

is needless to say they could not be Trained Nurses. The Doctor had to take their word for it, as he has to take the genuine Nurse. One—professing to come from a school at home—well-known to me, was engaged by friends of mine. They did not know much of Nursing, but they thought all was not right. They came to consult me as to what were or ought to be her duties, and when I mentioned a few that were rather dusty, as bed-making, they said, "Oh, I am sure she would not do that; it would spoil her dress." I then volunteered to interview the Nurse, whom I found a very fashionably-dressed young lady (Scotch), in a velvet frock, nice apron, and cap. I soon found she had been in a Hospital, but was not a Trained Nurse. There are many good Nurses in private work, but, unfortunately, a number of bad ones; and when a Nurse is proved to be competent she can always get work when there is work. A Private Nurse gets from £1 to £3 a week; and from December till May—when typhoid fever is so prevalent—any number of Nurses can get work. But unless a Nurse has friends to stay with when out of employment, she may spend a great deal more than she earns. Board and lodgings are not to be got for less than twenty-five or thirty shillings a week, while many articles of apparel are more expensive than at home. Then a Private Nurse must not be above doing many things that are considered not exactly Nurse's duties at home. People, who with a similar income at home would have a large house and staff of well-trained servants, here have perhaps a six or eight-roomed house, with one very indifferent general servant. As good servants are difficult to get, and one bad one is better than two, and a large house means extra work; therefore, a Nurse must make her arrangements so as to make as little extra work for the family, and must be prepared to do out her own room, as well as the patient's, if necessary. I have known the mistress put up a bed in the servant's room and give up her own to the Nurse; and the Nurse in charge of a very light case leave her bed to be made by the lady of the house.

I hope no one will think I wish to deter them from coming—far from it. Earnest women and good Nurses are much wanted here, and if willing to adapt themselves to a few of the inconveniences that I have mentioned, even in cities, where money is plentiful, they will do well in time, and earn what is impossible at home—a provision for old age. You will hear, and with truth, that some Nurses earn £5 to £6 a week all the year round—most often a spinster. Such is the case in a few instances where a Nurse is given cases by one Medical man or Surgeon; but he can only employ one or two Nurses at the most, and

although now and again a Nurse from home may get such an appointment, she must not come with the idea of getting the best, and if she don't, at once grumble at anything less.

I have purposely dwelt on the difficulties to be met with, as I have been so often pained to hear of the failure of many Nurses from home. Doctors and patients say they wonder what they expect. They evidently think they will get money for doing nothing. In large cities like Melbourne and Sydney, Nurses make more money and are treated more like Private Nurses at home for the obvious reason that servants are more plentiful, but it is not everyone who can stand the climate of Victoria and New South Wales, while Tasmania is the sanatorium of the colonies. Anyone wishing to come out and cheerfully adapt themselves to the circumstances of their patient, will in a very short time be able to command a good income and plenty of work; that is to say, if they are in every sense of the word Trained Nurses.

TASMANIA.

NURSING ECHOES.

*** Communications (duly authenticated with name and address, not for publication, but as evidence of good faith) are especially invited for these columns.*

A KIND correspondent sends me the following news of a case recently decided in the Eastbourne



County Court. It illustrates by a side light the position which a Midwife is supposed to hold at present amongst the poor, and also the style and character of the work which she is expected to do. I often get inquiries as to the means whereby a Nurse, who is working on her own

account, can obtain her salary from an employer who objects to pay it. This case exemplifies the remedy—to obtain a County Court summons against the defaulter.

* * *

"A NURSE'S FEE.—*Snellgrove v. Chesson*.—A claim by Sarah Snellgrove, Nurse, against Albert Chesson, for services rendered during the confinement of Mrs. Chesson. Plaintiff said that the medical attendant of Mrs. Chesson gave her (plaintiff) 'a tip' of money for discharging the duties of Midwife, and Mrs. Chesson wanted her to 'knock the tip off the bill,' but plaintiff would not do this. Mrs. Chesson said that it was at her request that the Doctor gave Mrs. Snellgrove 'a tip.' The real defence was that at the most critical time the Nurse absented herself, and that

[previous page](#)

[next page](#)