heathen and Mahomedan lands—as well as at home—the most convincing proof of the reality and power of love was the endeavour to do something for the relief of suffering humanity, and medical missionary work was a living illustration to the world of the love of Christ towards it.

The strange thing was that for so many years this was overlooked by the fathers of modern missionary enterprise, who never thought of incorporating medical missions with their earliest efforts, and even when the idea was suggested it was regarded with suspicion by earnest supporters of missions as quite too secular to form part of a purely spiritual work. This was extraordinary when we remembered that the method of the Divine Founder of Missions was the combination of relief for bodily sufferings and comfort for the sick-sin souls of men, and that His charges to the disciples whom He sent forth were always the same: “Heal the sick . . . preach the Gospel.” Yet for many years the Church endeavoured to do missionary work on a method of her own, preaching and teaching only, and regarding medical work as secular and unnecessary. But at last she discovered her mistake, and realised that the more closely she trod in her Master's footsteps the more likely would she be to succeed in bringing the world to His feet, and within the last 25 years or so all missionary societies had begun to develop medical missionary work.

The scope and value of this work was seen by considering the mission field. Throughout the Moslem world, for example, fields which yielded little or no harvest while occupied merely by teachers and preachers, rapidly began to be fruitful when medical workers took possession of them. Mere argument would scarcely ever convince a Mahomedan. The Medical Missions had something beyond argument, something which the most bigoted Moslems admitted superior to anything they had themselves, and which was a striking object lesson of the power of our Gospel and the love of our Saviour. Medical Missions were winning their way, removing prejudices, making powerful friends, opening closed doors; no wonder,

then, that medical missionaries were hopeful—if only the supply were adequate to the opportunity—of winning over one by one the strongholds of heathenism and Islam.

If only the supply were adequate! If medical mission work was so valuable and effective, then medical mission stations were needed all over the world, and wherever such stations were established there nurses were needed. At present such stations were miserably inadequate to the needs of the world, and yet, few as they were, missionary nurses were fewer still. Think of the proportion of nurses to one hospital at home and of the proportion abroad. There was not anything like *one* nurse to each hospital. Were nurses so few in this country that they could not be spared? No; whenever a vacant post occurred, we knew how many applicants there were. Nearly every missionary society was calling for nurses, and all found them most difficult to get. The Church Missionary Society had 86 doctors and only 57 nurses, and several of the latter were doctor's wives, who could only give part of their time to the work. This meant that many doctors had to undertake the most arduous work without the invaluable help of a trained nurse. What this meant she knew in her own work; for the patient, the absence of a nurse often meant a fatal termination of the case, and for the doctor an almost unendurable strain. For instance, after performing a laparotomy, sitting up all night to nurse the patient. What surgeon in this country would have that additional burden in a serious operation case? Was 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 was that they did not realise it, yet in these days such ignorance was almost culpable. Missionary literature abounded, the Nurses' Missionary League had for its object the spreading of missionary interest all over England, nurses were responsible to know, to make use of the opportunities given to them.

The special sphere of the missionary nurse was threefold:—

1. Her chief work was to train others. At most medical mission stations the work was too great for an English nurse to do much actual nursing herself, but she would nearly always find raw material to hand out of which to manufacture nurses. To achieve this, she must herself be thoroughly well trained and have the happy knack of getting on with others and of adapting herself to all sorts of surroundings. Native nurses were often very trying and aggravating, but an English nurse would find a safety valve in a keen sense of humour. Their limited knowledge of the English language was often a source of amusement. Thus, in a mission hospital, the native nurse-in-charge wrote in the night report book: “12 p.m., Patient in the sink; 1 a.m., patient on the fit; 1.30 a.m., patient flut.”

Not every nurse at home could expect to become a Matron, but all were practically such abroad.

2. The nurse's work would generally include taking a large and responsible share in the midwifery cases, and no nurse should go out to the mission field without having taken a full course of

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