

Miss Row said that nursing in recent years had necessarily changed so much, and had become so much more scientific, that it was difficult to find time to train in other essentials. The extraordinary amount of detail in which nurses were expected to be perfect, and the time it took to carry it out, left but little time for training in other than institution routine.

Miss Annie Hulme thought that it was not so much the teaching, as the tone that signified, even in the rush of work there was always time to be kind. It was absolutely essential to have a good woman for a Sister. The public said, "Oh! yes, a good nurse, she was all that, but she was not kind or sympathetic." There was little teaching in hospitals beyond the theory and practice of nursing. One great factor in the failure of the existing conditions was the lack of really fine education and character moulding before women went into hospitals; character building in the home circle was deficient; girls had never been brought up to realise their value as women. Then, again, in hospital they were seldom impressed with the religious idea. There was so much in the system of training in hospitals which might be improved, although now much inferior material offered itself for training it could be greatly improved by a high tone and ideals.

Miss Elma Smith agreed that home education and influence were defective. Many people had now no home life. Girls did not stay in the house, and if they did their mothers were seldom there. Few girls were taught to respect and obey their parents—or any one else; consequently they had little idea of discipline or of good manners. Thus, when the demand for order and courtesy was impressed upon them by the matron they were surprised. Apology for breach of rules or etiquette was not naturally thought of. All this lack of true culture made training for such work as nursing the sick, exceedingly difficult; yet much good could be done. It was a matron's duty to be strict as well as kind, (for which real interest in their welfare, many nurses felt and expressed gratitude), so that whatever their future—even if it were marriage, one had the satisfaction of having done some good if the discipline and training made them nicer women, and better mothers.

Other opinions were expressed.

Miss Mollett, in her reply, owned that nurses were extravagant, and that was just one thing the public did bitterly resent. To quote an aunt who had been well nursed through a very serious illness, the one thing she remembered about her nurses was not their skill which had helped to restore her to health, but the fact that by some accident, they had scorched her best nightdress! The convalescent public forgot benefits and remembered trivial things. They, themselves, might be extravagant, but for a nurse to be so, was a crime. It must be all give and no take on the part of the nurse. A great many

of the strictures upon trained nurses were most unjust. People made a demand upon the nurse too exacting for an archangel. If she were somewhat reticent with her patient she was "a cold and callous creature." If she were kind and sympathetic, she was apt to be considered "a wicked and designing female." The public dearly loved a scapegoat, the trained nurse for the time being enjoyed that distinction, but let an accident occur, or an epidemic of fever, or any great emergency, and at once the cry was "Send for a trained nurse." The public clamoured for her, so that whilst criticising her unfavourably in the abstract, it availed itself of her services and thus proved that it trusted and appreciated her work.

The Chairman in closing the debate said the system of hospital training had not been kept sufficiently in touch with the public's social needs, and was failing to supply its varied demands. This could only be done by a much more careful organisation of professional nursing as a whole. At present both the public and the nurses had cause for complaint. Let the public help the nurses to re-adjust nursing conditions for their mutual benefit, and there would soon be less unfavourable criticism.

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## THE NURSES' MISSIONARY LEAGUE.

### A MISSION HOSPITAL IN TURKEY.

At the lecture given under the auspices of the Nurses' Missionary League on Wednesday, the 15th inst., Miss K. Moore, who was trained at the London Homœopathic Hospital, described the work at the Anatolia Hospital, Marsovan, Turkey. Medical work was commenced in 1897, a small building in the middle of the mission compound being used as an infirmary. This building has been gradually enlarged, but at the present time a large new hospital, with accommodation for 120 patients is being erected, and is to be supplied with such modern conveniences as hot-water heating apparatus, electric light, and a lift. In 1897 34 patients were treated; in 1912 there were over 900, and operations exceeded 1,000, it being often necessary to send patients home at once after being operated on for tubercular cervical glands, amputations of fingers, or toes, ectropion of one eye, &c., owing to the wards being full. There is no other hospital nearer than Sivas, a week's journey away, and the patients, who come from an area of 100 miles in every direction, include Turks, Greeks, Armenians, Circassians, Georgians, Shirvanlis, Kurds, Albanians, Russians, Persians, Jews and Germans, of all ranks of life. In 1897, after much difficulty with relations and friends, who regarded nursing as very menial work, one Armenian girl came to be trained as a nurse. She has done splendid work, and is still at the hospital, having won the admiration and love of many. During the past seven years eight nurses have received diplomas, but there is still

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