

Unjust Competition.

The following letter has been widely circulated by the Chairman of the London Hospital to a large number of medical men and others, and we have no doubt that "hospital loyalty" will produce much patronage:—

LONDON HOSPITAL,
Whitechapel Road, E.,
October, 1905.

To "OLD LONDONERS."

DEAR SIR,

It would be kind of you if, whenever opportunity offers, you would employ London Hospital Nurses. I enclose particulars.

We have now nearly 200 Nurses on our Private Nursing Staff, and it would be advantageous to all concerned for them to be fully employed.

They return to the Wards after sufficient rest between their cases, so that their work and knowledge are both kept thoroughly up-to-date.

Our Private Nurses are well paid, and, any Nurse who remains in the service of the Hospital, after 18 years from the date of her entrance as a Probationer, is entitled to a Pension of £55 per annum for the rest of her life, *without having had to contribute any portion of her salary to secure this.*

With so large a Private Nursing Staff we are almost always able to meet demands promptly, if the cases are suitable. But, please note that we do not send Nurses to Patients whose surroundings make them more suitable for attention by District Nurses.

I feel sure you will be pleased with our Nurses, and it is a satisfaction to us now to be in a position to meet any demands "Old Londoners" may make upon us.

Yours very truly,
SYDNEY HOLLAND, Chairman.

This letter is of much greater moment to three years' trained and certificated nurses than appears on the surface for the following reasons:—

1. The London Hospital scheme cuts at the very root of professional and industrial independence of Private Nurses' Co-operations working in the Metropolis by underselling them (a) by sending out nurses in their third year, charging full fees for their services, (b) by founding this huge Nurse Farm on charitable money, (c) by paying salaries based on making large profits for the hospital.

2. Should the example of the London Hospital be followed by other large hospitals to which Nurse Training Schools are attached their ruthless competition for gain must inevitably prevent certificated nurses obtaining their own fees, to which they are unquestionably entitled when trained, as they could not compete in the open market with institutions *subsidised by charitable subscriptions.*

3. The commercial aspect of the case is not the most dangerous—"He who holds the purse strings holds the power." Away with all personal and professional independence for trained nurses in the metropolis if subsidised private nursing staffs attached to Nursing Schools become the order of the day.

Now may we venture to inquire what the profession intends to do in this matter?

As a first step, we advise each certificated private nurse working on a Co-operation, or independently, to write *at once* to every medical man she knows and enlist his sympathy in the matter. Point out to him that after three or four years' training it is only just that certificated nurses should receive their own fees, and that by the London Hospital system they are placed in open competition with two years' trained nurses, and as the Homes at the London Hospital have been built, and the upkeep of the private nurses secured, by charitable subscriptions, competition from a just commercial standpoint is impossible for women workers. *In fact that they are being undersold all along the line.*

We are convinced that the majority of medical men will sympathise with the nursing profession in this matter.

Anyway, write at once and place your just cause before them. There is really no reason for medical men unattached to the London Hospital to contribute to its funds by this somewhat circuitous method.

The Bona-fide Midwife.

The *bona-fide* midwife—*i.e.*, the woman who claimed admission to the Midwives' Roll on the ground of having been in practice for twelve months previous to the passing of the Midwives' Act in July, 1902, is in a distinctly unenviable position.

Many of these women are very ignorant, for instance, one recently informed the Central Midwives' Board that she was "not much of a scholar and could not read the rules of the Board, she did not know what a clinical thermometer was, and she did not understand the meaning of the word antiseptic. This sums up the position of many such women. They possess a sort of rough and ready knowledge of midwifery acquired in the course of long experience, but based on no scientific principles, and are able to render a certain amount of assistance to lying-in women in case of need. Nevertheless, they cannot be considered competent to deal with the serious emergencies which confront a midwife in the course of her practice.

But Parliament, in the interests of those already engaged in midwifery practice, decreed that *bona-fide* midwives should be eligible for admission to the Roll, and over 12,500 of them have availed themselves of

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