

Sister will be there to give you the most hearty welcome."

THE PRESIDENT OF THE SESSION then called on Miss Jacqueline Rutgers to address the Congress.

THE DIFFICULTIES OF THE NURSE IN THE MISSION FIELD.

MISS RUTGERS said that when she stated some of the difficulties which await the nurse in the mission field and how they should be met, it must not be thought that she considered she had herself attained the ideal which she placed before her hearers.

In a mission hospital the first thought must be the greatness of the work, and the staff must always keep before it what it can do to help in that work.

First, in relation to the physician. Every one knew that all Christians were not alike in character, and a nurse might have to work in a mission hospital where the physician was not at all the kind of man she would have chosen to work under. There was only one thing for her to do. She simply *must* be on good terms with the physician, or she would do harm to the work. Christ's word, "By this shall all men know that ye are My disciples if ye love one another," ought to be ever before her. In the mission field the influence of Christian conduct was of paramount importance.

Then, when there were several nurses in a hospital, the nurse had to consider her relations to her comrades. It was always important that nurses working together should maintain friendly relations, but in a mission hospital they must be of the same mind in everything. Natives were like children, and when they wanted a thing they would ask it first of one and then of another, hoping, if one refused, to get it from the other. If there were confidence between the members of the staff, and they talked over everything connected with their work, the natives soon understood that their system did not succeed. They studied the staff very closely, and knew exactly their relations to each other.

A third most important thing was the relation of the mission nurse to the native nurses. Generally, in the Dutch colonies, there was a staff of native nurses, men and women, and only one or two Dutch nurses to supervise them. She thought that must be the case in most mission hospitals. Now, with these native workers you must have great patience. The missionary nurse must not allow herself to think that she could do the work much better, and especially much quicker. That was certainly true, but the natives were the people whose ways of working and whose physique were adapted to the climate. They must carry on the work eventually, after the European nurse had left, and therefore she must not exhaust them and use them up, though she herself might be used up in showing them how to work.

Again, it was important to be on good terms with the native nurses. When the Dutch nurses first went to the Petronella Hospital, at Jogjakarta, Java, the natives did their work badly because they did not like or understand the new methods. For instance, if a native were sent

from the ward to the operation building to fetch some instrument, he would walk away quite leisurely, perhaps light a cigarette on his way there, and not come back before it was finished.

But gradually the native nurses began to work very nicely, because they wanted to give the Dutch nurses pleasure. They knew one another better and had got to like one another. Then, by talking things over with them, and getting them to see more and more the importance of all working together for the good of the mission, the majority of them came to regard the work from that standpoint. If one failed to win the love and confidence of the native staff, the work would be for the most part a failure. The first thing, then, was endless patience, and it was of equal importance to learn the language as thoroughly as possible. It was not sufficient for a missionary nurse just to make herself understood in the hospitals. She must be able to read and write the language well and to talk of other things besides religion and hospital matters. She must be able to talk about babies and cooking and rice fields and sugar plantations, and so on, if she was to have any influence. The speaker, therefore, thought it desirable that a nurse who wished to work in the mission field should know at least one language besides her own, to show that she knew how to learn a foreign language.

Perhaps the most difficult thing in mission work was the relation of the nurse to the patients and their families. She must always be dominated by the thought that a mission hospital must attract the people; the arrangements of the hospital must be such that the people liked to come there and feel at home. This was difficult, because here the nurse came in conflict with her ideas of what a well-kept ward ought to be like. There were, she knew, mission hospitals where the staff succeeded in having the wards as nice as at home, and had regulations as in the home hospitals.

In the Dutch Mission Hospital at Jogjakarta, Java, that was impossible, and she believed it would be so in most mission hospitals, because of the many visitors coming all day long, sometimes remaining over night and sleeping on the floor when they came from far away. It could easily be understood that when, during the whole day you had in your ward as many visitors as patients, perhaps more, it was not always possible to have things in perfect order.

In this hospital the visitors were allowed to remain in the wards (except in some cases) even during the physician's visit, because all that they saw and learnt in this way was of great value. There had been very encouraging results from this method. In the case of one boy, an only child, who had a severe attack of typhoid fever, both parents came with him to the hospital and remained during the whole illness. What impressed them most was that he had no rice for such a long time, for natives think they are starved when they do not have rice, however much milk they may have. After the boy's recovery his father often came to the hospital for help for some sick neighbour. He had obtained a thermometer, and could always tell the patient's temperature and

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