

care of the patients is carried on on the same lines as at home. She gets night nurses' report each morning all through the wards, and if Hospital is full she can hardly do her first round by 9 o'clock. At 9.30 patients admitted from out-patient department are appearing at the ward doors and she has instructions to give about them. From 10 to 11 is the Doctor's round and Matron generally has to be a few minutes late giving last orders before she comes to the bungalow where we English workers have breakfast and prayers together. Soon after 12, we are back in Hospital—it may be for operations when Matron comes to help with the instruments or operation, or to give chloroform.

To go on to our Matron's work in relation to her school of Indian Probationers: I can hardly tell you how differently Nursing as a profession is regarded by the Indian Christians. Ten years ago it was not a respectable calling, but now parents have learned that the medical missionaries consider the guardianship of the probationers as a very important part of their work, and we are now trusted with as many girls as we have room to take. In all questions relating to the engaging or dismissing of Nurses the Doctors and Matron in Bangalore have always discussed things together, but of course, the Matron is the head. The regulations state that the new probationer must be 18, able to read and write and must be vaccinated. The first interviews are very considerably longer than they can be at home, and we like to treat each one as a member of a patriarchal household. It is seldom that Matron finds her older Nurses are able to help much in teaching the new ones, so as a rule, the teaching of temperature-taking, bed-making, washing of helpless patients, etc., comes to Matron over and over again. For two months the new probationer wears her own *sari* and jackets, but then when she signs on, she gets her short-sleeved turkey-red jacket, and white *sari*. The arranging for that uniform gives a lot of trouble to poor Matron. The Nursing classes are taught by Matron, and there are so many sets of them: the very newest ones; then the first year Nurses learning anatomy and perpetually stumbling over the circulation of the blood; the second years with some outstanding disease to be taught; and the third years with infant feeding and monthly nursing added to their former knowledge.

The Nursing Superintendents of India are getting ahead of Great Britain. They are giving a conjoint examination with a common standard of nursing education, and are hastening towards the registration of Nurses, European, Eurasian and Indian. The examinations are held at fixed periods and Nurses are given a certificate only if their ward-work and conduct and examination work are all satisfactory. Above and beyond all this, and the arrangements for the Nurses' health, games, holidays, off-days, and even their marriages, which keep our Matron in the wards or in her office often till 11 p.m., there is the most

important moral and missionary training of these girls. It is a heavy, but quite splendid part of the work. As Henry Martyn said, "It is very difficult to be a spiritual helper of those for whose discipline you are responsible." Yet the two cannot be separated. At 9 each morning all the Nurses gather round Matron and have a regular Bible class. The Nurses take their part keenly, answering questions, and even leading in prayer. And yet sometimes Matron feels she must talk about bad language, greediness, lying or deceit, for these elementary lessons are needed by these children of a race which has thousands of years of heathenism in one scale and only very few years of Christianity in the other. It is a great opportunity to have these young women to train. And we try to teach them to be missionaries too, to lead ward-prayers and so on.

Does it all seem too difficult, and hard? It is a full life, but a very satisfactory one, and there are great joys in it. If any will give up good work at home and come out for the sake of the Master who died for her, and for these Eastern women and girls, He will enable her to do the work and to enjoy the heaviness.

HOW THE INSURANCE ACT AFFECTS NURSES.

We have been requested by Miss Kearns, the Secretary of the Nurses' Insurance Society of Ireland, to publish the following statement, which she has received from the National Health Insurance Commission (Ireland):—

I am directed by the National Health Insurance Commission (Ireland) to inform you that they have reason to believe that some misunderstanding exists regarding the insurance of nurses under the National Insurance Acts, not only as to its compulsory nature, but also as to its substantial benefits. I am to point out that any nurse (including a midwife or a maternity nurse when not in sole charge of the case, *i.e.*, when working under the direction of a doctor; and also a paid probationer) who is employed, even if only for a week, must be insured, unless paid at a rate of over £160 a year. A nurse who is employed or sent out by an institution which retains general disciplinary control, must be insured by that Institution. Otherwise she must be insured by the patient or whoever employs her.

The rate of Sickness Benefit for all nurses between 21 and 70, who enter insurance *before the 13th instant*, will thereafter be 7s. 6d. a week.

To get the full benefit of the Acts, every nurse (except an unpaid probationer) must become insured *before the 13th instant*. Otherwise her sickness benefit would be reduced (in the case of an adult, from 7s. 6d. to 5s. a week), unless she undertook to pay either (a) a contribution rising to as much as 7½d. a week in the case of the more elderly nurses, in addition to the ordinary weekly contribution of 4½d.; or else (b) a lump

[previous page](#)

[next page](#)