

THE NURSES' MISSIONARY LEAGUE.

The meetings of the Nurses' Missionary League are always interesting, and to those who have attended them since its foundation they afford also most encouraging evidence of the steady growth of the interest in missionary work which it has aroused amongst nurses.

This year the Valedictory Meetings to bid God-speed to fifteen members sailing for the mission field were held at University Hall, Gordon Square, W.C., on October 4th.

MORNING SESSION.

At the morning session the chair was taken by Miss J. Macfee, B.A., who said that the first thought of the meeting was with those to whom they were wishing "God-speed." In addition to the list of "sailing members," which we have already published, she announced that Miss E. E. Jones, trained at the Royal Free Hospital, had been accepted for service, and was leaving shortly for the hospital at Ludhiana.

The main note of the day must, Miss Macfee said, be one of thankfulness. The League had 154 members working abroad, and 502 volunteer members, whose purpose it was to work in the foreign field eventually.

THE IDEAL NURSE FOR GOD'S WORK AT HOME AND ABROAD.

The first part of the morning was devoted to the consideration of "The Ideal Nurse for God's work at Home and Abroad," the first speaker being Mrs. Douglas Thornton, whose sphere of work is in Egypt.

PHYSICAL AND MENTAL EQUIPMENT.

The speaker said that a high standard of physical equipment was necessary. This was the case at home, and abroad nursing made still greater demands on the constitution.

Again, nurses as a rule went to poorly-equipped hospitals often not specially built for the work. In a recent appeal for a new out-patient department for a hospital at home she noticed the statement that the present one was so ill-adapted for the work, that it exhausted the doctors and nurses. This was true in a greater degree of hospitals abroad.

Then the work of nearly every nurse was that of matron or sister, with a native staff working under her. Often she could not absolutely rely upon them to carry out orders exactly and that increased her anxiety.

The patients as a rule knew nothing of the routine of a hospital as those at home do.

Nor had they any conception of enduring pain for the sake of getting better.

Then there were the patients' friends to manage. There were not regular visiting days as at home, but frequently the friends refused to leave the bedside of a patient, and the fear, in a critical case, that the friends might give the patient something that he ought not to have was an added strain.

To many nurses the rejection of a nurse for work abroad on medical grounds was a puzzle and a grievance. A doctor in arriving at his decision had to go largely by tendencies. There might be tendencies to organic disease which life abroad would develop.

The speaker emphasized the duty of nurses on foreign service to do all in their power to keep well. It was selfish and wrong to be careless in this respect. For instance, a nurse might boast that she had been working with a temperature; she might be careless of protecting herself from the sun, or of changing her clothes when wet with perspiration. Or one sometimes heard, "I never take a rest in the middle of the day," "I never wear a sun hat." Again, time which ought to be spent in exercise was given to language study. It was really selfish to be careless in these respects.

A nurse's mental equipment should include (1) Ability to learn the language adequately; (2) Sufficient knowledge of Christianity to be able to explain it clearly to others; (3) Sufficient knowledge of non-Christian religions to be able to meet the arguments of those who profess them. If she had not this knowledge she might be a good useful nurse, but she was not equipped as a missionary.

PROFESSIONAL WORK.

Miss F. E. Campbell, who was trained at Guy's Hospital, and whose sphere of work is in Southern India, sent a paper, which was read by Miss Richardson, as she was prevented from being present. She also spoke chiefly of the ideal nurse abroad, principally in relation to her practical work, dismissing the ideal nurse at home with the remark that we had all met her, and longed to be like her.

As a criticism of the professional training of nurses for future work, she remarked that, in the larger hospitals training in practical details is frequently overlooked. How many nurses knew the amount of linen or gauze required for ward use, or could estimate the supply of bread or milk necessary, knew how the bed returns should be made out, how to keep books, and other like details? Yet such

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