

State Registration and Protection, but for equal human rights before the Law.

In the meantime Co-operative Nurses' Societies must protect themselves as best they may by declining to be associated with un-professional agencies, until this reprehensible and arbitrary Act has been amended.

E. G. F.

District Nursing in Australia.

As apparently there is some misapprehension regarding the nature and objects of the scheme for promoting District Nursing in Australia, inaugurated by Lady Dudley, and the progress made up to date in carrying it out, we think it may be of interest to give the facts of the case as they at present stand.

When we recently visited Australia, at the request of Lady Dudley, in order to assist her in the development of District Nursing on that continent, we found, almost universally, that the constitution and rules suggested as to the standard of nursing, and the formation of State Councils and District Committees, and their relation to each other, were acceptable to the medical and nursing profession, and also to the general public, but experience has proved that Australia is not yet quite ripe for the gathering together of the State organisations into a Federal whole.

The high standard of training ensured throughout the Commonwealth by the Australasian Trained Nurses' Association, together with the Royal Victorian Trained Nurses' Association, by the control of approved training schools and the independent registration by examination of all nurses and midwives guarantees a supply of competent nurses. There are long-established District Nursing Associations in Melbourne, Sydney, and Adelaide, where District Nursing is carried out on similar lines to those of Queen Victoria's Jubilee Institute for Nurses at home and the Royal Victorian Order of Nurses in Canada. Moreover, in the State of South Australia there are several associations employing District Nurses in affiliation with, and under the supervision of, the Central Association in Adelaide. In Perth, Western Australia; in Hobart and Launceston, Tasmania; in Brisbane, Queensland; and in other towns, such as Geelong, Broken Hill, etc., independent District Nurses are employed doing excellent work.

Lady Dudley's object is to enlist the sympathy and support of the older Associations, and to extend their work from the large towns to the smaller townships and on into the isolated country or bush districts.

Australia has an excellent system of Cottage Hospitals, which, by co-operation on the part of their Committees, will greatly facilitate the establishment of District Nurses for the scattered places; a plan which has proved successful in Canada under similar conditions.

The constitution for Australia, as mapped out during our visit, provides for self-supporting machinery in each State, whereby nurses can re-

ceive the necessary further experience in the special work of District Nursing, and be thereafter recommended to local Associations and adequately supervised, on similar lines to the arrangements for County Associations in England. The scheme provides also for a Federal Council representative of all the States, but at present this is in abeyance and each State is beginning its work independently. The principle that every local Association should be supported by those who benefit by the services of the nurse, free, except in extreme instances, from all idea of charity, is universally accepted as appropriate to the conditions of the country. The interests of private nurses are fully safeguarded, and the remuneration of District Nurses is on the same level as that of private ones.

The latest report received from Australia, and dated November 3rd, states that—

Victoria had formed its Committee, and during the month of November was putting out its first three nurses—one in Beech Forest, one in a mining district, and the third rather far out in the Bush.

New South Wales was in process of forming its Committee, and three, if not more, District Nurses will be sent into country districts in the near future.

Tasmania had started its Committee some weeks ago, and had already sent out one District Nurse, with another soon to follow.

Western Australia was taking steps to form a Committee.

Queensland was legislating on the subject; District Nurses are to be attached to the Cottage Hospitals, under a scheme practically identical with Lady Dudley's.

South Australia, as already mentioned, has the nucleus of a system capable of expansion on lines similar to those adopted in the other States, and pressure from the public in the outlying districts and, probably, from the medical profession will, no doubt, lead to development on broader lines within the near future.

That it was possible in a few months to lay the foundations of a scheme suitable for the huge continent of Australia, with its six sovereign States and varying climatic conditions, should be a matter of great congratulation to the wife of the Governor-General. The feeling throughout Australia is strongly in favour of District Nursing, and most emphatically in the so-called Bush districts, where the need for it is most felt, as we found in the course of our travels. It is evident that Lady Dudley's scheme is already on a sound foundation, and that before long it will develop under the best possible conditions and fulfil the needs of the people of Australia. (Signed) AMY HUGHES.

HAROLD BOULTON.

QUEEN VICTORIA'S JUBILEE INSTITUTE

Transfers and Appointments.—Mrs. Ada Barrow and Miss Gertrude Hardy are appointed as County Superintendent and Assistant County Superintendent, Staffordshire; Miss Ethel Blair, to Cheltenham, as Assistant Superintendent; Miss Lily Fenton, to Little Shelford; Miss Edith Ashton, to Weston-super-Mare; Miss Amy Sanger, to Chatham; Miss Elizabeth McNally, to Bury.

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