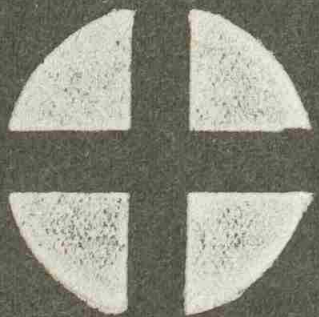


# KAI GIARI:

The Journal  
of the Nurses of  
New Zealand





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# Kai Tiaki

(THE WATCHER—THE GUARDIAN)

## The Journal of the Nurses of New Zealand

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## Edward, the Peacemaker

IN this, the first number of the Journal issued since the sad event of May 7, when the Empire was startled by the news of our beloved King's sudden death, we must, even at this late date, place on record the grief of one small section of his subjects. A great and wise King! Whose interest in all concerning his people led him, long before he came to the throne, to spend much thought and time in devising and organising the means of helping those in sickness; that phase of human life when help is more needed than in any other. In interesting himself in hospitals, he was also interested in nurses, and was ever courteous and considerate towards them. He said on a recent public occasion: "In matters of life and death the services of trained nurses are no

less essential than those of a physician or surgeon."

In every movement for the welfare or betterment of nurses the King, and Queen Alexandra were ready to give their support, and in many ways they have shown their recognition of, and respect for, the profession of nursing.

The name by which our late most deeply esteemed Sovereign will go down to posterity, is one which of all others should bring most lasting honour to him, who earned it by his unflinching tact, consideration, wisdom, and sense of justice in dealing with the conflicting interests of different peoples and countries. Surely far greater than a great conqueror is he who can so adjust the balance of power as to render conquest unnecessary.



## Training in Various Institutions

At the Conference of Delegates to the first meeting of the Central Council of the New Zealand Trained Nurses' Association, the opinion was expressed that the scheme, under the new Hospitals and Charitable Institutions Act, of placing all the institutions for the care of the sick under one Board, would largely do away with the difficulty of training nurses in some of the smaller, and in special, hospitals. We are pleased that this plan has already had a start, and is being proved practicable. From two of our principal hospitals probationers are now being sent for a part of their training to the fever hospital of the district, which is now an adjunct of the main hospital; and to the consumptive sanatoriums, and the chronic wards of the old people's homes.

We do not go so far as our American cousins, who, in what they term affiliated training, send their nurses for a year to another hospital under quite separate control. This, we think, too long for a probationer to spend away from the immediate control of the matron who will be responsible for her training, not only in the special technicalities of her work, but in the countless needs of discipline; of moulding of character (as far as that can be done with grown women); of awakening of power of observation; the teaching of method, economy, responsibility, and the developing, within reasonable limits, of the sympathetic feeling of a woman truly fitted to be a nurse.

The pupil will be sent, perhaps during her first year, to one of these adjacent institutions for about three months. If near enough to the parent institution she will still attend her lectures, but this may not be possible, and as the same lectures are given at least three times during a course of three years, it will always be possible to get at least the major portion of all that are delivered.

The matron will still watch over her; recall her if she is not progressing as desired, and receive reports of her work and conduct, just as she would if the pupil were merely in another ward. We consider that not more than six months should be spent away from the main hospital, but in those hospitals which make an agreement with their nurses to remain for a fourth year on the staff, after full qualification for State registration, further experience in the outside institutions might be obtained during that time, as charge nurse or sisters.

We do not consider that it is possible to include obstetric nursing in any but a systematic post-graduate course. Six months, at least, is needed to become sufficiently familiar with the many aspects of this work—this for qualified nurses; for others, at least twelve months. Therefore we dismiss the idea of nurses going through their general training attempting at the same time to study midwifery.

Undoubtedly this new development of training in various institutions will increase the work of our matrons; but as none of our hospitals approach the size of large hospitals in the older countries, we cannot feel that they will find any insuperable difficulty in carrying out a scheme which will make for the improvement of nurses' training in general, and the more efficient staffing of a large number of cottage and special hospitals; not to speak of the better care of the aged and chronic patients in the old people's homes.

It will be necessary in each base hospital to have on the books as many more staff nurses and probationers as will be needed for the institutions connected with it, and this will give the opportunity of more careful selection from a larger number of those nurses best fitted for positions of trust and responsibility, and best qualified to assist in the training of the juniors.



# New Zealand Trained Nurses' Association

## Central Council

Since our last report the four branches of the Association have been asked by the Central Council to consider several important matters, the chief one, perhaps, being the election of members. It is felt desirable that in order to promote the harmony, and also to uphold the high professional and social status of the Associations that newcomers to the Dominion should not be at once admitted to its ranks, unless personally known to members. Therefore the branches have been asked to consider a mode of election somewhat similar to those prevailing in other clubs and societies. State registration, while vouching for the training a nurse has received, and by placing her upon the register, giving her the opportunity of exercising her profession, cannot give any guarantee that she will be an acquisition as a member of a club such as our association is; some personal knowledge is required.

The rules have also been undergoing revision, and we hope shortly to have them complete and uniform for the four branches. The choice of some mark of membership, not a

badge, as the nurse members do not wish to supersede the registration badge, has been found difficult, and the decision of the Central Council at the meeting last year may yet be reconsidered. Fees have also been giving rise to much discussion.

At the time of the death of our late King Edward VII., the members of our Association wished to convey their sympathy to Queen Alexandra, and the president was requested to send a cable. The following cable was sent:—"The New Zealand Trained Nurses' Association offer deep sympathy to Queen Alexandra.—PRESIDENT."

The reply received next day was as follows:—"Queen Alexandra sincerely thanks you for kind sympathy in her sorrow." To President, 'Trained Nurses' Association, Wellington.

The President also wrote a letter to the Editor of the "British Journal of Nursing," expressing the regret of the New Zealand Trained Nurses' Association at the sad news of the death of Miss Isla Stewart, Matron of St. Bartholomew's Hospital.

## Wellington

The first lecture of the season was given on 27th April, by Dr. H. McLean. There was a very large attendance of nurses, and Dr. McLean's lecture on "Abortion" was much appreciated.

On 27th May, Dr. Collins lectured on "Typhoid," to over forty nurses, who listened with interest to a very long and instructive lecture.

At the close of the lecture, Miss Aitken, formerly a nurse at the Wellington Hospital, entertained the nurses by telling them of her experiences as a colonial nurse in London. Miss Aitken also gave a most interesting description of her work in Bournville, and showed some very fine photos of Cadbury's Factory, and the Village of Bournville.

Nurse France and Mrs. Crawford have been elected as members of Council.

The nurses' Annual Dance took place in Sydney Street Hall on 14th July. It was most successful, over 400 people attending, so that the room was rather crowded for dancing. The Hall was prettily decorated

with the nurses' colours—red and white—and the supper tables placed in the form of a cross, were decorated with red and white flowers. The President of the Wellington branch (Mrs. Gibbs) had been presented by the nurses with a lovely bouquet of scarlet and white flowers. The nurses were gratified by the presence of the Registrar of Nurses (Dr. Valentine). The President of the New Zealand Trained Nurses' Association (Miss Maclean) was also present, and Miss Payne, the Matron of Wellington Hospital, with about fifteen or sixteen of her nurses, many in uniform.

Mr. Hwang, the Chinese Consul, was kind enough to give a most interesting address on "The Medicine Man in China, and the gradual introduction of Chinese medical men and women from European and American schools." He described the mode of living, and diet, of the Chinese, and claimed that it was more natural and healthy than the European. There was a large audience of nurses, and Mr. Wang was accorded a hearty vote of thanks.



## Otago

Since the last issue of KAI TIAKI we have held five council and three general meetings, there have been two medical lectures and one club social.

On April 14th Dr. Williams gave a lecture on "Food Poisoning." The doctor made his subject very practical and interesting, explaining the causes, effect, etc., of his subject. We refrain from making quotations as the lecture has been promised for publication in KAI TIAKI. At the general meeting held in April, a revision of the existing rules was submitted by the council to the members for discussion. As this was a large and representative gathering the rules evoked much discussion.

It was carried that certain rules should be deleted, others amended, thereby bringing Dunedin into line with the other centres; these amended rules have been submitted to the Central Council, Wellington, for approval, and have not yet been returned, but we hope at an early date to have them printed ready for distribution among the members, and intending members.

At this meeting Miss Jeffreys' resignation as a member of the Central Council was received, and Miss Holford was re-elected to fill the vacancy.

In response to a letter received from the resident central council, it was recommended by the local council that members wishing to join the private nursing staff in connection with the Association should send in separate applications, and these should be accepted provisionally for a time, and reports obtained of their work during the probationary period, when if satisfactory they should be placed on the permanent staff. This will enable us in the future to vouch for the nurses sent out, at the call of doctor or patient.

It was also decided to draw up a few suggestions for the guidance of nurses, and for the public employing them.

On the 2nd June, Dr. Sydney Allen gave a most interesting and instructive lecture on "Immunity," explaining the action of various vaccines, and how they were prepared, and the production of antibodies in the blood. He emphasised the fact that fresh air and healthy living was the means best of producing immunity to various germs; this lecture

has also been promised for publication in our journal.

After the lecture a meeting was held when chosen designs for badges were on view. It was resolved that the Dunedin branch was in favour of small letter, small design, enamelled in BLUE. The majority of members seem to favour the initial letter being attached to a bronze enamelled blue bar bearing the letters N.Z.T.N.A., instead of disturbing the registration badge.

An At Home was held on Wednesday afternoon, May 15th, when Misses Holford and Sutherland presided as hostesses. Some amusing little stories were written by nurses and read aloud—the prize being awarded to the one receiving the most votes. The first prize was won by Nurse Diack, the second falling to Miss Shackelford, both stories as well as others, causing much laughter.

June 24th having been originally fixed for our annual meeting, and terminating our syllabus, a business meeting was held instead of the annual meeting, which was postponed until October to bring this branch into line with all the centres.

The following syllabus has been drawn up for the ensuing months—

July 29th—Social evening: Dr. Fulton, address on Rio Janeiro, with lantern slides.

August 26th—Medical lecture, by Dr. Truby King: subject, "Some aspects of the influence and responsibility of nurses."

September—Social evening: Address on Japan, with lantern slides, by Miss Fraser.

October—Annual meeting.

NOTE.—We are afraid some slight misapprehension exists as to what is meant by the "Nurses' Club Room," at Dunedin, as distinct from the "Nurses' Residential Home." The Club is quite a separate thing, although under the same roof, being rented by the Association, the members of which had maintained a club room long before the Nurses' Home was started by Miss Griffiths. The members saw the advantages it would be to them to have their club room in Miss Griffiths' house, and to have her aid in keeping it going. Miss Griffiths furnished the room, lets it to the Association, and takes charge of their bureau, and supplies tea to its members. The members of the Dunedin Association are very proud of their Club,



where they have many pleasant gatherings. They also pay a higher membership subscription in order to be able to maintain it. They gladly welcome nurses from the other

branches, or visiting nurses, and these visitors are treated as "guests" of the Club, whether they are staying in the Home, or elsewhere.—EDITOR.

## Auckland

### General Meetings

The twelfth general meeting was held in the Nurses' Club-room on the 9th March, there being a very good attendance. After discussion it was decided that a letter fixed to the registration badge does not cover the position, a number of members being maternity nurses only, and a number trained in other countries not being holders of badges. A motion was carried unanimously that a bronze bar with the letters N.Z.T.N.A. be submitted for tender to be made in the form of a brooch, the general secretary to be written to on the subject. A discussion on uniform fees ended in the nurses being allowed a maximum of £3 3s and minimum of £2 2s; when two or more nurses are on a case, only in mental or infectious cases to charge more than £2 2s.

A sub-committee consisting of Mrs. Bedford, Mrs. Kidd, Mrs. Moss, Mrs. Inglis, and Miss Lita Jones, was set up to consider some arrangement whereby the clubroom could be conducted at less expense, the lease expiring on the 1st June.

The thirteenth general meeting was held in the Nurses' Clubroom, Watson's Buildings, on the 20th June, there being a fair attendance. It was decided to have signs placed on the indicators on each floor. The idea of a ball was discussed, and on being put to the vote it was unanimously decided that a ball should be given but not a donation one in any way, and that His Excellency the

Governor be invited to be present. The question of subscriptions was discussed, and it was decided that there should be an increase beginning with the financial year in October, the amount to be decided on then by the members.

### Council Meetings

A meeting of the executive council was held in the clubroom on the 18th April, there being eight members present. Apologies for absence were received from Misses Morrison and Coltman. The action of the clubroom committee was confirmed, as having taken a room in Watson's Buildings for one year at a rental of £1 15s 6d, including rates and taxes, and arrangements were made about installation of gas, and several members volunteered to help in staining the floor. It was further decided to open the clubroom with a social evening, to be arranged by the social committee.

A meeting of the executive was held in the clubroom, Watson's Buildings, on the 15th July, there being nine members present. One resignation was accepted, and one application for membership. It was decided that a meeting be called for the 20th inst. to arrange about a nurses' ball to be held on the 15th August, that being the date graciously given by His Excellency the Governor as being able to be present, though unable to open the ball on account of Court mourning.

E. S. WYATT,

Hon. Sec. T.N.A. Auckland Branch.

## Canterbury

Association affairs have been kept very quiet while our President has been away. Since my last report we have had two addresses, with demonstrations, on "Invalid Cookery," in the School of Domestic Instruction, most kindly given by Mrs. Gardner.

Dr. B. W. Anderson gave us a most interesting paper, on 18th May, on "Some Lessons we may Learn from Work Done by the Army Surgeons in the Japanese Campaign."

We had one Council meeting (5th May), when the question of badges was dealt with. It was decided that Life members should

be accepted. After some discussion Mrs. Leslie proposed, and Dr. Acland seconded, that £2 2s. should be the subscription for Life membership. Miss Thurston proposed as an amendment, and it was seconded by Miss Collins, that the subscription should be £2 10s., and this was finally carried.

The President (Mrs. Irving) was away for two months on a visit to Sydney and Brisbane. She has kindly placed her house at the disposal of the Association for a social evening.

Nurse Maude has also promised to give a lantern lecture, on her visit to the Holy Land.



# The Training of Nurses in Private Hospitals :

## Advantages and Disadvantages

Having read with regret the resolution passed by the Central Council of the New Zealand 'Trained Nurses' Association against the recognition of the training of nurses in private hospitals for State Registration purposes, I should like to say a few words on the subject, and hope that some other members of the profession will do the same, so that we may hear all there is to be said for and against this matter.

Some reasons for the recognition of the training received in private hospitals are: (1) The need of more nurses. We all know there are not enough nurses coming forward to fill the positions vacant; also, how difficult it often is to obtain the services of a nurse, even for an urgent case.

(2) The difficulty of obtaining suitable probationers owing to the training not being recognised. Many a suitable girl does not care to spend time in a private hospital learning nursing when, on entering a general hospital, she is no further on than if she had gone straight there; she finds she still has as long to spend in gaining her certificate, and what she has learnt earns her no advantages; she takes the same stand as the most ignorant entering. If she joins a private hospital with the idea of just filling in time till there is a vacancy on the staff of the general hospital she is never settled, and so never enters whole-heartedly into her work, and therefore is not a great success. A matron of a private hospital generally finds that her promising probationer leaves just when she is beginning to be useful, and all the trouble of teaching a new probationer has to be gone through again. Could it be arranged that every two years spent in a private hospital counted as one year in a general, there would be some encouragement to the probationer to stay at least two years, and so give the matron of the private hospital a settled staff for a definite period. Further if the time spent in private hospital did count in some measure for registration purposes there would be, without doubt, a large number of applicants for private hospital work. Those found unsuitable would soon be weeded out and those that remained would be girls of the right stamp, who would in the course of time

be passed on to the general hospital to complete their training. In this way the general hospital and the nursing profession would benefit by getting the best type of girl procurable.

(3) The training is recognised in Australia and Tasmania, and found to be so satisfactory, that a motion brought forward at the last General Council by Western Australia to abolish this recognition, was lost. While in Sydney I inquired from several matrons of private hospitals and nurses' homes their opinions on this subject, and found all were in favour. They thought that for private nursing and for private hospital work, the training received was more useful than that received in a general hospital, as it led, not only to greater unselfishness in the nurse, but also to the development of tact and adaptability, without which no nurse can be really successful, but which are often undeveloped in the newly certificated nurse trained wholly in a general hospital.

Some advantages of the training received:

The probationers are taught all the details of their work by a qualified certificated nurse, either matron or sisters; every detail is overseen. There is time to spend in doing the work in the best way possible. They get a more intimate knowledge of their work than is possible in a larger institution, for they see and help with everything: Preparation of the patient for operation; sterilising; care of instruments; fumigating; disinfecting; urine testing; household and hospital management and economy; besides all treatments, medical and otherwise.

(4) Through there being fewer nurses, and as all live and work together, the matron and sisters have a far better chance of knowing the real character of each probationer, and there would therefore be no likelihood of an undesirable girl entering the profession from the private hospitals.

The chief disadvantages alleged against the training in private hospitals are:—

(1) The probationer would see less medical work. The opponents of private hospital training lay great stress on this: But is there not a medical aspect to all surgical cases;



and cannot much medical knowledge be gained from every surgical case? Taking this in connection with such medical cases as would come under her care—and in the longer course necessary in a private hospital one or more cases of most of the diseases would be admitted—a probationer would obtain a very good all-round medical training. Of course, she would not see any infectious cases, except pneumonia and typhoid; but neither would she in most of the large general hospitals. When all is said and done, are not a nurse's chief duties to observe and report accurately, and to carry out instructions faithfully and intelligently, and cannot these be learnt as well from surgical as medical cases?

(2) The probationer would learn less discipline. This is a point also frequently advanced against the training in private hospitals; but in a well-run private hospital, the probationer gets as much discipline as in a general—perhaps not so much red-tapism. She has her set hours of duty; her set work. She learns obedience, punctuality, method; she learns, in fact, that she is under authority. She does not, however, see and learn the strict disciplining of patients, as carried out in a general hospital; but neither has she to unlearn it on taking up private nursing.

In New South Wales the probationer in training in private hospitals spend, according to the daily average of occupied beds, up to five years in qualifying for their certificate. They attend the lectures for nurses at either the Royal Prince Alfred or Sydney Hospitals, paying a fee of one guinea a course, and sit for examination with the nurses trained in general hospitals at the central examinations held twice a year. Any private hospital wishing to become a training school has to apply to the Central Council for permission to train, so it rests with the governing body to grant or withhold permission as they deem advisable.

By refusing to recognise our private hospitals as suitable for the purposes of training nurses, are we not implying that they are not up to the standard of Australian private hospitals; or that the Australian standard of nursing is lower than ours? During the last six years the training received in private hospitals has gained in favour, not only with matrons of private hospitals, but also with the public, matrons of nurses' homes, and doctors. One matron of a nurses' home who formerly had only nurses trained in large

general hospitals on her staff, and always spoke against the training received in small general and private hospitals, now has several nurses from the latter institutions on her staff, and says they are the most satisfactory of her nurses, never having received any complaints from doctors or patients about them. So the private hospital trained nurse has come to stay in Australia.

Could not some scheme be devised by means of which the time spent in a private hospital should count towards the gaining of a certificate, and yet meet with the approval of those who oppose the complete training in private hospitals? Say, for instance, that four years be spent in a private hospital, the probationer to be allowed to attend lectures at the general hospital as at Sydney. A fifth year to be spent in gaining further experience, as follows:—Three months in an infectious hospital; three months in a general—perhaps a country one, as that would be to its advantage; and six months either between the consumption sanatorium and the incurable ward of the benevolent institution; or in a maternity hospital. At the end of that time, their training and experience should be such as would fit them for any nursing work they might be called upon to do, and yet there would be little risk of lowering the standard of nursing in urging that such a course should qualify for State Registration, or passing the necessary examinations.

I hope some other nurses interested in this question will find time to express their views, and suggest some means of overcoming the difficulties in the way of recognising the training given to probationer nurses in private hospitals.

ALICE M. M. THOMSON, R.N.

NOTE.—We would like to draw special attention to the above. One reason why in New Zealand the work of probationers in private hospitals might be encouraged is, that the fees paid by patients in such hospitals are very low, as compared with the fees in either Australia or England, and the salaries for trained nurses are so much higher, that it would be impossible to conduct them with trained nurses only. We would like to have other papers on this subject.—EDITOR.

“Honest endeavour is ne'er thrown away.  
God gathers our failures day by day,  
And weaves them into His perfect plan  
In a way that is not for us to scan.”



## District Nursing

A simultaneous wave of thought and care for the need in sickness of those whose lot stations them far from hospitals and doctors and nurses seems to have passed through many countries, especially countries with large, sparsely settled country parts, "bush," "back-blocks," or "out West" as it may be. This thought has concentrated itself in each place in some brain, and become the great object of work and schemes, not always on identical lines, but running always in the same direction and to the same end—the relief and help of those who are far from the the easily obtained help of the cities.

In Australia, in Canada, in New Zealand, as we take up the Nursing Journals, we see the steps which are being taken to attain this end. Let us quote from the "Canadian Nurse" of March, 1910, just to hand. New Zealand nurses will realise that what they are asked to do by their Registrar is just what is being demanded of nurses in the older Dominion across the seas:—

### "SOMETHING WORTH DOING."

"It is years since the women of Western Canada began to write to me about the need for trained nurses in the country districts; and they have been writing ever since about it, and yet no one has formulated a plan that would meet that need. I do not mean in the least to disparage the works being done by the various orders of nurses; but nurses must live if they are to do the work necessary, and to live they must have money. Now, at the present time there are people on homesteads who could not pay the salary of a trained nurse, and yet such people are just as liable to get sick as those who could pay for two nurses if they wanted them. Then, too, there are many districts which are so sparsely settled that a nurse, even receiving the usual salary, would not get work enough to enable her to stay there. But there are many people, especially women and children, in such districts, who die or become chronic sufferers because of lack of skilled attention during sickness."

The writer of this article goes on to make a suggestion that the women of a district should form themselves into a club: "There is no need for our women to wait for the

Government: Let them get to work, and organise a club themselves; a club not only for the country women, but a club for all women interested in the work. Then, with these clubs organised, it would be an easy matter to give a few entertainments, and get enough money in the treasury to send for a trained nurse, and guarantee her a living wage of, say 500 dollars a year, and then have a contract with her that she is not to charge members of the club more than a fixed sum; that she must, if possible, go wherever and whenever she is wanted; and that the society will pay the charges where the patient cannot afford to do so."

This is very interesting to us in New Zealand. It is a good scheme, but not, I think, quite so good and practical as that advanced by our own Registrar (Dr. Valentine). Shortly, that is—in case our readers have not already seen all that has been written about it—if in any part of a Hospital District the need of a nurse is felt, the settlers of the district, who are already contributing their share to the Hospital rates, have only to make an application to the Board of the Hospital, accompanied with a guarantee from themselves of a certain proportion—not more than half of the necessary salary and expenses of a nurse—to have a nurse sent to work among them. Provision has been made in the new Hospitals and Charitable Institutions Act, passed last year, giving Hospital Boards power to devote their funds, supplemented by the Government subsidy, to providing nurses for the care of the sick outside their institutions. So the settlers, who all, in their own districts, are obliged to contribute towards the upkeep of the district hospitals, from which they are too far distant to obtain the same benefit as the dwellers in the towns, will have their share, at least in nursing care, when they need it.

Now what is needed to carry out this scheme is the help of the trained nurses. The very best nurses are needed: Women of experience; trained in medical, surgical, and midwifery nursing; with infinite tact to deal with all classes of the community; with resource to make the best of means available; with judgment to decide the best



steps to take, and with force of character, to ensure those steps being taken.

A very great work lies before the nurses of the Dominion, and we want our own nurses to take the work up. There is no risk about it. A nurse is not called to start work in a place where there is doubt whether she will earn her bread and butter. She is assured of an adequate salary: £100 a year, and £50 allowance for board, which can be had for less than that sum in the country; whether her patients are able to pay for her services or not; whether she has enough patients to earn so much or no. She has no anxiety as to ways or means, that is the concern of the Hospital Board under which she works, and of the Government, which gives a share towards her maintenance. She may have busy times, when she may have to press volunteers into her service; but there will be other times when she may make holiday, and when the country people will do all possible to help her do so. Therefore she should be possessed of still another quality—that of geniality and sociability. She must be able to make herself one with the people among whom she lives; to share their amusements as well as to soothe their pain.

We hope that in the future we may be able to boast in the Dominion of a well organised Army Nursing Service, and we know that nurses are eager to enrol themselves in such a band. This "back-blocks" nursing service may not present so glittering and attractive an appearance, but there is no doubt whatever that those nurses who join it will get to the front, and be in the thick of battle with disease and death long, long (we hope) before the Sisters of the Army Nursing Reserve are called up to serve in grim reality.

We have heard from Miss Amy Hughes, who was staying at Government House, Sydney, that she fears the short time at her disposal for the special purpose for which she came to Australia, viz., the organisation of Lady Dudley's Bush Nursing Scheme, will not allow her to visit New Zealand. We regret very much that the nurses of New Zealand will not have the privilege of meeting this distinguished nurse, whose work is well known to all nurses who read the current literature of their profession. We reprint the article written by her for the A.T.N.A. Journal, as follows:—

"General attention has recently been drawn to the subject of District Nursing, owing to the great scheme suggested by Her Excellency the Countess of Dudley to ensure a supply of district nurses for the Commonwealth of Australia.

Special interest now attaches to the movement in consequence of the suggestion that it should be established as a Memorial to King Edward VII, who took a personal interest in all that affected the ultimate good of the community. It is well to note that the conditions concerning district nursing in Australia to-day are almost identical with those which existed in Great Britain in 1889, when the Queen Victoria Jubilee Institute was founded; the origin of that movement being the Jubilee gift of the women of Great Britain to their late beloved Queen. The endowment fund of the Institute was thus collected by them, the contributions being largely made up of small sums of money.

In Great Britain, as in Australia at present district nursing was first established in the cities, and there were not above 200 nurses thus employed when Queen's Nurses were started. In Canada matters were even less forward, when, in 1897, the Royal Victorian Order of District Nurses for Canada was established in commemoration of the Diamond Jubilee of the good Queen. It was found necessary practically to establish district nursing in the towns before extending it to the outlying districts.

In comparison with Canada, Australia to-day possesses the great advantage of already having excellent hospitals established in nearly every small town. In Canada, these have had to be erected, as part of the scheme of district nursing.

The many difficulties suggested at the beginning of both the Mother Country and in Canada, have gradually proved capable of removal, and experience alone will show how the details of the system can be best applied in the various States by local committees.

The first step in district nursing is to obtain fully qualified nurses, and in Australia the nursing profession has solved this question. The principle of registration organised by the A.T.N.A. and its sister branch, R.V.T.N.A., prevents any danger of an unqualified woman being enlisted in this national service of district nursing.

All trained nurses realise the difficulties to be encountered when they first leave



their well equipped hospital wards, where clean linen is unlimited, no difficulty exists in the water supply, the patients' friends are only admitted occasionally, and there is no trouble in carrying out the doctor's orders. These are formidable enough in private nursing, where the surroundings of the patients are comfortable, and naturally are intensified in the homes of the less well-to-do, where frequently the common necessities of life are wanting.

It is to equip nurses to face these difficulties that the system of training for a period of six months under a skilled superintendent has been instituted by the Queen's Institute in Great Britain, and the Royal Victorian Order in Canada.

Nurses who enter for district nursing soon realise that there is much more than the actual treatment to be done for their patients. They become in the truest sense of the word, without false sentiment or suspicion of patronage, health missionaries, as Miss Nightingale aptly termed the first district nurses.

During these six months they gain experience in the practical principles of sanitation and hygiene, and are thus able to give valuable object lessons on the important questions of cleanliness and ventilation. Their knowledge of cooking enables them incidentally to give valuable hints to the mother in the preparation of the food for the family, making the most of the materials to hand, and removing many of the prejudices and superstitions concerning what is good for babies and growing children.

The district nurses' attention is also drawn to their duties as citizens, and they generally by means of lectures, are thus prepared to speak wisely, as opportunity arises, on questions of thrift, temperance, and the general social welfare of those amongst whom they are working. The possession of the midwifery certificate is practically a sine qua non for district nurses, as, quite apart from skilled attention, they can give valuable instruction to the mother as to her own health, and to that of her infant, before her confinement, and, in attending afterwards, educate her as to the right methods for rearing healthy children.

It must be remembered that under all existing systems of district nursing, the work in no way interferes with the interests of private nurses, or those known as "visiting, or hourly," nurses.

The regulations under which local committees employ district nurses provide that, while the nurse receives the full market

value of her services in the country in which she works, she is only available for that part of the community which requires skilled nursing, and is unable to pay adequate remuneration for the ordinary private nurse.

An essential principle of district nursing is that the whole work is conducted under the directions of the medical profession. This does not imply that a doctor must be in regular attendance, as naturally there are many chronic cases in which the services of the nurse are necessary, but where the doctor needs only her report on the condition of the patient from time to time.

In thus outlining the objects of district nursing, no special reference has been made to the scheme for extending this work throughout Australia, but it is beyond doubt that the existing well organised, highly trained nurses of the Commonwealth will meet the need as it arises, in places where the services of a district nurse will be of the greatest value, not only in assisting the medical men in nursing the people, but also in promoting a higher standard of health and well-being in every home she enters.

AMY HUGHES.

The district nurse at Uruti writes an account of a very trying case she recently had to nurse. It was a case of rheumatism, and as the patient's wife was away from home, having recently been confined, there was no one at all to look after him. He could not be brought into town, as there was an eight-hour coach journey over terrible roads, and this he could not have stood. The doctor had been communicated with by telephone, and sent out the necessary medicines with nurse. The poor man grew steadily worse, and suffered extremely, and nurse sent for his wife to come, who said everything possible had been done. The wife arrived in time to see him before he died, and to show him his little child. This was a sad and anxious case for nurse who had the burden of such responsibility upon her; but her reward was in feeling that but for her this poor man would have been left to suffer without those alleviations which were possible, and his young wife would have lost the comfort of knowing that in her absence her husband had tender care and skilful nursing. We cannot hope always to have a favourable result to our work; but when we have done all that is possible, we must rest content, and not feel that our labour has been in vain.



## St. Bartholomew's Hospital

The appointment of the new Matron of "Bart's." is one of great interest to the nursing world; this old and famous Hospital being one of the chief training schools in Great Britain.

The Matron selected, as was announced in "The Nursing Times" of 4th June, is Miss Annie MacIntosh, Senior Assistant Matron at the London Hospital, where she has been for thirteen years. From later reports we learn that this appointment has not been well received by "Bart's." nurses, and a meeting of protest was held, which was largely attended by nurses past and present. One chief cause of dissatisfaction

was that a Matron had been appointed who was trained in a Hospital which gave a certificate after two years' work. This is certainly a grave cause of apprehension, as the nurses of "Bart's." feel that the life-long work of their late esteemed Matron, in upholding the standard of nurse training, and in promoting the cause of the State Registration of Nurses, may be endangered by the introduction of one whose training has been under those opposed to this progressive movement.

Let us hope that Miss MacIntosh may adopt the policy of her predecessors, and carry on the work so well inaugurated.

## Nursing Amongst the Maoris

BY AKENEI HEI, R.N.

It is a much-debated question in every kainga or village, whether the European civilisation has fulfilled its expectation. The old people say it has not. To prove their words they bring forward the decline of our race, closely following the forsaking of the ancestral customs. Educated Maoris favour the new order, and impute the national decay to modern tohungas, who are but impostors; and to the unhealthy conditions often prevailing in the native houses, foods, and clothing. But even in the most Europeanised families there lurks a secret attachment for those dear old customs, which are the result of so many centuries of experience, and no doubt contain many things worth keeping.

Such customs, having kept the Maori race in vigorous health for many generations, deserve consideration. They help Europeans to understand the workings of the native mind. A greater knowledge of the native mind will inspire a greater, and thereby a deeper sympathy for the Maori people, such sympathy abating the racial feeling, and thereby doing more for the uplifting of the Maori than all our Parliamentary laws and health regulations.

To draw the attention of the nursing world to this aspect of the Maori question, I have put together, to the best of my ability,

a few notes on my yet short experience amongst my own people.

Last November, I was transferred from the Public Health Department into the Native Department. New Plymouth was assigned to me as my headquarters. I spend my time nursing the sick in the villages, and teaching the natives a more sanitary way of living. In this work I encounter many difficulties. It is true that the suspicions natural to my people (especially the old ones) against European doctors and nurses, do not exist against me; but my work means the dissolution of some time-honoured customs; the tearing down of ancestral habits and teachings; the alteration of Maori thoughts and ideas of living; in fact, a complete revolution in their socialistic, communistic and private life. Who cares to have a stranger poking around his back door, condemning the hundred and one things which sanitarians know are detrimental to public health?

To the old Maori there were but four ways of death: first, witchcraft; second, war; third, natural death; fourth, accident or suicide. Every indisposition not connected with these four ways of death was imputed to some divinity, whose "Tapu" had been violated, or whose maglinant intervention had been sought for by an enemy. Hence,



the first and most urgent remedy in a Maori sickness is the appropriate "karakia." The mind of every Maori is well stored with those different "karakia" to appease the offended gods, to ward off the shafts of witchcraft, and to protect the life-principle (Mauri) of man. Besides, the old tohungas, learned in their sacred school "Wharekura" the use of simples for every suffering. Thus in the good old times, fatal disease was rare. Since the disappearance of the "Wharekura," and the arrival of the Europeans, it has become impossible, for want of competent tohungas, to retain the life-principle of the Maori race. The "tapu" were desecrated, and the protecting gods returned to Hawaiki, to the cradle of the race. Maori disease had become fatal; European diseases of all kinds had been introduced and played havoc.

In recent times Maoris have put their faith in native remedies, though the old incantations are now and then used; for it is impossible for the Maori mind to sever the physical health from the religious beliefs, hence the great respect for modern tohungas, who are but playing on their people's credulity. I know that the power exercised by such impostors settles the patient's mind, and thereby greatly contributes towards a speedy recovery. But it is not altogether pleasant to have the doctor's prescriptions subject to a tohunga's freaks. Great discretion must be used not to offend the patient's beliefs, and at the same time uphold one's own mission. This is perhaps the greatest difficulty encountered by those who minister to the health of my people.

In case of sickness, the first thing a Maori does is to look for the cause of the said sickness. He scrutinises all his past actions, and looks for a breach of "tapu," whereby the wrath of the native god would have been aroused. If this personal inquiry fails, the nearest tohunga is called for to investigate the case, and to pacify the offended divinity. The tohunga's incantations may fail to appease the native god, in which case the patient concludes that some enemy is working "makutu," or witchcraft on him. By some way or other, this enemy has secured some of the patient's hair; a shred of his clothing; a remnant of food left by him; a drop of his spittle; a paring of his nails; something that has touched his person; some earth on which he sat or walked. By powerful incantations a tohunga has enclosed the patient's life principle into such an object

called the "ohanga," or medium. Should the tohunga bury the ohanga, the patient would pine away as the ohanga decayed; should he burn the ohanga, the patient would die, as if through being burnt. A tohunga of greater "mana" than the unknown malignant sorcerer must be called, to know the author, and to destroy the effects of the "makutu." To effect this, the patient is carried to the river side, where special ceremonies are performed to send the "makutu" back to its author. If the disease persists, the patient and tohunga concludes that a curse is at the root of the whole trouble, then new incantations are needed to remove the curse. A failure, however, is always readily attributed to the neglect of the tohunga's prescriptions. In such a case the patient resigns himself, and makes up his mind to die. A last chance, however, remains: The disease might be a European one; a doctor or a nurse is called, but it is often too late. The preceding rites have taken a few weeks; the patient is weakened, and the disease, which may have been a trivial one at the start, has now become serious. A complete study of the idea of diseases in the Maori mind would require the perusal of the sacred knowledge handed down from the "Wharekura." Let it suffice to remark that my race had, concerning the mysteries of life, ideas and theories which are very like those of modern nations. The sorcery, magic, and enchantments of my ancestors compare favourably with clairvoyance, telepathy, and other phenomena of European mesmerism or hypnotism. Many singular phenomena, which are still puzzling the learned members of psychical societies were well known to our old tohungas. For instance, the fire-walking ceremony; and the double-personality.

(To be continued.)

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**We would call the attention of our readers to the necessity for the subscribers to forward their subscriptions without delay, to Miss Dencker, and urge upon them to obtain more subscribers. A great many readers have not yet sent in the amount, and it will be impossible to carry on our Journal if those for whom it is published neglect to do this.—**  
**Editor.**



## Letters to the Editor

Nurses' Home,  
Napier Hospital.

Dear Miss Maclean,—Thinking that you might like to hear from the nurses from time to time, we are sending a small contribution to KAI TIAKI.

As there is a sameness about nurses' work while on duty, we thought we would tell you a little of what we sometimes do off duty. We all share the sentiments of the wise old adage :—

“ A little nonsense now and then,  
Is relished by the wisest men.”

So instead of lectures and studying, our thoughts turned to ways and means of giving a farewell evening to Sister Hetly, who was shortly to leave our circle, to receive a course of training at St. Helens, Christchurch.

With one accord we all decided that it should be a fancy dress dance and entertainment, no nurse being allowed to come unless in fancy costume. Mr. Jones, a brother of one of our nurses, kindly lent us a gramophone, which helped our programme immensely.

The first item was a Spanish dance, by two of the nurses, in national costume, whose actions were imitated in a ridiculous way by two coons—Yoo and Pete. Some other items were : Charades, songs in character, recitations, guessing competitions, dancings, etc. Pete, whose acting was typical of his race, kept us in fits of laughter all the evening, especially when he solemnly offered Matron his arm and took her into supper, the baking for which was all done by different nurses, and tastefully laid out in the study. After doing full justice to all the good things, we wended our way back again to the drawing-room to finish our programme, when we had the pleasure of seeing the almost obsolete “ Sairy Gamp,” aglow with testimonials from antiquated doctors. With “ Sarah ” came her rival, “ The Future Nurse,” who did not consider a few rings and bangles out of place, as they could be sterilised occasionally, and they added to her charms.

After wishing Sister Hetly all success and good luck at St. Helens, we presented her with a hypodermic case, from “ The Sisters ”

and an ebony-backed hand-mirror and brush, suitably engraved, from “ The Nurses.”

After singing “ Auld Lang Syne,” we all departed our different ways, some fortunate ones to bed, and some to night duty, all feeling confident that it was one of the most enjoyable evenings ever held in the Nurses' Home at Napier Hospital.

Nang Na, via Foo Choo,  
5th February, 1910.

My dear—Well, I would like a week with you here! Never, oh never, shall I be able to make my friends outside see China as she is, and so letter writing is hopeless.

I had four months in Foochow, then was sent up country to the north-west of Fukien Province, where workers are fewer than in any other part. I am seven days away from Foochow, in a market town of 5,000 people, with one other lady. Our nearest neighbours are half-a-day away. All the year round we see no one else but chance missionaries passing up or down river. We have no books, no newspapers, no music, no concerts, no friends, “ no nothing,” but work, work, work. Yet we are as happy as possible and never feel lonely. It would be awful to be shut up with a fellow worker one did not “ hit it off ” with. I am still hard at this sing-song language ; quite a new dialect since I came up country, but I'm not so tongue-tied as I was. We do quite a big dispensary work, and I am the best doctor in this town. Imagine how I feel when I have to diagnose and prescribe—and pity me! I am the best dentist, too : I don't know how the natives got their teeth out before ; they have no forceps. These people stand pain well, sitting like lambs while I wrestle with them ; fortunately, they have never heard of gas.

A while ago a man came with a badly poisoned hand, the arm being much swollen. It was covered with some filthy black stuff, that looked more like mud than anything else. He came with his grandfather, whose faith is in the knife, since I had occasion to open his own leg. His “ Ah! Ah!” was



great when I said I would open it. It had to be done in three places, and the man sat quite still—and my best knife had a notched edge! Poor things! they are used to nothing better, and don't know how much easier things could be made for them if only this were a proper hospital. They often come and tell me what their disease is, and ask for a certain medicine, and will have no other. I always let them have their own way, and tell them to come back if it does not answer.

We have far too many poisoning cases, and suicides are dreadfully frequent: A husband and wife quarrel, and one takes poison, inviting the other to get help, which they may do if there is any affection at all. I have had an arsenic, an opium, and a potash case, and often they will throw themselves into the river. If their home life is not happy they have nothing to live for—no hope in this world or the next.

Do you know how marriages are made? As soon as a baby boy is born the mother wants to buy a baby girl to be his future wife; so a girl is bought, and when she and the boy are about eighteen, or less, he takes her to wife. Since they have no choice in the matter, too often there is no affection, and often dislike. Just now I am trying to make something of a wee girl of three, belonging to one of our Christian women. She can't yet walk, and the woman begins to think she has made a bad bargain, and I suspect wants to get rid of her, but no one will buy her. I have seen her future husband, aged six, carrying her about.

Our cook and his wife bought a baby boy. The parents were poor, so could not afford to keep him. The day after birth, he arrived with a nurse, amid great excitement. Next day it was brought to me, and I found he had an imperforate anus, and advised him being sent to Kien King City. He was taken, but died. Next day we heard that he was the child of the worst woman in town. We already have a child of hers here—a baby girl, thrown away at our gate some years ago. We have had seven such here. One we have given to our cook and his wife; another to a catechist, and the rest are with us—the nicest little bodies, and fine to play with when the work gets beyond us.

One of our women came here to-day to ask us to eat dinner with her on Tuesday—our cook's wife is invited too! We will go to a small, dirty kitchen, with damp, uneven,

mud floor, with pigs, hens, and ducks about our feet. We will have a basin, and pair of chop-sticks given to us, and the food will be in various open basins, all ready chopped up, and we will all dip our chop-sticks in again and again—and politely give dainty bits to our neighbours!! What a way to spread consumption, and there is such a lot in China.

We had three shipwrecked people here last week from higher up the river, on their way to England for furlough. They wrote to say they would put up with us for a night, so we prepared for them. They did not come, so we sat down to our extra spread for supper, the cook remarking: "It is not necessary to eat the pie to-night." The people turned up 24 hours late, having been on a rock twice in a rapid, the second time doing a good deal of damage.

The country is full of funny things: One can almost always laugh. I'd love you to see a soldier, with a queer, peaked cap, cotton trousers to his knees, of the correct khaki colour; no shoes, no stockings; a blue cotton umbrella; a fan, and a strap over one shoulder with a sword hanging to it. I hear they have lately got policemen in Kien King City—20 of them—and I hear they look almost as queer as a soldier, even though their clothes were made in Foo Chow, and are from a foreign pattern, and they have foreign boots! Poor things! they will be awful on these cobble stoned streets, which are always wet and slippery.

China is awful! Filthy! With no sanitary system and no drainage: Only that the country is hot, and people live so much out of doors, I am sure thousands would die because of the want of cleanliness. When they come to our house—a plain, bare place, with whitewashed floors; no curtains; wooden chairs, etc., they think it wonderfully grand—and fearfully clean. And indeed, compared with their holes, it is. I have seen many take off thin shoes, and tread on tip-toe for fear of spoiling the floor. And then they turn this against us and say we live in a grand place; and are we not well off in China! indeed, we did well to come, and probably had we stayed in our country we would have had nothing half so fine. They honestly think it a privilege for us to be here. They think they are THE people of the world, and China the only country worth visiting, and their knowledge of the world is so great, that one cannot even begin to tell them they are 1,000 years behind



every other country. They can't take it in, can't make comparisons. But they are a wonderful people, and have stuck well together, and been independent. The people of the coast know much more than those up country people, and are going rapidly ahead, and even here, the change and advance in the past ten years is wonderful. I am glad to be here, and like China very much, and trust she will be a Christian country before she is able to take a first place in the world, otherwise, what would be the result? China up-to-date—a huge country able to hold her own, and still heathen.—Yours sincerely,

E. STINSON.

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#### CO-OPERATIVE NURSES' HOME.

Dear Madam,—May I hope you will do me the favour of inserting this letter in the Nurses' Journal. It will, I venture to hope, be of some interest to nurses engaged in private nursing:—

I have a suggestion to make to private nurses, re the so-far, unsolved problem of establishing comfortable quarters for themselves. It seems to me a singularly appropriate time to tackle the question, i.e., in the middle of winter, when one would thoroughly appreciate plain, homely comforts, such as a fire, etc. (At time of writing I am sitting in a cold, bleak room, longing for the telephone to ring to summon me to

warmth and, at least, more comfort, in a patient's house).

My suggestion is simply this: Let twelve or more nurses take an unfurnished house. If two nurses share a room, each nurse to provide her share of bedroom furniture. Namely, a bed, chest of drawers, one chair each, and both to pay the cost of the washstand between them; while all would contribute towards the furnishing of kitchen and dining-room. Only the expenses actually incurred would have to be met. There would be no one established there to make a profit out of it. The last nurse home from a case to act as housekeeper until another came home to relieve her. The one who had been acting housekeeper would then, if she wished, take the next case.

A servant could be kept if desired, at a reasonable wage. In the event of a nurse desiring to sever her connection, she would give due notice, and her share would be bought by the others, and held for a fresh applicant.

Such a scheme would, it seems to me, secure such comforts (we do not want luxuries) as would make it, in the truest sense of the word, a nurses' "home." I hope some of our nurses will think this over, and discuss it among themselves. Any nurse wishing to communicate with the writer, please address—S.G., Post Office, Auckland. I am, etc.,

"ONE WHO ENJOYS A GOOD SQUARE MEAL."

16th May, 1910.

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## A Visit to Great Ormond Street Children's Hospital

### Extract from a Letter by Sister Stubbs (late of Christchurch Hospital)

[NOTE.—Thanks to the kindness of Miss Thurston, we publish this short account of Great Ormond Street Hospital. We hope that Sister Stubbs will give us some account of other hospitals she visits.—ED.]

I went to see the Children's Hospital, Great Ormond Street, and know you will be interested to hear about it before making final arrangements about our own ward, which I trust is going on well.

The hospital can take in 200 children, from two to twelve years of age. There are eight wards, with balconies down either side, plenty of fresh air and coal fires,

The cots were all of one size, with what I thought a splendid idea—a little stained table to fit on to each cot; this held their toys, or their meals, and kept the bed so beautifully clean; in fact, I never saw such tidy beds and children, they were like wax dolls lying there. But I don't think they loved their nurses as my babies loved me, for not one moved or smiled when the nurse went to them, and ours are all over the bed, and I like our way the best.

Another thing I liked was the dressing trolleys—a little larger than our theatre tables—always arranged with small, uniform



lotion bottles, and dressing boxes, which did away with cupboards, therefore corners.

The infectious cases had a table on the foot of their bed, holding a glass dish of lotion for the hands, and another for thermometer. The floors were stained and polished. The flower tables had tops of glass—ours are prettier though harder to keep clean. Crossways in the ward was the dining-table, two-feet high, around which the children who were up sat for tea: They were having a good tea, too, the special ones had bread-and-milk, the others each had a slice of bread and dripping, an egg, and small sponge cake, with a mug of milk; every child had the same.

The children in each ward were dressed alike, in coloured woollen coats—and they

must have wonderful laundry arrangements, for the clothes looked carefully washed. The children on the balcony all wore "Red Riding Hood" cloaks and hoods.

This all sounds very extravagant for a public hospital, but I am told that it is the pet charity of many people here, who deny it nothing. In one thing, I think, we are much superior, that is our nurses' appearance, and if they only knew, they would thank you every time you criticised their hair and belts, for it does give a superior tone to the wards, and English nurses, as a class, are not neat.

I went to visit Guy's Hospital too: It is a wonderful place, with up-to-date appliances, but not so dainty as ours.

## Books for Study and Leisure Hours

"Red Horse Hill," by Sidney McCull.—

This book, by the author of "Ruth Dexter," is certainly very interesting, although when one lays it down there is a feeling of disappointment, in that the great question, which, apart from the love story, forms the chief interest of the book, is too lightly and cursorily dealt with. The terrible blot on America's civilization—the employment of child labour—labour in which the lives of tender children are withered by constant toil and the atmosphere of the factories, needs the pen of a great author like the writer of "Uncle Tom's Cabin," to express its iniquity.

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"A Modern Chronicle," by Winston Churchill.—

This book, by the author of "The Crisis," is a very clever study of the conditions of life in America, and is especially a severe indictment of the laws of the States regarding divorce. It exposes the aimless life of the modern society woman, and by taking for heroine a woman of a really high character, and inherently good and pure disposition, shows how such a woman may, by force of circumstances, and lack of power to rise above her surroundings, be led on step by

step to do what she afterwards bitterly regrets. We cannot blame Honora for drifting apart from her husband, as she was almost forced to do so by his absorption in money making, to the exclusion of any other interest. We feel intensely sorry for her, in that, as her charming old Aunt Mary feared, she "buildded upon sand."

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"Canadian Born," by Mrs. Humphrey Ward.—

A brightly written record of travel in Canada, with the central interest, of the story of a self-made Canadian engineer, and a well-born Englishwoman. The book is charmingly illustrated with views of the grand scenery of the country, and holds one's attention from the first page to the last.

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"Cookery for the Sick and Convalescent," by C. Herman, sen., G.C.A.—

A small pamphlet which is given to the nurses on the private staff of the London Hospital. It is a useful little booklet, with many good recipes. It is small, and easy to carry in private nursing, and we recommend it to our readers. It can be got from The Food and Cookery Publishing Agency, 329 Vauxhall Bridge Road, London, S.W.



## Queen Alexandra: The Idol of the Children

Just as the late King will be known for all time as "Edward, the Peacemaker," says the "Standard" in its charming character sketch of the Queen Mother, his gracious Consort will go down to history as "Alexandra the Compassionate." It has not been by words that she has endeared herself—not by conventional patronage to this or that institution. Her help has been practical—her interest real.

She is a veritable angel of light in children's hospitals. There is scarcely a hospital which has not a "Queen's bed," or a "Queen's ward," not because her Majesty has contributed specially toward its support, but because at this bed or that, she has stopped to show some mark of affection to a sick child, or has spent a longer time in one ward than another.

"The Queen comes unannounced," said the Matron of a great hospital. "We may know half-an-hour or so before her arrival that she is expected, but she will have no fuss, nothing in the nature of a ceremonial.

Nurses go round the wards and tell the children, and for that half-hour before Her Majesty's arrival, there is some difficulty in keeping anything like silence. The children chatter excitedly. Some, perhaps, have seen her before—those bad cases which require years of treatment, and they are very anxious to know whether Her Majesty will remember them again. They need have no fear, for she never forgets; she remembers their names, and what is wrong with them. She remembers them well enough to tell whether they are looking better than they were when she saw them the last time she was here."

There is a story told in one of the East-end hospitals of how the Queen spent a quarter-of-an-hour chatting to one little boy, to the intense indignation of all the other small people, who, on Her Majesty's departure, fiercely questioned the lucky boy as to what the Queen had said, and for what reason she had spent so much time at his bedside.

"I got a pain, an' I made a face," was the little boy's solution.

It so happened that the Queen paid another visit to the same hospital a short

time afterwards. Just before she entered the children's ward the Matron made a provisional visit, to find the sister and nurses on duty in a condition bordering on despair.

"I am so glad you have come, Matron," said the agitated sister in charge; "these children are misbehaving so badly."

"What are they doing?" asked the Matron in surprise.

"Look!" said the sister, with a tragic sweep of arm, and the Matron glanced along the trim row of beds.

On every pillow was a small head and a small face—and each face was one hideous contortion! In the hope of attracting the Queen's attention, twenty little people were busily engaged in "making faces."

There is tragedy enough in the children's ward, and the Queen has never spared her own feelings in making her frequent visits. She did not confine herself to the "interesting cases," or to the "clean cases." The dying have seen her calm, sweet face; the mother, watching the flickering away of her child's life, has been soothed by the "lady in heliotrope," who shared her sorrow and her vigil. The poor of London know of these happenings; they are carried from tongue to tongue; they have become legends in the homes of the humble. It is not so long ago that a man was charged at an East-End police court with "wilfully damaging a portrait of the Queen exposed for sale at a little furniture shop; and, in giving his evidence, the constable who arrested the man informed the Bench that he had had the greatest difficulty in rescuing the offender from the fury of the women of the neighbourhood. This episode may convey some idea of the extraordinary reverence in which the Queen Mother is held by her poor.

"It isn't loyalty, it's worship," said one, who has spent a life amongst the poor of Lambeth and Walworth. "It is unbelievable that any human being could in his or her lifetime attain to the position occupied by Her Majesty. Whatever loyal devotion comes to her from the people of England, her dominion is in the hearts of the poor!"  
—From the "Dominion."



## Queen Alexandra's Message to the Nation

Buckingham Palace,  
10th May, 1910.

"From the depth of my poor broken heart I wish to express to the whole nation, and our kind people we love so well, my deep-felt thanks for all their touching sympathy in my overwhelming sorrow and unspeakable anguish. Not alone have I lost everything in him, my beloved husband, but the nation, too, has suffered an irreparable loss by their best friend, father, and Sovereign thus suddenly called away.

"May God give us all His Divine help to bear this heaviest of crosses which He has seen fit to lay upon us—'His will be done.' Give me a thought in your prayers, which

will comfort and sustain me in all I still have to go through.

"Let me take this opportunity of expressing my heartfelt thanks for all the touching letters and tokens of sympathy I have received from all classes, high and low, rich and poor, which are so numerous that I fear it will be impossible for me ever to thank everybody individually.

"I confide my dear son into your care, who I know will follow in his dear father's footsteps. Begging you to show him the same loyalty and devotion you showed his dear father. I know that both my dear son and daughter-in-law will do their utmost to merit and keep it. ALEXANDRA."

## King George and Miss Nightingale

On Thursday last week King George telegraphed to Miss Florence Nightingale, O.M., 10 South Street, Park Lane: "On the occasion of your 90th birthday, I offer you heartfelt congratulations, and trust that you are in good health" (Signed) George R. and T."

In reply, a telegram was despatched on behalf of Miss Nightingale, expressing re-

spectful thanks to His Majesty for his gracious congratulations. That the King, in the midst of his own trouble and responsibilities, should have remembered that 12th May is Miss Nightingale's birthday, and sent her a message, shows his thoughtfulness, and his keenness to do honour to the pioneer of trained nurses, and the greatest of nurses.—From "The Nursing Times," 21st May, 1910.

"The late King had no more devoted subjects than the trained nurses of the Kingdom, and many hundreds took their places in the crowd to give expression, for the last time, to their loyalty to the dead Sovereign; and many also visited Westminster Hall during the Lying-in-State, when special facilities were given them to obtain access to the Hall by way of Palace Yard. This thoughtfulness for a busy section of workers, was greatly appreciated by the trained nurses, and numbers availed themselves of the privilege thus extended. Amongst the thousands of wreaths sent to Windsor, many beautiful ones were sent by

hospital nurses and nursing associations, and it will be gratifying to them to know that the names of the senders will be copied, and bound up into a special volume, and the thanks of the Queen Mother will be extended to all.—British Journal of Nursing."

\* \* \* \* \*

"St. George's Chapel, Windsor, where King Edward VII was laid to rest, is intimately connected with the history of the dead King; for to this Chapel he was carried for his baptism, and at its altar rails he awaited his bride."—"British Journal of Nursing."



## State Examination of Nurses

At the recent examination for the State Registration of Nurses, under "The Nurses' Registration Act," 1901, the following candidates were successful. Their names appear in order of merit:—

Ethel M. Dement, Wellington; Jessie Goldfinch, Wanganui; Winifred Stubbs, Nelson; Rebecca Curtain, Wanganui, and Minnie Jeffery, Dunedin (equal); Ethel J. Lloyd, Wellington; Phebe C. Cope, Wellington, and Evelyn Nosworthy, Dunedin (equal); Florence Evans, Wellington, and Eliza M'Knight, Dunedin (equal); Letitia Campbell, Dunedin; Eva M. Mead, Wellington, and Elsie M'Allum, New Plymouth (equal); Louise Higginson, Hamilton; Jean Hart, Wanganui; Eliza A. Symth, Christchurch; Monica Gillon, Greymouth; Violet J. Price, Wellington, Winifred G. Morris, Wellington, Ruth Smith, Auckland, and Janet M'Ghie, Naseby (equal); Mabel E. J. Kittelty, Greymouth, and Marion Petrie, Greymouth (equal); Dora Bull, Christchurch; Eva P. Walsh, Auckland; Ruth Gilmer, Wellington, and Dora Moore, Dunedin (equal); Mary M'Beth, Wellington; Nellie Grace, Greymouth; Grace Calder, Dunedin; Nina W. Black, Thames; Lucy Bowie, Timaru; Lilian Fairhall, Nelson; Ella M'Kay, Christchurch; Olive L. Long, Wellington; Beatrice Noall, Christchurch; Dora E. Giffney, Auckland, and Alice C. Fraser, Auckland (equal); Ellen I. Shaw, Wellington; Maud Atkinson, Auckland; Blanche Hadland, Auckland; Isabel Cruickshank, Dunedin; Hilda F. Whitehouse, Ashburton; and Lucy C. M'Leod, Christchurch.

In our next issue we hope to publish some comments by the examiners, together with the best answers.

### Midwifery

The State examination of pupil nurses trained under "The Midwives Act" was held in Wellington, Dunedin, Auckland, and Christchurch on 1st and 2nd June, and the following candidates passed. Their names appear in order of merit:—

Sarah Warnock, St. Helens Hospital, Wellington; Lucy Barket, St. Helens Hospital, Auckland; Lily Worthington, St. Helens Hospital, Christchurch; Harriet Newman, St. Helens Hospital, Christchurch; Martha

Broadley and Elizabeth Brown, St. Helens Hospital, Christchurch (equal); Charlotte Parker, St. Helens Hospital, Dunedin, and Jean Cormack, Medical School Maternity Hospital, Dunedin (equal); Eliza Sutherland St. Helens Hospital, Dunedin; Hilda Pierce, St. Helens Hospital, Wellington; Ada Kimber, St. Helens Hospital, Wellington; Mary Hardy, St. Helens Hospital, Dunedin; Elizabeth Prentice, Medical School Maternity Hospital, Dunedin; Sara Garrett, St. Helens Hospital, Wellington, Ethel Paris, St. Helens Hospital, Dunedin, Laura Baker, St. Helens Hospital, Auckland, Annie Luke, St. Helens Hospital, Auckland, Elizabeth Howson, St. Helens Hospital, Christchurch (equal); Minnie Harley, St. Helens Hospital, Dunedin; Jessie Aitken, St. Helens Hospital, Auckland; Annie Dunshea, St. Helens Hospital, Christchurch; Margaret Spurdle, St. Helens Hospital, Wellington; Eliza Lett, St. Helens Hospital, Christchurch.

The examiner's comments upon the examination appear below, with the answers which he has selected as being the most satisfactory.

### QUESTIONS.

1. What information do you expect to obtain on making a vaginal examination of a patient in labour? What other method of examination may be used? What is the great advantage of that other method?
2. What is the bag of membranes, and its uses. When would you consider it necessary to rupture it? How would you do so?
3. Describe the third stage of a normal labour? How would you conduct it?
4. In a case of premature birth, how would you care for the infant during the period of its immaturity?
5. What is the cause of abscess of the breast? How would you endeavour to avoid it? If the breast has become inflamed, how would you treat it?
6. Puerperal eclampsia: What condition during pregnancy would lead you to expect its occurrence? What treatment (not obstetric) would you adopt—(1) during the attack, (2) during the interval?



## EXAMINER'S COMMENTS.

The paper, as you would have noticed, was a very fair one, and I was justified in expecting that all the questions would be answered by all the candidates, and that they would make no mistakes of omission or commission with regard to certain essentials in each question. I regard the certificate which they seek to obtain as a guarantee of their efficiency in their practical work, and not as a mark of academic distinction. The papers present the usual peculiarities of the examined. Some answered as if they were using telegraph forms, and every word would be counted. With a short preliminary introduction to the answer, this method is not displeasing to the examiner. Others remembered their text-book, and wrote voluminously from memory. In nearly all cases this method is to be discouraged, as it leads them away into regions beyond the answer to the question, as the examiner has to sift the grain from the chaff, and especially as no stress is laid by them on the important and essential matters which we are endeavouring to elicit their acquaintance with.

It is evident that many do not first read the question over slowly and carefully, and endeavour to grasp accurately the scope of the question before they begin to answer it.

In all the questions, as examiner, I remembered that I was dealing with nurses not in the first week or so of their training, but with women of considerable practical experience, and after careful instruction, who hope to call themselves certificated midwives when this ordeal is over. In the first question, for instance, I pictured the nurse imagining that she has been summoned to a patient, and having made her necessary preparations, is going to make a vaginal examination. She is going to examine with some purpose in her mind; accordingly, her answers to the question could be short and categorical. Candidate No. 3 gave the best answer. Her list, numbered nicely, was not quite in the logical order I would have liked in such a good answer, and there were some slight omissions. By-the-way, I am bound to say that I gave an extra mark to the nurses who put first the fact that in a primipara they were interested in finding out whether the foetal head was on the pelvis—low down—at the beginning of labour.

All answered the second portion of the question, but a great many did not read carefully the dependent query<sup>s</sup> as to what

was the GREAT advantage of abdominal palpation. Some did not mention the great advantage in the avoidance of the possibility of introduction of septic matter into the genital tract, which was the only answer expected.

Question No. 2: This was answered voluminously by No. 9. In this question I wanted particularly to find out if the candidates understood the importance of preserving the bag of waters as long as possible.

Question No. 3: "No. 2 gave the best answer. The only point I wish to emphasise in practically the whole of the answers was the want of notice which they gave the patient's pulse as an indication of her condition, and of the probability of hæmorrhage.

Question 4 was uniformly very well answered. Nos. 2 and 3 received full marks. The very important point that warmth is more necessary than food was stated first in all answers.

Question 5: No. 9 gave the best answer. The essential points in the answers were the dependence of abscess on septic germs introduced into the breast tissue, and the early recognition of the possibility of suppuration having occurred, with a view to early incision. One candidate quite missed these points, and I regard such an answer as almost valueless.

Question 6 was answered best by No. 13. I commend it for a straight-forward answer. Many gave me the chapter out of the book. Most omitted the great benefit to be obtained from the examination of the urine of all pregnant women during their pregnancy. The second part of the question was uniformly well answered.

## SOME OF THE BEST PAPERS.

## QUESTION 1—ANSWER 8.

1. Position.
2. Presentation.
3. Dilation of the O.S. Uteri.
4. Condition of the vagina: If it is hot and dry, or moist and lax; or if there are any cicatrices or tumours to be felt.
5. Condition of the cervix: If it is rigid; or if there is any abnormality about it, i.e., the scars from previous lacerations, tumours, thinness or thickness of the edges.
6. Condition of the bony pelvis: If the promontory of the sacrum can be felt, or any other form of contraction be recognised.



7. Conditions of the membranes: If they have ruptured, or are intact; their toughness, and the shape of their protrusion.

8. Notice if the rectum is loaded.

9. If the head (in vertex presentation) is fixed in the brim, or otherwise.

10. In some cases of malpresentation the cord will be felt. (Prolapse of the cord.)

11. Examination by palpating the abdomen. The great danger of carrying septic infection from the outside into the vagina is avoided.

#### QUESTION II.—ANSWER BY No. 9.

The bag of membranes has various uses; such as, during pregnancy, to protect foetus from injury during labour; to act as a fluid wedge to dilate the genital canal; then to flush out the tract to clear it from germs, the lactic acid generated in liquor amnii being an antiseptic. After the foetus has been delivered, there is again a rush of water to flush out canal. The bag of membranes consists of the amnion and chorion, within which is found the foetus, surrounded by a fluid derived partly from excretions, from foetus, from waste from uterus, etc.

It would be necessary to rupture membrane in a case of normal labour at full dilation of the os, if it does not happen spontaneously through pressure; in a case of transverse presentation, if version has been successfully performed; in delivery of twins, 30 minutes after birth of first child, to avoid the possibility of the retention for some time of the second child; in hæmorrhage (but then only if patient be in strong labour), to allow of foetus being driven down over os, and contractions to take place to close up placental sinures from which hæmorrhage is occurring. It is necessary also in a case of hydramnios, if excessive; the rupture being made very high up, and with a sharp instrument, such as a stilette of catheter, knitting needle, probe, etc., previously boiled.

In no case but that of the rupture in normal labour, when the membranes fail to rupture themselves, should a nurse perform this operation, unless she is unable to get medical aid. Her chief duty is to preserve them, sending for medical assistance, and waiting as long for it as possible. It is possible to rupture membranes prematurely if examination per vagina be not carefully made, especially during a "pain" or uterine

contraction; so such examination must be carefully made.

If it is necessary to rupture membranes, friction can be kept up on one part of protruding membrane during a pain, but if it be too tough a sharp instrument must be used, the operator exercising great care to avoid injury to any surrounding part, or to the foetus contained within. It is seldom that this has to be resorted to as friction, while there is considerable pressure, is usually sufficient.

#### ANSWER III. BY No. 2.

The third stage of labour is from the birth of the child till the expulsion of the placenta. After the birth of the child, there usually follows an interval of cessation of uterine contractions, this interval is a varying one. With a contraction of the uterus the placenta, with the membranes, are expelled into the vagina, and then through the vulva, where they are received into a vessel.

Method: As soon as the child is separated from the mother, a hot swab wrung out of lotion should be placed over vulva, the uterus must be firmly grasped and held, care being taken not to knead it. If there be an assistant, the nurse should follow out the body of the child, and not relax her hold of the fundus; failing an assistant, the patient may be able to grasp the fundus whilst the cords or ligatures are being tied—one near the vulva, the other about two inches from the child's umbilicus.

Whilst grasping the uterus, the nurse should wait for a contraction of the uterus, and if at the end of 20 or 30 minutes the placenta is not expelled she may, if there be a contraction, press the placenta downwards and backwards in the axis of the pelvis, using the uterus as a pusher.

As the placenta is being received at the vulva it should be grasped on the foetal side, and twisted round and round, outwards and upwards, towards the mother's abdomen. This is done in order to make the membranes knot, and so avoid breaking them. Should they break, they may be held between the thumb and second finger, and twisted round and round the index finger; if too short to do this, they must be tied with a ligature and left. After the expulsion of the placenta the uterus should be kneaded up till it is as hard as a cricket ball. The temperature and pulse should be taken, particularly the



pulse, as it is a certain indication of the patient's condition. After the genital parts have been washed with antiseptic lotion, sterilised diapers should be placed over the vulva, the nurse having previously examined to see if there be any laceration or tears in vagina or perineum. After the patient is thoroughly cleansed, and the uterus contracted, a firm abdominal binder should be put on; all soiled bed-linen being removed. A hot drink is given to the patient; pulse and temperature recorded, and after she is warm and comfortable, all soiled articles may be removed from the room.

The placenta and membranes should then be examined to see if they are intact, and the nurse's attention may then be turned to the baby.

#### ANSWER IV., BY NO. 2,

A premature baby should not be exposed to sudden changes of temperature. At first it may be kept in a room at a temperature of 90 degrees Fah., the temperature being gradually brought down to 70 degrees Fah. In order to keep an even heat, the baby may be placed in a basket lined with blankets, bottles containing hot water being placed round the basket, care being taken to place the blankets between the child and the hot bottles; each bottle being refilled with hot water every twenty minutes.

The baby should be handled as little as possible; the diapers being changed without lifting the child. The baby should be rolled in cotton-wool, and to obviate the difficulty of changing the soiled diapers, the part of the cotton-wool covering the buttocks may be cut round, and as it is soiled a fresh piece may be slipped in.

The bathing and feeding of the child will depend on its prematurity. If several months premature, it should not be bathed for at least a month, but it should be gradually accustomed to the conditions and treatment of a normal baby. During the first month it should be rubbed daily with olive oil, and it may occasionally be rubbed with spirits. After the month, a bath may be given once or twice during the week, then every alternate day, till the child becomes stronger and is gradually accustomed to normal conditions.

Food: The first drink may consist of milk drawn from the mother's breasts, and a drop at a time put in the child's mouth; this may be done with a dropper, or pipette, every

quarter of an hour. This quantity is gradually increased till the baby is able to take half a teaspoonful every half-hour; as it gets stronger the quantity of nourishment given, and the interval between the feeds, is increased, till finally it becomes strong enough to be put to the breast.

If the baby were to be artificially fed, for the first 48 hours milk sugar solution, a drop at a time, would be given. Then humanised milk and sugar solution, diluted in the strength of one of humanised milk to three of the solution, the quantity given being gradually increased, and the interval between the feedings lengthened. If only cow's milk were obtainable, it could be given diluted with barley-water, rice-water, oatmeal-water, or plain water—one of cow's milk to three of water, sugar of milk being added. Failing cow's milk, Swiss milk—one of milk to twelve of water—could be given; or Allenbury food No. 1.

All of the above-mentioned foods must be given at regularly increasing intervals, and the quantity and strength of the food should be increased very gradually.

#### ANSWER IV. BY NO. 3.

The three main points to be considered: (1) Keep the child in an even temperature, as near as possible corresponding with that in which it existed before its birth; (2) Give nourishment in a suitable quantity, quality, and intervals of feeding; (3) Handle as little and as gently as possible, to prevent exhaustion.

When the child is born, carefully wipe the eyes with swabs of absorbent wool in boracic lotion. See that its mouth, nose, and trachea are cleared from mucus, and that it breathes properly. When the cord has finished pulsating, tie, and separate. If the child is fairly vigorous, very carefully and quickly bath it in warm water (100 degrees Fah.), and dry it with a well warmed towel before a fire, being careful to be well protected from draughts while doing so. Dress the cord in the usual way, and keep the dressing in place with a layer of cotton-wool, or a flannel binder.

If the child seems very weakly do not give it a bath, instead, have a supply of warm salad oil, and gently clean off all the *vermix caseosa*.

Have the cot well lined, in such a way as will cause it to retain the heat. Flannelette cot sheets, and soft, light blankets. For



dressing the baby, have covers of cotton-wool covered with muslin.

When the baby is cleaned, and the binder applied, place it in the cot, carefully wrapped in the cotton-wool covers. Place a piece of protective under the buttocks covered with cotton-wool, and a soft napkin, folded in the usual way. Have the little mattress, blankets, sheets, cotton-wool nicely warmed ready for baby, and three bottles filled with hot water (115 degrees Fah.) placed one each side and one at the foot of the cot. Re-fill alternately every half-hour. Keep the cot near a fire, well protected from draughts, in a well ventilated room, at a temperature of about 70 degrees Fah. Always keep a thermometer in the cot, and have temperature of baby's immediate surroundings about 99 degrees Fah.

The child will require small quantities of fluids frequently. For the first two days give cholostrum, 1 dr. every six hours; in the intervals give sterilised water, 3 drs., every one-and-a-half hours. If necessary, give brandy, say 3 to 5 minims., twice daily, as the doctor may order. After the third day, if the mother's milk is established, draw off and give baby 3 drs. every two-and-a-half hours, with feeds of sterilised water, 3 drs., every hour, and stimulant as ordered.

Take notice if the child passes urine and meconim, if bowels do not act, fluid magnesia, as ordered by the doctor will have to be given. After the first fortnight the feeds can be generally increased in quantity, until by the ninth month it can take an ounce at a time.

When a premature child is expected, always have everything in readiness; an incubator, if possible, and get medical advice as to how it should be treated. Instead of bathing the baby each day, massage it with warm oil; this may be done twice daily, moving as little as possible. Weigh baby weekly, to note its progress.

To keep the milk in good order, the mother's breasts should be pumped off three times daily; and a supply of milk should be pumped off to feed baby during the night, so that the mother may have her rest. Feed the baby with a pipette, by placing the small finger (well washed) in the mouth, and dropping the warm milk into the mouth; this will teach the baby to suck until it is strong enough to be put to the mother's breast.

If for any reason the mother is not able to suckle her baby, it will need to be artificially fed; chiefly on cream and whey, sweetened with sugar of milk, given in proportion and quantity as the doctor may order, or if the nurse is not able to get medical advice she will have to use her own judgment, as each child requires different treatment.

#### ANSWER V., BY NO. 9.

Abscess of the breast is caused by introduction of bacteria into milk ducts and glands, in the case of parenchymatous inflammation; or directly into tissues, causing interstitial mastitis; or from the transudation through the walls of ducts, into tissues surrounding them from infected ducts.

The introduction is usually by means of a fissure, so the greatest care must be taken to avoid any break in the skin; but if such occurs it must not remain untreated. It must be protected from contact with air or clothing by an application of tinc. benzoin co., or some similar dressing. If inflammation shows, medical aid must be obtained, or even if fissure be at all serious. The nipples must be always washed before and after nursing, so as to remove any excretion or milk, which would form a suitable nidus for the growth of germs.

If parenchymatous mastitis occurs, it will be evidenced by inflammation of a triangular shape, beginning at nipple, and extending over that section of breast drained by infected glands. If interstitial mastitis, the inflammation will be of an irregular shape.

In either case the breast must be kept free from secretion by artificial means; a saline purgative administered, and medical aid obtained. The treatment probably ordered will be: fomentation of antiseptic lotion, the breast being bound up by binder. If an abscess should occur, it must be at once opened and drained. The patient must be kept upon a light diet; avoiding, however, an excess of fluids, so as not to stimulate the lactation. The bowels must be kept free, and if temperature be raised, it must be reduced by tepid sponging. After inflammation has subsided a cooling application—such as evaporating lotion—is usually ordered, to assist in controlling lactation. During the attack of inflammation the lactation must be—though kept under for the time—not entirely done away with if possible, as it is necessary for the welfare of the child that nursing be resumed as soon as practicable.



## ANSWER VI., BY NO. 13.

The patient would complain of headache, dizziness ; she would probably have swellings of upper and lower extremities, puffiness around the eyes, perhaps œdema of the vulva. She would probably have attacks of vomiting. By obtaining a specimen of her urine, and examining it, the urine would be found to contain albumen.

During the attack, send for a doctor, and in the meantime I would remove artificial teeth (if any), and put a gag between her teeth to prevent the tongue being bitten. Put the patient in a safe place to prevent her

from injuring herself. Keep her on her left side, to prevent any saliva getting into the trachea. Give a copious soap and water enema. Put the patient in a hot pack (being careful not to burn her) in a blanket bed. The doctor will probably give chloroform to allay the convulsions.

When the patient regains consciousness, and can swallow, a saline purgative is given. If she is unable to swallow, croton oil, 1 min., is given in butter. The main object is to lessen the toxin in the system by getting the skin and kidneys to act. Keep the patient on absolute milk diet.

## An Interesting Operation

It may possibly interest the readers of KAI TIAKI to hear of the operation for Cæsarian Section, performed in one of the St. Helens Hospitals for the first time.

The patient entered St. Helens Hospital, Auckland, a week before her expected confinement ; was examined, and measurements of the pelvis taken.

	Measurement.
The external conjugate ..	6 3-8th inches
Inter cristal .. ..	9 5-8th ..
Inter spinous .. ..	9 1-4th ..
Inter trochanteric ..	10 3-8th ..
Posterior superior spines	3 7-8th ..
Internal diagonal con- jugate .. .. .	4 1-4th ..
Transverse at outlet ..	2 3-8th ..
Antero-posterior at outlet .. .. .	2 5-8th ..
Her height is	4 feet 5 inches.

Patient gave a history of good health save for an accident, which occurred when two years of age, and resulted in bad curvature of the spine, a kyphotic pelvis with lateral curvature, and one leg was four inches shorter than the other.

On Monday, 23rd May, 1910, at 7.15 p.m. the membranes ruptured, without any previous warning that labour had commenced. Patient was examined, and the dilation found to be the size of a two-shilling piece. Dr. T. Inglis arrived on a scene of activity, the labour ward having to be converted into a temporary operating theatre. The ward being unfortunately too small to allow all the nurses to witness the operation, only the senior nurses were admitted.

The anæsthetic was started at 8.45 p.m., Dr. Williams administering it ; Dr. Robertson assisting Dr. T. Inglis at the operation.

The baby was born at 9.10 p.m., giving a hearty yell at being disturbed in such a summary manner, and the nurses were rather astonished at its sudden appearance. Patient was put back to bed at 9.45 p.m., having lost very little, but her pulse was very weak. Hypo. inj strych., gr. 1-40 was ordered four-hourly, and the pulse gradually improved. She vomited several times during the first night, and complained of sharp pains now and again, but dozed a good deal. Temperature and pulse remained normal, and after her bowels were opened on the second day, had no further trouble or discomfort of any kind, and continued to improve steadily.

The stitches were removed on the fourteenth day, and the wound healed by first intention. Lochia was normal throughout. Baby was put to the breast on the morning of the third day, as patient had plenty of milk, and baby has been fed entirely on the breast ever since.

The patient's mode of answering inquiries as to her health is invariably the same : " I'm lovely," and her face is wreathed in smiles. She has been busy instructing her young husband in the art of holding the baby in the correct way, but he is sadly out of practice, and gets severely reprovèd at times.

Baby is a pretty little girl, and weighed 6½ lbs. at birth. She is healthy and plump, with no deformity whatever, and has become the spoilt pet of the nursery. She has been christened " Helen May." C.L.



## Free Midwifery Training

In order to make some effort to supply the great need of well trained midwives in the country districts, the Government has offered two free scholarships each term in the St. Helens State Maternity Hospitals, for country women who cannot afford to come to town and pay the fees for training.

It is found that, although a fairly large number (in this country) of midwives are being turned out yearly in these training schools, yet the country districts are not much better off; the reason being that so much work offers in the towns that the pupil nurses are offered engagements months ahead, even before they complete their training, so that even those girls who come from the country prefer to remain in town.

The free scholarships are being given to remedy this. A candidate must be recom-

mended by the Hospital Board of the district; she must agree with the Board to work where she is most required in the district for at least two years. If she has her home in that part so much the better; if not, at the end of two years, she is likely to be so established that she will remain there if she gets sufficient work to do. As in many parts midwifery work may be irregular, and cases not frequent enough to bring a sufficient income, the women who are best suited for these scholarships are the wives and daughters of farmers and other settlers, who will be able to attend the cases around them, but who are not entirely dependent on this work. The first pupil on this arrangement is shortly entering St. Helens Hospital, Auckland.

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## St. Helens, Dunedin

*"May good digestion wait on appetite."*

Bright happy looks and smiling faces are not unusual sights to be met with amongst the nursing staff of St. Helens Dunedin, but particularly were these in evidence on the evening of June the 10th, when with their Matrons permission the outgoing nurses entertained those who have yet to find the "turning in their long lane." With Miss Holdford's help and possessions the nurses had transformed their dining room at the one end, into a veritable bower of prettiness and daintiness, whilst the other end, was occupied with the supper table tastefully decorated with ferns and flowers, and almost

groaning with all the good things nurses love. Nurse Parker who was leaving the following day, for the North Island, was "The Guest" of the evening and Nurse Hardy made a most efficient hostess. The only others invited were Matron Sister Gow, Holford, nurses Sutherland and Dunsford (senior term), and all the pupil nurses.

Supper passed off amidst much merriment and laughter—variety being added by the drinking (in "the cup that cheers") of several toasts, and some bright little speeches; the evening finally ending in the company joining hands in "Auld Lang Syne."

G.I.M.

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## Maori Mission Work

The services of a trained nurse for medical missionary work among the Maoris in the Auckland Diocese are now being asked for. The salary is to be £100 a year, with a free cottage. A Maori girl, who has received domestic training at the Victoria Native Girls' College, will live with and keep house for the nurse. Any nurse wishing to take

up this work would receive fuller information by writing to Rev. H. Hawkins, Remuera, Auckland.

We hope a volunteer will be forthcoming for this work among the natives. As yet there are not the native nurses ready, though some are in training, and others waiting their opportunity to begin.



## A King's Daughter

BY E. D. MACKELLAR.

It is well for nurses of to-day to know something about devoted women who lived long ago. It is good to read :—

“ . . . How of old our saintly mothers  
Schooled themselves by vigil, fast, and  
prayer :

Learnt to love as Jesus loved before  
them ;

While they bore the cross which poor men  
bear.”

It is difficult for us to realise what those old times were like—times of force and earnestness it is true, but also times of force and cruelty ; times when to be weak, and poor, and suffering was to be an outcast and an excrescence ; times when, for the moment, at least, the race was very much to the swift, and the battle to the strong. But even in that iron age there were many loving hearts, of whom St. Elizabeth, of Hungary, and St. Francis of Assisi are types : who called the sick their brethren, because for them, too, Christ had died.

Many of you know something of the life of St. Elizabeth, daughter of the King of Hungary, who lived about the time when the Barons of England were winning their country's liberties at Runnymede. Those that know something should refresh their memories, and those that know nothing about her should begin to learn by reading her life, as sketched by Kingsley in “ The Saint's Tragedy.” The “ Tragedy ” will teach you something of the difference between the thirteenth and the twentieth centuries in a more forceful and easily remembered way than the study of formal history. But this is not all. It will give you a lesson of comfort and a lesson of humility. It will be a comfort to you, after you have done your best for a patient and received scant thanks, to know that the Princess gave up position, and wealth, and home, to be the sister of the suffering poor. You can hardly understand what this meant, because you cannot realise what a medieval hospital or lazaretto was. Indeed, a New Zealand trained nurse can scarcely imagine what the air of a surgical ward was like before the time of Lord Lister, and cannot know what it is to walk down a

long ward and watch face after face, so marred by a loathsome, disfiguring malady, that dearest friends and absolute strangers are equally unrecognisable. This, and very much worse than this, was faced by a young girl, who, nurtured in a palace, made her home with outcasts, and was rewarded by—persecution. Remember all this when you think your patients ungrateful.

And what of humility ? It is right that you should keep yourselves abreast of recent knowledge, and that you should feel pride in your profession ; but it should be a chastened pride, for the progress of to-day has not been the work of to-day alone. Not only are you but building on foundations laid by others long ago, but you are working with the sympathy and approbation of all right-thinking people, and you work with convenience and with comfort. Those whose hard lives made possible your easy lives laboured not for those whom the great ones of the earth are now proud to succour, but for those who, in that age, were thought of little more account than the beasts that perish—the sufferers who had no friends. Those tireless workers, too, were not encouraged by societies and organisations ; by publicity and rewards. Far from it ! They were looked on with derision and contempt for demeaning themselves by contact with the useless and debased—“ the numbered with the worse than slain.” Never forget that you are the heirs of those devoted ones, and that without them you would have had no inheritance at all, for :—

“ Old decays but foster new creations ;  
Bones and ashes feed the golden corn ;  
Fresh elixirs wander every moment  
Down the veins through which the live  
past feeds its child, the live unborn.”

I feel that I am quite unequal to the task of painting such a noble character, but I shall do my best to give you some idea of her supreme self-abnegation by attempting to paraphrase the glowing words of a great and eloquent French ecclesiastic.

Saint Elizabeth of Hungary left the palace of her fathers and the palace of her husband, and entered a hospital to tend with her own



hands the poor of God. One day a leper begged admittance. She took him in and dressed his dreadful sores, and when she had finished she took the vessel with the lotion she had used and drank the noisome draught. This was no doubt an act of "extravagance," but smile not at it, for it was also an act of power; of that peculiar power that marks the person of heroic mould. And what is extravagance? It is the self-regardless enthusiasm of the saints; the love of God and the love of man carried to a degree that shocks the ordinary human intelligence, that takes the wholly common for its rule of life, and looks on custom as its guiding star. And what benefit did mankind reap from this action of extravagance? Need you ask? By it Saint Elizabeth taught this abandoned loathsome outcast that he was a man, and loved by God as much as any peer or prince. She said to him: "Beloved brother in the Lord, if, when I had washed thy sores I had taken thee in my arms to show thee that in Christ thou art my brother, it would have been but an act of fraternal love to give thee back once more that affection which thou hast never known since thou wast a little child upon thy mother's knee. But, beloved brother, it has been God's will that I should do for thee what no one has ever done for any prince or King; I have not only tended thee and laved thy wounds, but I have raised the vessel to my lips as if it were the cup of blessing from the Altar of the Lord."

This was an act, my brethren, at once extravagant and sublime, and woe to him who cannot read it aright! Thanks to Saint Elizabeth, it will be handed down to all

eternity, that a leper received from the daughter of a King more proof of self-denying love than human beauty has ever won upon this mortal earth.

Let a man of genius scoff at the deed if he will. We admit that he is right according to his purblind vision, and we grant that it would have been more natural to take a glass of Chateau-Margaux with a friend: But! this wise man will die someday; his writings will hardly outlive him, and his joys and sorrows will be as forgotten things. Saint Elizabeth died, and Kings and beggars strove for shreds of her clothing as if her sackcloth had been cloth of gold. Her remains were enshrined in gold and precious stones, and the most renowned artificers in the world were summoned to make for her dead body a dwelling worthy of her living self. And from age to age, princes and sages, poets, lepers, pilgrims of every rank journeyed to her tomb, and by the touch of their lips left upon it the stigamata of enduring love. They addressed her as if she were living still: "O our beloved sister in the Lord, thou hadst palaces and thou didst give them up for us; thou hadst children, but thou adoptedst us; thou wast a great lady, but thou didst wait on us; thy love thou gavest to the poor, the weak, the wretched; thou hast put joy into the hearts of those that knew it not; and now we give thee back the glory that thou didst renounce for us. We return thee the love that for our sakes thou didst lose. O our beloved sister, pray for thy friends who were unborn when thou wast in this world; even for us, who had not the blessing to behold thy face."

## Kumara Hospital

On St. Patrick's Day the new ward of Kumara Hospital was formally opened by his Excellency the Governor, Lord Plunket, who came to pay his farewell visit to Kumara. The ward was arranged like a drawing-room, and looked lovely. Afternoon tea was prepared in the dispensary. The long corridor (which is also new) was crowded long before His Excellency and party arrived. Lord Plunket was accompanied by the Hon. Mr. Fowlds, Mr. Seddon, M.P., Mr. Murdoch, Mayor of Kumara, the president and the members of the Board of Trustees.

Mr. Kennedy, the president, made a speech, and presented (on behalf of the trustees) His Excellency with a greenstone and gold key

as a memento of the occasion. The mayor (who is a trustee too) and others, made speeches, to which the Governor and Mr. Fowlds replied. His Excellency declared the ward open, and designated it "Plunket Ward." The party then inspected the whole of the hospital, and afterwards partook of afternoon tea in the Plunket Ward, with the matron and nurses, trustees, and other visitors.

Lord Plunket has presented a framed photograph of himself and Lady Plunket to be hung in the Plunket Ward.

Dr. Morkane has resigned his position as surgeon superintendent of Kumara hospital, and his place has been filled by Dr. Philips of Matura.



## New Wards : Napier Hospital

The new ward for children, opened by the Governor on 9th March, 1910, known as the "Walter Shrimpton Ward," in memory of whom it was given, is situated on the hill, next the "Margaret Ward" for Incurables, the result of a donation to perpetuate the memory of a loved one. It has a wide verandah running round three sides, one end glassed in, commanding a beautiful view of the Inner Harbour and distant hills in front, and a view of the south, and Kidnappers at the back. This latest much-needed addition to the Napier Hospital, is capable of accommodating 22 patients. The ward is high, well lighted with many windows, and having the latest methods of ventilation, with the sun on it all day. At night it is lit by electric light from our own dynamo.

The walls are white, with blue-tinted wood-work; the corners are round, where no dust or microbes are supposed to lurk. The linoleum down the centre is inlaid blue and white, easily kept clean; the sides are stained and polished, and at the lower end it is divided off by a screen, partly wood and glass, for bigger boys.

There are side wards for special cases. A large linen room, stocked with a plentiful supply of linen; a day room, for getting the meals ready in, washing up; and gas stove for heating water on, also bath-rooms, and all modern conveniences for making necessary work as expeditious as possible. There are two Manchester stoves for heating the ward, from which the hot air rises out through the top, which look bright with marble tops and brass furnishings and fenders. There are two set basins, with hot and cold water for washing the hands, and "of cleaning and polishings there is no end."

The cots and beds are high, painted white, with moveable sides, and have rubber casters with ball-bearings, being easily moved. The lockers, stools, and screens are white, also the medicine cupboard, which is nearly all glass as well. The dressing trolley is covered with requisites for all manner of surgical and medical work, and can be moved from bed to bed as required. A big polished table for meals is kept bright with flowers; also, there are small, cane arm-chairs, for wee tots convalescing, made comfortable with blue cushions. A light, wheel chair for those

who may not walk; small Austrian chairs for small people with short legs, and high chairs for babies.

On fine, sunny days, all the children who can, may be seen on the verandah from early morning till it gets cool again, basking in the sunshine and gaining health and strength, and happy as the day is long, till one hardly realises that they are sick. On the other hand, there are sad faces, betokening much pain and weariness, which one can only alleviate by all the ways and means known to those who spend their lives lightening the sufferings of others. However, the ward is the pride of the Hospital, and sisters and nurses, although often distracted by many clamourings and cries for "daddy and mammy," all agree that it is THE Ward, and all look forward to a duty there. It is the place where doctors, matrons, and friends lay aside all formalities, and smile most, and "feel saddest."

Next comes the "Margaret Ward" for Incurables, also commanding the same view, and enjoying the benefit of the sun all day. It was opened last year for men and for women. It is also high, well lighted, and ventilated; warmed by fire-places and stoves, with verandahs, on which the patients can enjoy the view, and see all that passes by, discussing weather, people, and setting everything to rights. The men smoke, and talk, and read and have a peaceful and comfortable ending, perhaps to a strenuous life. For the chronic ward is for those who have no home or friends to minister to them in their last days, if incapacitated by an incurable disease.

The women's side was occupied a long time by three only, and we called them the "Three Graces," but now we have many more "Graces." The wards are bright, and look cosy, with red screens and easy chairs. At the back is a long corridor glassed in, which connects the two wards, and on windy and wet days it is much appreciated by the patients, and here also kind friends come and sing and play to them, and lighten many a weary hour with cheerful music and sympathetic words. Here visiting days are looked forward to, as many friends help to while away the time. Rules are not quite so strict as in the ordinary wards, but all is done in



the way of nursing that can be, and nurses are bright and cheerful. There are old servants, who have served their time in families and institutions, blessing the giver who has made it possible for their last days to be spent in comfortable circumstances.

The Nurses' Home has already been described. The whole top of the hill has

been levelled and laid down in grass lawns, which contrast well with the bungalow style of buildings, in red brick, with the red tiled roof, and what is known as Barrack Hill has not a vestige of the old barracks left, but presents an appearance that strikes the eye of many a passing visitor.

E.K.B.

## The Order of St. John

### Mrs. S. A. Rhodes Honoured by the King

In addition to appointing the Earl of Dudley and Lord Islington to be Knights of Grace of the Order of St. John, His Majesty King George has conferred the distinction of Lady of Grace on Mrs. S. A. Rhodes, of Wellington, for conspicuous services rendered in ameliorating distress among the sick poor. The work of district nursing carried out under Mrs. Rhodes' direction as President of the District Nursing Guild of St. John is widely known, and she is to be congratulated on being made a Lady of the most ancient order in Christendom. The Order of St. John is older than either the Orders of the Garter or the Golden Fleece, having been formally sanctioned by a Bull of Pope Paschal the Second, in the year 1113.

For hundreds of years the members protected Christendom, and kings, princes, and nobles of Europe endowed the Order with great wealth. The English branch of the

Order exerted great influence for about 400 years, and among the English members was Richard Couer-de-Lion. The Order of St. John was suppressed in England by Henry the Eighth, and its vast property confiscated. The Continental nations never allowed the Order to die out, and it was re-introduced into England by Chevalier de Chastelain, a French Knight, in 1831. Among other organisations the revived Order of St. John initiated "The Red Cross Society," and the "Eastern War Sick and Wounded Relief Fund," besides establishing the St. John Ambulance Association and other kindred institutions in England and the Dominions beyond the seas. In 1878 the late Queen Victoria made the Order of St. John in England a Royal one, with herself as Sovereign head. The wide circle of citizens who hold Mrs. Rhodes in great esteem will doubtless be much gratified by the well-merited honour conferred on her by the Sovereign of the British Empire.

### International Nurses' Library

The EDITOR has received a letter from Home intimating that it has been decided by the National Council of Trained Nurses of Great Britain and Ireland to form an International Nurses' Library. It is hoped to get copies annually of all the different nursing publications from all countries. The readers of KAI TIAKI will be pleased that the EDITOR has been asked to help the Library

by sending copies of our Journal from the beginning. We must endeavour to make and keep it worthy to be put beside the publications from other lands.

Nurses visiting England should apply to—The Librarian (Mrs. Stabb), 431 Oxford St., London, W. for access to the Library, where they would be able to see so much of great interest.



## St. Helens Hospital, Wellington

The many nurses who have gone through their midwifery course in St. Helens Hospital, Wellington, will be interested to hear that at last there is prospect of having in the near future, a new and up-to-date building. A site has been secured by the Government, which will be ideal for the purpose of the hospital. Quite near the terminus of one tram, it is within easy walking distance of two others, and yet, once inside the gates one might imagine oneself far from town and slums.

It is on the top of a gentle rise, which lies bathed in sunshine all day, but sheltered from the wind by a belt of fine pine trees. Here there is room for a hospital with about twice as many beds as at present, with modern, up-to-date requirements, labour room, nurseries, out-patients' rooms, wide verandahs and balconies, AND a garden.

There is a house on the grounds, which is to be added to, and converted into a comfortable nurses' home.

For all this the plans carefully thought out and prepared, are now to be elaborated by the Government Architect, specifications drawn up, and tenders called, and then the builders should get to work. Badly needed is this building. The work of providing during their confinements for the wives of the working men of the Wellington district has about trebled since the first year of the existence of this the first State Maternity Hospital in the Dominion, opened in 1905.

In the house in Rintoul Street, rented and started as an experiment, only a few patients could be taken, and only four or five pupil nurses were taken for training. Now there are ten pupils in training at one time, and all are kept busy, for besides the fifteen patients who can be accommodated in the present house in Colombo Street, there are a large number of district cases. The district cases are invaluable as experience for the nurses after they have, indoors, completed a good part of their training.

The nurses for the most part live in a house about three or four minutes from the Hospital, with the sub-matron in charge of them.

The work is carried on at a great disadvantage in this rented building, and we long for the day when we can move into our own hospital. Whether the results will be better,

who can say! The statistics for the year, published in the annual report of the Hospitals and Charitable Aid Department, speak for themselves. What is said for St. Helens, Wellington can be said for each of the three other St. Helens Hospitals: In each the work has increased so rapidly that the necessity for building is imminent. The plans are nearly ready for building a new St. Helens, Christchurch, and the money has been authorised by Cabinet.

The wish of the Government to assist the back-block settlers by training midwives to settle in their midst has been referred to in another column. Many applications are being received, and more accommodation for these would-be pupils is needed. Every term more trained nurses are coming forward to complete their education by this special course, and in the case of many, to fit themselves for the work of the back-blocks district nurse.

A monument to Mr. Seddon is now erected in the Cemetery, Wellington, and shortly to be unveiled; but the more practical and enduring monument to his value as a public benefactor lies under the roofs of these unpretending maternity hospitals he established to aid the working man, and help fill the cradles.

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We have just received from Miss Dock her work, "Hygiene and Morality," a book which she has written to aid the crusade undertaken by the International Council of Nurses in the cause of morality and public health. She writes for the instruction of nurses and others on many important matters of which they are very ignorant, and to rouse them to take what part lies in their power to check the spread of disease, and evil unspeakable. Miss Dock sends her book to the EDITOR, for the Nurses' Association, and we will shortly send the copy to each centre for the perusal of those nurses who take an interest in the question which is just now before the public, and who may by their influence, when their eyes have been awakened, be able to do much to aid the cause. The woman's view is presented in a way which probably out here we have not so far considered.—EDITOR.



## Notes from the Hospitals, and Personal Items

### Births

Falconer.—On 15th May, 1910, at 339 George Street, Dunedin, the wife of A. R. Falconer, jun., of a son.

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Purvis —On 3rd January, at Nurse Brew's Hospital, Dunedin, to Mr and Mrs. S. Carr Purvis (Sister Sievwright), a son.

### Marriages

A wedding of considerable interest took place at the Church of the Nativity on Tuesday afternoon, when Miss Emma Mary, second daughter of Mr. and Mrs. T. Hall, "The Pines," was married to Mr. E. G. Blick, of Seddon. The Ven. Archdeacon Grace performed the wedding ceremony. The bride was given away by her father, and looked charming in a handsome white charmeuse satin semi-directoire gown, the bodice being trimmed with lovely silk embroidery work and net. She wore a lovely embroidered veil of fine tulle arranged on the hair with orange blossoms, and carried an exquisite bouquet of white flowers and maidenhair fern. Miss C. Hall (sister of the bride) was bridesmaid, and wore a pretty white embroidered semi-empire frock relieved with pale-blue sash, and a black Tuscan straw hat, with ostrich plumes and net. She also carried a pretty bouquet of white flowers and maidenhair fern. Mr. Wm. Fulton acted as best man. After the wedding ceremony a reception was held at the residence of the bride's parents. Mrs. Hall wore a handsome gown of black corded silk, and black toque trimmed with mauve flowers. Mr. and Mrs. E. Blick left during the afternoon for Picton, en route for Timaru.

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A very pretty but quiet wedding was solemnised at the Church of the Holy Sepulchre on 16th April, when Nurse Black, of the "Okiokinga" house staff was united in the bonds of holy matrimony to Mr. C. Hewson, of the clerical staff of the "New Zealand Herald, and Auckland Weekly News" Office. The bride looked charming

in a pretty dress of cream silk, with hat trimmed "en suite," and with a very fine ostrich feather, brought expressly from South Africa. After the ceremony the happy couple, with their friends, returned to luncheon at "Okiokinga," after which Mr. and Mrs. Hewson left for Waiwera, where the honeymoon is to be spent.

### Deaths

MISS ISLA STEWART.—Since our last issue we have heard with deep regret of the great loss the nursing world has sustained in the death of Miss Isla Stewart, on Sunday, 6th March, after a very short illness. The Matron of St. Bartholomew's Hospital for over 25 years, Miss Stewart has been one of the leaders in all nursing reform and advance for many years. She instituted in her own hospital a systematic course of training, and regular hours for nurses; and inculcated in her pupils the highest ideals of the great work which lay before them. Her nurses have gone all over the world to work in their calling, and the name of a "Bart's." nurse is regarded with honour in all countries. From France, pupils have been sent to be initiated into English methods and in recognition of her help in this way, as well as of her great interest in the efforts made to reform the standard of nursing generally in that country, Miss Stewart was not long since presented with a special medal by the Assistance Publique, of Paris.

Since Miss Stewart's sudden death, evidence of the esteem in which she was held by all who came in contact with her, has been sent from many lands. Perhaps the most touching tribute to her is that of the friend who preceded her at St. Bartholomew's Hospital, and whose projected and already instituted reforms Miss Stewart carried on to successful progress. She says: "In public life she stood for all that is best, noblest, and bravest. To her friends she was a most true, generous, and loyal comrade. Isla Stewart's claim to greatness lies in this: that she used her high position for no selfish ends, but threw the whole weight of her influence into furthering the welfare of nursing, whether or not the line of action she



felt impelled to take seemed for the moment prejudicial to her personal interests. She held higher than any personal consideration her public duty, and the fulfilment of the obligations which her position imposed upon her.

"A great patriot, Miss Stewart was a member of the Nursing Board of Queen Alexandra's Imperial Military Nursing Service, and principal Matron of No. 1 (City of London), Hospital of the Territorial Force Nursing Service. A great public servant, she was President of the Matrons' Council of Great Britain and Ireland, and of the Society for the State Registration of Trained Nurses, Hon. President of the League of St. Bartholomew's Hospital Nurses, a Foundation Member of the International Council of Nurses, an Honorary Member of the Irish Nurses' Association, the German Nurses' Association, and the American Federation of Nurses.

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The death is announced of Dr. Elizabeth Blackwell, in her ninetieth year, on 31st March. She was the first Englishwoman to become a fully qualified medical practitioner, and the first woman whose name was placed on the British Medical Register.

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We must record with deep regret the death of Nurse Leah Nesbit, who was taken ill at the Christchurch Hospital while going through her training in general nursing. Nurse Nesbit had already qualified as a midwifery nurse at St. Helens Hospital, Christchurch. She was only ill a few days, from a septic throat, and died suddenly from heart failure. The Matron and nurses of St. Helens Hospital sent a wreath to Grey-mouth, where she was taken to be laid to rest.

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MRS. HAMPTON ROBB.—The American nurses have also to mourn the death of one of their great leaders; one whose name is known to us in this distant part of the British Dominions as a zealous worker in the cause of modern nursing, and as one of the principal delegates to the International Conference of Nursing last year. Her death was due to an accident on 5th April: when crossing the street she was caught between two street-cars, and death was instantaneous. Isabel Hampton Robb had been Matron of the John Hopkins' Hospital, and more lately

a member of the League for Nursing Education, New York City. We beg our American sisters to accept our sincere sympathy in their great loss.

Miss Roberts has resigned the Matronship of the Masterton Hospital.

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Nurse Emmeline White is now Charge Nurse at the Westport Hospital.

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Sister Dalrymple has resigned her position on the staff of the Wellington Hospital.

\* \* \* \* \*

The appointment of matron to the Masterton Hospital is not to be made until 3rd August.

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Nurse Hazard of the Dunedin Hospital is now charge nurse at the Coromandel Hospitals.

\* \* \* \* \*

Dr. Foster, of the Wellington Hospital, was appointed senior resident at the Christchurch Hospital.

\* \* \* \* \*

Miss Bagley, who has been for some time in Dunedin, is to be in Wellington again for a month or two.

\* \* \* \* \*

Nurse Falconer is at present filling the position of Plunket Nurse in Christchurch, assisted by Nurse Thompson.

\* \* \* \* \*

Nurses Crerar and Lorrimer have taken over Miss Wiseman's private hospital in Brougham street, Wellington.

\* \* \* \* \*

Nurse Brett and her sister have opened a private hospital at Devonport, Auckland, for medical and surgical patients.

\* \* \* \* \*

Sister Taylor, who has been for nine years at the Christchurch Hospital, has been appointed a Sister at the Auckland Hospital.

\* \* \* \* \*

Nurse Hardy, trained at Hawera Hospital, and in midwifery at St. Helens, Dunedin, has also been appointed a Sister at the Auckland Hospital.

\* \* \* \* \*

Nurse Hilda Whitehouse, of Ashburton Hospital, has joined the staff of the Christchurch Hospital.



Nurse Kittlely from Greymouth and Nurse Seton from Wellington have also been appointed staff nurses at Christchurch Hospital.

\* \* \* \* \*

The new children's ward, and the women's ward shortly to be opened and also the obligation of the District Hospital to supply nurses in the other institutions under the Board, necessitate large additions to the staff.

\* \* \* \* \*

Pending the necessary additions to the Nurses' Home, the doctor's residence, vacated by Dr. Crooke, has been fitted up to accommodate twenty nurses.

\* \* \* \* \*

Sister Hetley, of the Napier Hospital, is now going through her midwifery training at St. Helens, Christchurch.

\* \* \* \* \*

Nurse Viva Farmar, late of the Blenheim Hospital, who has been on the staff of the Napier Hospital, was promoted to be Sister.

\* \* \* \* \*

Nurse Mason has been appointed Charge Nurse.

\* \* \* \* \*

Nurse Moberley, of Waihi Hospital, is undergoing her course of midwifery training in St. Helens Hospital, Auckland.

\* \* \* \* \*

Nurse Cavill has also left the Waihi Hospital. She was married in June, and has gone to live in Australia.

\* \* \* \* \*

Nurses Walker and Richter are going to join the staff of the Singapore Hospital in September. They leave in the s.s. "Aparima."

\* \* \* \* \*

Sister Smales has left the Southland Hospital, and intends to do private nursing in Christchurch until her marriage to Mr. Davis, Auckland.

\* \* \* \* \*

Nurse Prior has also left, and gone home to Melbourne. She is engaged to marry Mr. Metcalf, brother of Mrs. Le'Loiles, late Nurse Metcalf, who now has a little daughter.

\* \* \* \* \*

Nurse Stubbs, of the Nelson Hospital, is now going through her midwifery training in St. Helens, Christchurch.

Nurse Shirtcliffe, also of the Nelson Hospital, is now taking her midwifery course at St. Helens, Wellington.

\* \* \* \* \*

Nurse Myra Dickinson, trained in Somerset Hospital, South Australia, is also going through her midwifery training at St. Helens, Wellington.

\* \* \* \* \*

Mrs. Grace Neill has gone to live with her son, near Levin. Her old friends will be glad to hear that she is much stronger, and very happy to be settled in her own home again.

\* \* \* \* \*

Nurse Brewer, late of Auckland Hospital, returned from a visit to England, during which she took her midwifery certificate, early in the year.

\* \* \* \* \*

Nurse Ryan, from the Auckland Hospital, was appointed Charge Nurse at Wairoa Hospital, Hawke's Bay, in Nurse Mellso's place, who left to take up private nursing in Auckland.

\* \* \* \* \*

The Matron (Miss Bull) had a very enjoyable holiday in Wellington and Rotorua. Since her return she writes that the little Hospital has been very full, and with some interesting cases.

\* \* \* \* \*

Nurse Newman, who has just completed her midwifery training in the St. Helens Hospital, Christchurch, has been appointed Sub-Matron there. Sister Newman had her general training at the Christchurch Hospital.

\* \* \* \* \*

Miss Annie Rochfort, Sister in Charge of the North Canterbury Consumptive Sanatorium, is engaged to be married to Mr. Hugh Dryscott, and expects to leave the Sanatorium in August.

\* \* \* \* \*

Miss McKenny, who has been on leave of absence on account of her health for the last three months, and has spent the time at Timaru, has now returned to her hospital at Wanganui, feeling very much better.

\* \* \* \* \*

Sister Gillin took charge in her absence



Miss Thurston, after her serious illness, has now returned to her charge at Christchurch Hospital. Her friends will be glad to hear she is feeling much better.

\* \* \* \* \*

Miss Street, late Matron of the Ellerslie Convalescent Home, Auckland, has been taking charge of her old hospital at Coromandel, during the leave of absence of Miss Graham, who was called away by the illness of her mother.

\* \* \* \* \*

Miss Graham was away for four months, and we sympathise with her in the loss of her mother, after a trying illness. She returned to the Hospital on 1st July, and hopes to remain there till her marriage, in about a year's time.

\* \* \* \* \*

Nurses Miller and Walker, who at the completion of their training at the Oamaru Hospital, went to the Women's Hospital, Melbourne for a further course of training, have passed their examinations in gynaecology, and have commenced a six months' course of obstetric nursing.

\* \* \* \* \*

Miss Holford and her nurses at St. Helens, Dunedin, went in for the course of invalid cookery at the Technical School, which was arranged for the nurses at the General Hospital. They thoroughly enjoyed their lessons, and all passed the examination, the Matron, as should be, heading the list with 98 per cent.

\* \* \* \* \*

Miss Scolon has been appointed to the Matronship of the Patea Hospital, in the place of Miss Ruth Allen, who recently resigned. Miss Scolon was Matron of the old Patea Hospital some three years ago, and will appreciate the convenience and pleasure of working in the charming new hospital lately built.

\* \* \* \* \*

Nurse Diack, of Dunedin Hospital, and Forth Street Maternity Hospital, was appointed Matron of the Naseby Hospital in Miss Scolon's place.

\* \* \* \* \*

Nurse Morgan, who has been Plunket Nurse in Christchurch since that branch of The Society for the Health of Women and Children first opened, and to whose unfailing energy its success is largely due, has severed her connection with the Society, and has accepted the position of Sister in Charge of

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the Hospital wards of the Benevolent Institution, Dunedin.

\* \* \* \* \*

Dr. and Mrs. Crooke have taken a house in Napier for some months. Dr. Crooke severed his long connection with the Christchurch Hospital on 1st July. He will be much missed at the hospital, where he was beloved by all his patients, and where his constant interest in all concerning them, and his kindly help in all difficulties was always appreciated most keenly by his nurses.

\* \* \* \* \*

Dr. Agnes Bennett gave a pleasant afternoon tea at Seatoun, to the pupil nurses of St. Helen's Hospital, Wellington, who had just passed their examination. As many as could fit in had the pleasure of being driven out in her motor car, while the rest of the guests, including the Matron, Miss Brown, and Miss Maclean, had to be content with the humble tram.

\* \* \* \* \*

Nurse Wilson, trained at St. Helens, Wellington, has been appointed to the charge of the Maternity Ward at St. Mary's Home,

Otahuhu, Auckland. In connection with this ward there is a delightful Children's Wing just built, in which the little ones from six months to two years, are to be kept. For the first six months the babies are kept with their mothers, and after that the mothers go out to situations, and their babies are taken charge of for them. For this wing a trained nurse is wanted, who will also be able to relieve the nurse in charge of the maternity wing.

\* \* \* \* \*

The applications lately called for Sisters for the Auckland Hospital have been largely responded to by nurses in New Zealand and Australia. Sisters Fyson and Nicholson from the Royal Prince Alfred Hospital, and Sister Lowick from the Royal North Shore Hospital, Sydney; Sisters Taylor and Longman of the Christchurch Hospital; Sister Orgill, of New Plymouth Hospital, and Nurse Hendy, of Hawera Hospital and St. Helens Hospital, Dunedin, were the nurses appointed. This large addition to the trained staff has been necessitated by the additional wards opened recently, and by changes on the staff.

## Obituary

As we go to press we have received the news of the death, on 31st July, of Mrs. Valentine, wife of Dr. Valentine, the Inspector General of Hospitals and the Registrar of Nurses and Midwives. This sad news will be read with the deepest regret by all New Zealand nurses, who look upon their Registrar with respect and affection as one who has always had their welfare and interests at heart. His wife was one with him in all things, and a friend to those nurses with

whom she came in contact. At a meeting of the Council of the Wellington branch of the Trained Nurses' Association a motion of deep regret and sympathy with Dr. Valentine and his family in this great trial, was passed, and a telegram sent to him.

A wreath of violets was sent by the Old Hospitals Department staff, with expressions of deep sympathy, and also a wreath from the combined staffs of the Public Health, and the Hospitals Department.

## Special Notice

The Editor would be much pleased if matrons or nurses in possession of photographs of new and up-to-date additions to their hospitals, or of new institutions, would send them to her, together with a description

of the building and its equipment, and an account of the work to be done. The publication of these in our pages would be of the greatest interest to all our readers. If the photographs have already been produced in local papers and the blocks for printing could be obtained, it would greatly lessen the cost of production.



Business Notices

SUBSCRIPTION TO JOURNAL.—The subscription to the journal is 4s. per annum. It is published quarterly, and any money remaining after actual expenses of printing and posting are paid, will be put towards the future enlargement and improvement of the paper. Nurses are requested to send addresses to which the journal may be sent in future. It is desirable also that correct addresses should be published in the Nurses' Register.

\* \* \* \* \*

All literary communications regarding the journal must be addressed to Miss Maclean, Government Buildings, Wellington.

\* \* \* \* \*

The Matrons of Hospitals are asked to send news each quarter by the 15th of March, June, September, and December, of any changes in their staffs, resignations, promotions, marriages, and births among the former nurses, obituary notices, with any little biographical notes of interest to nurses, alterations and additions to the hospitals, new equipment, accounts of any festivities, presentations and so on.

Matrons and nurses are invited to send letters, or articles, on any subject that interests them, to open up discussions on nursing or ethical points. To send any personal items of news, to make any inquiries.

\* \* \* \* \*

Accounts of holiday trips, especially to other countries, extracts from letters from nursing friends abroad will all be welcome and help to make the journal interesting. All matter for printing should be written on one side of the paper only.

\* \* \* \* \*

Subscriptions to be sent to Miss Dencker, Nurses' Home, Willis Street, Wellington.

\* \* \* \* \*

All communications re advertisements, etc., to be addressed to the publishers, Messrs. Watkins, Tyer, and Tolan, Limited, 191-193 Cuba street, Wellington.

\* \* \* \* \*

We beg the co-operation of the Nurses who read the Journal in keeping up its interest by sending news for insertion from all parts of the Dominion. An item of news or personal paragraph from the most distant place where there is a hospital or a nurse, is of as much interest as that which can be gleaned in the centres.

To the Readers of 'Kai Tiaki.'

THE Printers and Publishers of KAI TIAKI, Messrs. Watkins, Tyer and Tolan, Ltd., Cuba Street, Wellington, present herewith a Specimen Form of Account, which all Professional Nurses who are systematic and business-like, will admit is necessary in fulfilling their engagements.

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