

of New Zealand has, for default of one of you, been appointed County nurse. What will have to be done if this is the case will be to get nurses sent out by the Colonial Nursing Association, which supplies Nurses from the training schools in England for many of the British colonies.

Here let us quote from the *Canadian Nurse*, and you will see how like our conditions are.

"Miss Laut spoke of the dearth of nursing care for poor women in the more thinly settled parts of the West. She took the point of view (and most justly) that every child has the right to be "born well"—that is to say, that the best of nursing care should be afforded both to the mother and child at that critical time when their whole future is at stake, whether they are able to afford to pay for it or not. Miss Laut regarded this matter as of national importance, and who can assert that it is not? She asserted boldly that these women are not given a fair chance, that they do not, and under present conditions, cannot receive anything approaching adequate care and assistance.

Those of us who have worked in the gynæcological wards of any large Western hospital need no further argument to convince us that women are not cared for as they should be from an obstetrical point of view. Nurses in small Western hospitals can also give some experiences at first-hand which are tolerably ugly. To take one instance in the writer's personal experience: A woman, thirty years of age, English by birth, and possessing both education and refinement, was brought into the hospital (the usual type of small Western Hospital) lying on straw on a waggon box, twenty-five miles over an unspeakable trial. She had been confined three days previously. No doctor had been present. They had no neighbours within ten miles. Her husband had cared for her as best he could, had done the necessary housework, and looked after two children under seven years of age. On the second day she had attempted to rescue the youngest child who was crawling about too near the hot stove. The result was a severe hæmorrhage. It is not necessary to go into further details other than to say that on the seventh day she died at the hospital, crying out with her last breath against this cruel lonely West. This object lesson left an ineffaceable impression on the writer's mind, the more so because her particular hospital refused to take obstetrical cases unless they could afford to pay.

It will, of course, be said that the woman's husband was to some extent responsible. But, was he? They were living on a shack on their own homestead. They had been out from England for a year. They were struggling against debt and homesickness. The crop had been a bad one. In

other words, they had the bare necessities of life and no more. They could no more afford to pay for a doctor and nurse than they could fly. And the hospital did not take free obstetric cases. There you have the matter in a nutshell. It cannot be said that cases like the above are by any means rare. Any country doctor can match it from his own experience time and time again."

We know that cases such as this occur in the sparsely settled parts of New Zealand also. The writer goes on to propose schemes by which hospitals may be established to take such cases, but

"By no means all women can or will leave their homes for the hospital at this time. Here is the crux of the situation. The problem now is double. The domestic side intrudes itself here as it does in all phases of nursing. Private nurses in the West know to their cost that a case in a farmhouse of the poorer sort usually entails not only the care of the patient night and day, but the responsibility of the domestic menage as well. With all due deference to our literary critics, this is too heavy a load for the average woman to bear. We bear no malice either to Mrs. Cran or Miss Laut, but we must express an earnest desire to see them attempt this dual role in their own proper persons for the short space of one week. At the end of that time we feel sure that these ladies would acknowledge the fact that no one human being can conduct a maternity case with one hand, as it were, and get the children ready for school and put out the washing with the other. It is not a matter of a nurse being above housework. Tasks fall to the lot of every nurse beside which the most menial domestic drudgery might be deemed æsthetic. This is simply a matter of physical incapacity.

It seems to the writer that this question of nursing these women in their homes will be met in the long run by an extension of the sphere of the Victorian Order of Nurses (District or Visiting Nurses). The domestic side of the question should not be shouldered upon the nursing profession entirely. They have sufficient responsibility already.

The scope of the smaller hospital must be increased, and the work of the Victorian Order, or some other order along its lines, must be greatly extended. This means volunteers, and it means money. Both surely will be forthcoming. Whatever scheme is adopted will require considerable outlay at the beginning, but in time, if properly conducted, the enterprise might be partly self-supporting.

Pioneer work is beset at best—hard enough for the men, and cruelly, sometimes unbearably, hard for the women. Still hard as it may be, there are now, and will be for many years to come, women who having set their hands to the plough in this last work, will not turn them away until the