

any claims I may be advised to make, I will leave to-morrow (Saturday, the 11th) at the time stated. I *deny* having entered into a combination with all the Nurses, Probationers, and servants that they were to leave on the same date as myself.

"I am, gentlemen,
"Your obedient servant,
"SISTER CLARA."

(To be continued.)

NURSING IN TASMANIA.

AS I am frequently asked by friends at home about the state of Nursing out in this colony (Tasmania), I thought a few facts might be interesting to Nurses in general. There are two general Hospitals in the colony, of one hundred and twenty-five and one hundred and eighteen beds occupied at present. There are a few small Hospitals besides, but as they are generally nursed by married couples, Trained Nurses are not interested in them. As the country opens up they will in time be replaced by Hospitals of a different class, but at present they meet all the requirements of the districts where they are placed.

Our Hospitals are supported by Government, but managed by a Board of local gentlemen. The staff are consequently Civil Servants, subject to the rules of the Civil Service Department. In the management of a Hospital it causes many difficulties, as the machinery of government moves slowly if surely; but, on the other hand, we are never in debt. We are not compelled to reduce the staff, or shut up a Ward, for want of funds. Many of the patients pay; all must wear the uniform of the Hospital—the men a nice brown serge suit; and the women, brown serge, pink bonnets (calico). Nurses who have nursed in poor districts at home can imagine what a comfort it is to put many a poor dirty patient into clean comfortable clothing; and as everything—down to stockings and shoes—is provided, a good deal of mending falls to the Probationers, while the Matron must keep a supply of all articles, replacing the old clothing by new. Each Sister has her own supply of linen.

The Sisters, or Head Nurses, get a salary of £50 a year; Staff Nurses, £36; Probationers, £20 the first, £25 the second years, and uniform. They live in a Nurses' Home and are *rationed*, which gives a much more liberal diet than is supplied in Hospitals at home.

The medical staff consists of a medical surgeon, superintendent and assistant house surgeon. There are honorary medical officers, but they only come when required in consulta-

tion. Consequently the Nurses' duties are got through in an orderly and systematic manner.

The morning visit is finished by eleven a.m., all dressings put away, and the rest of the day is spent in nursing the patient. The Doctors pay afternoon and evening visits, but these do not entail the preparation required in the morning.

The duties of our Nurses are pretty much the same as in the larger Hospitals at home. They go on duty at 6.30 a.m. After taking a cup of tea and a biscuit, make beds and prepare breakfast for patients at eight. At 8.30 relieve each other for their own breakfast, return and attend the Doctor in his visit round the Ward. They dine at one p.m., and have tea at 5.30 p.m. They have each alternate afternoon and evening off duty, retiring to bed at ten p.m. They take three months' night duty in turns, and have ten weeks' holiday in the year.

The Sister (one) takes charge at night for four months at a time.

Now as to the Hospitals as a field for English Nurses, it will soon be a thing of the past. The responsible positions in most Hospitals have lately been filled by Trained Nurses from home; but it was simply to train their own Nurses to take their place. In most cases they are under an agreement for a certain time, beyond which they are not asked to remain, as naturally they wish to promote their own Nurses. And, unfortunately, English Nurses do not always get on well with Colonials. They come here with the idea that they know a great deal more than the native Nurses, and are often inclined to run down anything that is not done exactly as they have been taught, forgetting that, however good their training has been, they must adapt it to the customs of the people and climate. As to the want of courtesy in such countries remark is needless. But in my own experience I have seen it done so often, that I think it only right to mention the fact. From what I have said, Nurses will see that vacancies in Hospitals are not easy to obtain. At the same time, if a Trained Nurse, with good testimonials and—if she can get it—a letter of introduction to some Medical man or Lady Superintendent, she can always get employment as a private Nurse, and will stand a very good chance of any appointment that may become vacant.

Then, as to Private Nursing. I do not think any one who has known much of the class of women who go out as Trained Nurses would say that Registration was needless. I have many a time blushed to think that such would be taken as Trained Nurses. And I know several Medical men who say they have once had an English-trained Nurse, but they will not have another. It

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