

Probationer thereby lost her opportunity of attending lectures, failed in her examination, and therefore received only an inferior Certificate, and was in fact made to bear an implied slur throughout her whole future professional career. Out of its Private Nursing Department—after paying all its expenses—the Hospital last year cleared £1,200 from the work of women whom it paid the miserable pittances of £12, £20, or £28 per annum—and without any allowance for washing. It is not divulged what the gross receipts were, because the accounts—for reasons easy to understand—are withheld from the public, and *only the net profits are placed, without a word of explanation, amongst the remaining gross receipts.* This undeniable deception of its subscribers by a great English charity was elicited by a keen cross-examination (Q. 8,486-91). Finally, the sickness and death rate is simply appalling. The Matron admitted (Q. 8,992) that 5 per cent of the entire staff was invalidated on the day which she chose for making a return of her workers, and nearly every witness testified to the undoubted fact that many continue working when quite unfit to do so. One went on working until “she could hardly breathe, was found to have high fever,” and died in ten days (Q. 5,176). Considering that they are practically punished, and “are liable to get dismissed” (Q. 5,174), for being ill, this is not surprising. The public will be startled to learn this, but it is one of the many statements made by the Hospital authorities, which are infinitely more damaging to the Institution even than those advanced by Miss YATMAN and her friends. Every day which a Probationer is away from the Hospital through illness has to be made up by additional service after the termination of her nominal two years (Q. 6,382). Eight Nurses have died in two years, and we are informed that two more have died in the last three months. Seeing that the death rate at the next largest London Hospital has been only one in six years (Q. 9,548), and that a mortality of one in a year was “considered exceedingly high,” this abnormal mortality at the London Hospital demands and must receive explanation. For it must be remembered that every Probationer has to undergo a rigorous medical examination before she can become a regular worker. They are *picked* lives, in fact, these women who thus break down and die in such unequalled numbers. The Committee for example reports (p. 2), that in ten years 599 regular Probationers have been thus examined and admitted, of whom no less than 62 broke down in health. That more than one woman out of every ten was found not strong enough for the work will be proof positive to most unbiassed minds

either that the medical examination is curiously defective, or that the strain is enormously great—in either case, that the system in vogue is radically wrong.

This contention is also supported by the fact that one quarter of the whole number of Probationers selected by the Matron, in ten years, have “failed” (p. 2). Surely the Committee must see that this fact, which it complacently quotes, reflects credit neither on the discrimination of the Matron, nor on the system which causes 25 per cent. of selected workers to fail. Two cases stand out from the death roll in marked relief, but practically they only exemplify the general rule of the treatment accorded to its employees by the Hospital. Although much public attention has been drawn to these cases, it is noteworthy that the Report of the Committee discreetly avoids all mention of them.

Probationer PAIRMAN, a strong healthy Scotch-woman, had a small growth removed from her nose one afternoon. *The next evening, despite the protests of the Night Sister, she was sent on duty into the Erysipelas Ward. She was taken ill at once and died in a few days* (Q. 8,039). The doctors wished to have a post-mortem examination to make certain whether erysipelas from the open wound was the direct cause of her death. Her friends consented to it being made, but it was forbidden. There was no post-mortem—there was no inquest. But the Committee must know that everyone else must think that it was certainly an evasion of justice.

In some respects the story of Nurse SABEL is even worse. She was sent to a case of diphtheria on July 22, 1889, hurt her finger and contracted diphtheria (Q. 6,939). The patient died, and on July 23 she returned to the Hospital. Every one knows how contagious this disease is, and how scrupulously careful most Institutions are, to keep their employees isolated for a time after nursing such cases. But the London Hospital is evidently unaware of this essential precaution. On July 27, Nurse SABEL, *suffering from diphtheria*, was sent to the Children's Hospital at Shadwell, but the patient died, and on the 29th she returned to the London Hospital. On July 31 she was sent out again—to a doctor's wife. Now the finger was inflamed, she could not lift the patient, and the doctor had to dress the Nurse's finger every day. We are quoting his own letter (Q. 6,939). Could anything be more ironical read in the light of the history of the case, now? For we take it for granted that the doctor was never told of the diphtheritic infection. The ignorance, if not the carelessness of the public safety, revealed quite incidentally by these facts is almost incredible. Because the case

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