

woman who was not entirely dependent on her work had a fair chance in hospital, and it was up to her to stand up for her less fortunate co-worker, who could be throttled out of existence if she offended "the powers that be."

A FOUNDATION STONE OF THE TRADE UNION.

One of the foundation stones of this union was "well and truly laid" some years ago, when, as a Guy's Sister, after organising the extension of the out-patient department, I was refused a rise of salary. The Hospital Superintendent who refused me is now the Hon. Secretary on the College of Nursing Company, Ltd.—that collection of employers which has nurses' interests at heart! They *may be* at their hearts, but they certainly are well below their line of vision! I asked, at the time, would any male employé have had to request an increase when his work had obviously doubled? *But I was just a nurse!* A fairly brave one to beard the lion in his den! (Applause.) I did not get the rise, but I never undersell, so I published the facts, and my successor scored. (Applause) As a Guy's nurse I love every stock and stone of the place, but I love my profession better.

EMPLOYMENT FOR LINCOLN'S INN FIELDS.

Some one recently asked me if much legal work would be attached to a Nurses' Trade Union. Well, if all our existing grievances are to be righted I think we could keep Lincoln's Inn Fields employed for some considerable time.

ECONOMIC QUESTIONS.

Miss Paterson then discussed the hours, work, and pay of trained nurses, and said that in most cases the minimum wage of a hospital sister in New Zealand, Canada, America, and parts of Australia was the maximum in this country. The war had taught nurses in the United Kingdom many things regarding their profession, through mingling with other nurses. True many hospital authorities were now advertising a rise of salary for their staffs; but, in reality, they stood at pre-war rates, as the cost of living went up before the salaries.

The lot of the Public Health Nurse was even worse. The remuneration offered by Public Authorities (*sweating* authorities she called them) was anything about £120 per annum to £150, with uniform allowance from the impossible £5 to an exceptional £10.

No doubt, said Miss Paterson, these authorities only need to have it pointed out to them that even "ministering angels" require to be decently clothed, especially if they are to cycle in all weathers.

For this £120-£150 the Health Visitor is to be fully trained, hold the C.M.B. certificate, and, if possible, a certificate from the Royal Sanitary Institute (the examination fees for these last cost her £4, and when one thinks of the money expended on training, one is lost in economic problems). On this yearly pittance the nurse is to do work of *vital national importance*, also to

pay for board, lodging, private clothes, holiday expenses, etc., and provide for her old age, except, of course, that she will probably be short lived.

Miss Paterson next dealt with trained nurses in welfare work, contending that nurses taking up this branch should have the necessary qualifications, and be paid a living wage. She quoted advertisements for fully trained nurses in both public health work, and welfare work, in proof of the miserable inadequacy of the salaries usually offered.

Next, she said, comes the District Nurse. The cry is heard everywhere that good general-trained nurses cannot be got to do district and maternity work. Can we wonder, when we read the pittance offered? There are societies which claim to be charitable, and nurse the sick and poor, yet who do not pay their nurses enough to keep skin and bone together.

Lastly the Private Nurse. She was dominated all through her training, and has vowed to have done with the four walls of a hospital ward for ever, but what does she find? Private co-operations belonging to hospitals competing with her in the open market, and if they do not always undersell her they have the pull by commanding their own medical staff, who naturally engage nurses from the hospital private nursing staff.

Then as to the Military Nursing Service. Is there, said Miss Paterson, any nurse who has been through the war who does not know of hundreds of causes of just complaint. If we had been an organised profession, do you think the War Office would have dared to suggest the signing of the Serf Clause, or issued those disgusting rules which were served out on hospital ships?

CAST ASIDE LIKE A SUCKED ORANGE.

Many civil nurses who gave up good posts to answer the Call have, when ill-health overtook them, been cast aside like a sucked orange. Sometimes there was a little more blood left in the orange than was suspected (it was a blood orange), and the nurse "got her own back," but at what a cost of time, money, and loss of spirit!

SOCIAL INFLUENCE OR PATRONAGE.

Miss Paterson characterised social influence and patronage as one of the most insidious of the evil things which are condemning our sound economic conditions.

The London Hospital social influence has, she said, forced probationers after two years' training to nurse a trusting public, and give up the bulk of their earnings. Either the nurse is entitled to what she earns, or the public should realise that she is half trained, and pay her what the hospital considers she is worth. It is a most reprehensible system. In days to come the benefactor of nurses concerned may perhaps have a statue erected to his memory. We nurses will be pleased to leave the pose, and choice of nether garments to the sculptor, but we strongly urge that the upper garment be a sweater! (Laughter.) Again, ladies who elect to give their patronage to cottage hospitals, or County Nursing Associations,

[previous page](#)

[next page](#)