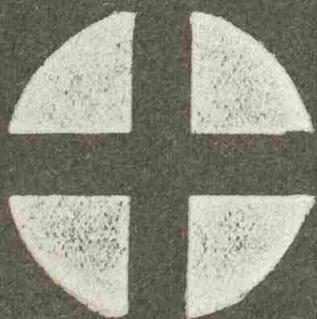


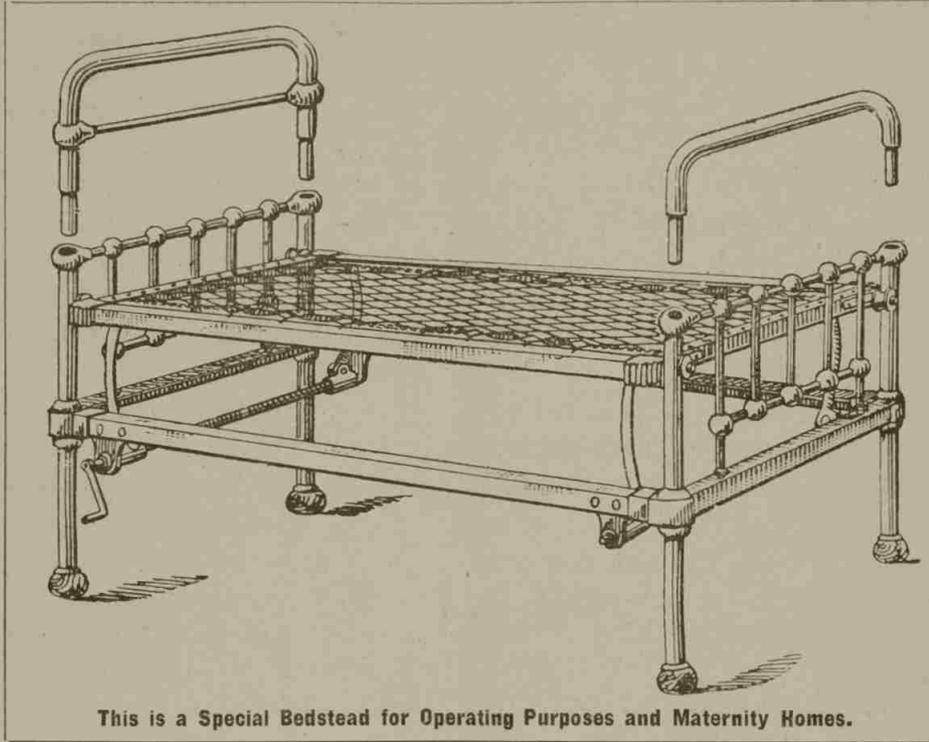
# KAI TIARI:

The Journal  
of the Nurses of  
New Zealand



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**Wellington Branch**

**Nurses' Home and Bureau:**  
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# Kai Tiaki

(THE WATCHER—THE GUARDIAN)

## The Journal of the Nurses of New Zealand

VOL. IV. No. 1

JANUARY, 1911

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## Hospital Troubles

How greatly the lack of *esprit de corps* in one member of a body of workers may affect a large number who do possess this spirit so essential for the happiness and well-being of any institution, has been strongly demonstrated by the recent occurrences in the Dunedin and Napier Hospitals.

In each there has been among a small section of the staff, discontent with existing conditions; and the discontented ones have voiced their grievances in the public ear, with results which were probably quite unforeseen by those who so acted.

An unconsidered word; a half-truth stated; an old trouble revived; the ball once started, who can tell when it will stop? Small things become large are painted as of vital importance; trifles are magnified until they are unrecognisable; the diffi-

culty of reform is doubled, and there is unhappiness and soreness of spirit.

We do not wish to say that trifles must go unconsidered; or that small troubles unremedied do not make all the difference between content and discontent in our daily lives. There is, however, a proper way of seeking remedy and reform. Things that rankle like a thorn in the flesh of those who are afflicted by them are frequently not regarded from at all the same standpoint by those who are responsible for them, and who, if they only knew how they were looked upon by those others, would often gladly alter or remove the cause of trouble.

Nurses, we fear, often show as a discontented body, but as a rule the discontent is merely superficial. Few when put to the test either can or wish to bring up any defi-

nite or legitimate cause for grumbling. It seems to be a habit to make the most of one's troubles, and we seem to think that because we are working in the cause of sick humanity, we must not in our own bed have even a crumpled rose-leaf; we must not be subjected to the ordinary vicissitudes of life. The ill-cooked or unappetising dinner which we may frequently have to put up with in our homes, must not appear on the table of the Nurses' Home—quite right, it should not—but is it possible even in the best regulated house always to prevent it?

In middle-class households, from which the majority of our nurses are called, domestic arrangements are frequently out of joint, and we have to turn to and cook our dinner ourselves. There is the washing-day dinner, too; and the hash or curry in which the Sunday joint is finally dressed. Nurses need good fresh food; their work is trying: Just so, and so also is the work trying of the mother of many little ones; of the father of a family struggling to make sufficient to provide for his brood; of the governess, weary with a long day with troublesome children; of the office girl, tied to her desk or typing machine all day. We must not get into the way of thinking that we alone are to be pitied for our hard work. Pitied indeed! Nothing makes us more indignant than the uncalled-for pity and commiseration it is the fashion to give nurses, who are engaged in the work of their choice; the work which has the sustaining human interest of caring for the sick, and has also all

the variety of occupation which in itself gives rest. How different a thing it is to sit all day long at a typewriter, for instance, copying out other people's thoughts. Nothing original; no intellect called for: and to work in a hospital ward, where each hour there is something fresh to be done, and opportunity of exercising some individual thought and spontaneous effort.

Now to return to the bringing forward of complaints in a proper manner, so that an opportunity will be given of redress without the trouble coming before the public, and so being magnified a hundredfold.

Nurses have first their matron: It is she to whom they should appeal, and through her all complaints of things which are beyond her power of remedy should go to the medical superintendent, and finally to the hospital board.

Most matters need never go so far; but should all redress be refused there is still another authority to whom an appeal can be made: There is the Registrar of Nurses. It is his duty to protect the interests of the nurses of the Dominion, and it is also his duty to see that those employed in hospitals are properly and justly governed. No appeal should be made to him without being first, or at the same time, made to the governing body of the hospital. Loyalty to the institution must be the first and principal consideration, and redress gained at the expense of that loyalty would not be worthily gained.

## District Nurse, Waipu

A nurse with general and midwifery training is needed for the Waipu district. Her quarters are to be at the hospital at Waipiro Bay. A maternity ward is to be erected at the hospital, and this ward will be under the charge of the district nurse, it being anticipated that she may frequently have patients here, and that the needs of the

district will be best met by this combination of district and hospital nursing. At times it will be impossible owing to the state of the roads for women expecting confinement to come in, while the nurse will be able to ride out to them. The salary will be £100 per annum. Any nurse desiring to apply may obtain particulars from Miss Maclean.

# New Zealand Trained Nurses' Association

## Central Council

The members of the Central Council in the several districts have met and discussed the rules submitted by the different branch councils, and have sent the results of their discussions to the President in Wellington. So far we regret to say the difficulties in the way of complete accord in such points as the qualification for membership have not decreased. On the 12th January the President met the delegates of the Auckland branch and discussed this matter. On 13th January a meeting of the branch council was held at which Miss Maclean was present, and took occasion to speak concerning the necessity for some co-ordination among the branches, in the following terms :—

“ It is to be feared that unless each branch will give way a little it will not be possible to draw up a workable set of rules. Where a large number of workers in each different branch of nursing treatment, from the more widely-embracing, and therefore necessarily longer trained general medical and surgical nurse, to the midwifery nurse and masseuse, are concerned, it is perhaps feasible to have entirely separate associations for each. Here, where the numbers are comparatively small, surely it is best to meet and associate together in amity, than to have several small groups, hardly large enough to have any weight or importance! After all, each is engaged in the same line of work, and can carry that work on with the same high objects. We must also remember that each branch in its first formation accepted as members individuals who were then accepted more for their social personality and help-

fulness than for their professional qualifications. Some members, indeed, had none of the latter, but were true friends and helpers. It is then impossible for the branches, which at this time were glad of their help to now cast them off. I consider that the Association should be widely embracing, taking in as members representatives of the different methods of caring for the sick; workers in the great cause of health; being careful at the same time that each shall have the proper qualification for the branch of work he or she is engaged in, be it as a medical practitioner, medical or surgical nurse, midwifery nurse, mental nurse, or masseuse. Some few other members, to link our Association with the great public for whose welfare we work may well be elected, and their help accepted gratefully.

“ So long as the President of the United Association of Trained Nurses of New Zealand is a fully trained nurse, I am assured by Miss Dock, the Hon. Secretary of the International Council of Nurses, of which we are invited to become an affiliated branch next year, minor differences as to the composition of our Association do not matter in regard to this affiliation. The President must be a trained nurse, as *ex officio* she would be a Vice-President of the International Council.

“ During the next three months I hope to meet the Central Council members in the other centres, and that we shall be able to arrive at an agreement as to our membership.”

Following are the reports of the annual meetings of the several branches.

## Wellington

The annual meeting of the Association was held in St. John's class room, Willis Street, on 24th October, 1910. Mrs. Holgate occupied the chair, and on the platform were Mrs. Young (Vice-president), Dr. Agnes Bennett, Mrs. Thomson, and Miss Dunlop. Apologies were received from Mrs. Gibbs (President), and Dr. Ewart.

Mrs. Holgate opened with the following remarks :—

Fellow workers: The honour of presiding over this, the fifth annual meeting of the Wellington branch of the New Zealand Trained Nurses' Association has been thrust upon me by the unavoidable absence of our much esteemed President, Mrs. Gibbs, who is unable to be with us this evening, much to her regret and more to ours, and I ask you to bear with me while I try in some measure to make up for our loss.

The working of this Association has always received my warm support and deep interest, and there are one or two matters I should like to glance at in reviewing the past year, and the first is that *esprit de corps* which seems to have taken a larger hold of our nurses since the Association has (if I may use the term) "grown up." The dictionary meaning of "*esprit de corps*" is, "The animating spirit of a collective body," like the army, or the bar, and such an animating spirit we hope to find in our New Zealand Nurses' Association; as we belong to one another, and owe loyalty and fealty to every trained nurse in the Dominion. It is this spirit of *esprit de corps* which keeps alive the family life in homes, and all united bodies are only larger families drawn together by the ties of a common calling, for strengthening the hands of that calling.

There are many nurses who do not really understand their responsibilities to their Association. I heard a remark a few weeks ago: Such and such nurses do not join the Association "because they can do quite well without it."

We can do without museums, art clubs, libraries, if we wish only to exist, but if our work is to progress, and be the best part of us we must have everything that will bring us into intercourse with workers of all kinds and this is what the Association aims at. And when you have heard the report of the last eighteen months read you will realise some of the advantages nurses have reaped from membership—not that that is the object of membership.

The sense of isolation is lost when a nurse belongs to an association; her successes and failures belong to the whole. Her interests are guarded and watched by a council which she has helped to appoint, and to which she can appeal in any difficulty.

The members of to-day are sowing the "to be" for the nursing profession in New Zealand: Is not that something?

Miss Dunlop will touch on a further step which has been taken this year by the Council; viz., the Sick Nurses' Fund. Our secretary started this with a small sum in hand: It is her little pet, to which she puts all the spare bawbees she can make out of anything. She has asked me to say that we can do nothing further in this matter unless some nurses invest an annual sum. We should like you to think this over, and if possible start with the New Year.

The next matter is, whether we should have a nurses' home of our own? There are nearly three years to think about it, by which time our lease in Willis Street will have run out. Wellington is the only place where the nurses' home is part of the Association, and we have an admirable Matron in Miss Stewart, who makes it as "homey" as she possibly can.

If you will bear with me five minutes longer, I do want to commend to the consideration of all nurses the admirable scheme of nursing for the back-blocks devised by our Patron (Dr. Valintine), and to hope that you will every one of you try to attend the lecture Miss Bagley is giving later to thoroughly explain it to nurses. A nurse's life is looked upon as one of self-sacrifice, and until the eight hours system was adopted it doubtless was from the time a nurse first entered on her training. Legislation and considerate hospital boards have done much to make a nurse's life easier while she is in hospital, and it seems to me that almost the only branch of nursing that calls for the spirit of serving for love's sake is that of the back-block nurse. If you want to be really humbled, and find out how little you know, go and nurse in a poor district, where you are called in to worries and ailments that you have hardly heard of in hospital; or where you are required to attend a case of typhoid; or dress a wound, probably become chronic, without any of the appliances that have seemed an absolute necessity in hospital. A year of New Zealand back-blocks nursing ought to be an invaluable experience to any nurse.

And lastly: The New Zealand Trained Nurses' Association and its history is written in KAI TIAKI, our Nurses' Journal. KAI TIAKI is the "open sesame" for your suggestions and impressions. We cannot all attend meetings, but we can all read the Journal, and nearly all can contribute 5s. annually for its purchase. I wish more nurses would send in papers or write short articles on matters connected with nursing. Some nurses can write very pretty, short sketches, which add to the brightness of the paper. The last time Miss Maclean was speaking about the Journal she said she did not want to make our Journal a reproduction of other journals, as it is the work of the profession in this country we want to exchange. So far Miss Maclean has had plenty of copy; but there are many who

have not yet contributed who are competent to do so.

As we have no Association motto yet, let me give you *Digne vivamus*—"Let us live worthily," until we meet for our next annual gathering.

This was followed by the reading of the secretary's report:—

Your Council has much pleasure in presenting the following report on the past year's work for the consideration of members:—

As in former years progress has marked the workings of the Association on all sides. The membership roll shows a substantial increase, the total now standing at 178, as against 150 last year.

During the year the Council has settled some points of difference which had arisen between patients and nurses. In a few cases, through the kindness of Mr. Von Haast acting on behalf of the Council, nurses have been able to recover fees which patients seemed unwilling to pay.

At the beginning of our year the Council appointed a committee to communicate with the Medical Officer of Health with regard to having the quarantine period for maternity nurses reduced. The committee could not obtain any information from the Medical Officer, so this matter must stand over for future consideration.

On 9th August we heard with regret of the death of Mrs. Hislop, who had been a lay member of the Association from the beginning. A letter of sympathy was sent to Mr. Hislop, and a wreath on behalf of members of the Association.

On 25th August of last year we had a very successful sale of cakes and flowers. In November, advertisements drawing the attention of the public to the Bureau were put in the "Dominion," and "Evening Post" alternate Saturdays, and in the "Times" daily. The "Dominion" and "Evening Post" advertisements have since been discontinued, but the advertisement in the "Times" is still running.

The most important feature of the year was the holding in Wellington of the first meetings of the Central Council. Full reports of the meetings were given in KAI TIAKI. Delegates from the other centres were entertained at social functions by Miss Maclean, Miss Payne, Mrs. Kendall, and Mrs. Young, and by the Wellington nurses at their annual dinner, which took place on 18th November.

In December we proved the strength of union in our protest against the fifty-six hours clause for nurses in the Hospital and Charitable Aid Bill. A detailed account of Council's action in the matter is given in the January number of KAI TIAKI. In the month of December also, the Council decided to start a sick fund for nurses, and the sum of £5 realised from the dinner was utilised for this purpose. This sum has since been augmented by £7 from the nurses' dance. Mrs. Porter has been appointed treasurer for sick fund. Thanks are due to members for their spontaneous response on behalf of one of our members who had a very serious illness.

In January the Council received with the greatest regret the resignation of our President (Mrs. Kendall), who had held office from the very beginning of the Association. The Council elected Mrs. Gibbs to fill Mrs. Kendall's place as President, and Mrs. Holgate was elected Vice-president.

A general meeting of nurses was held in February, when the syllabus of lectures for the winter was arranged. With two exceptions the doctors have responded to the requests of the nurses, and lectures given have been much appreciated. A special lecture was given in October by Dr. Agnes Bennett.

In March the Council elected Nurse France to represent private nurses on the Council. In May Miss Kohn tendered her resignation as member of Council. This was accepted with much regret, and Mrs. Crawford elected to fill the vacancy.

In July the annual dance was held, and in August a sale of cakes and flowers. On 1st August we received with deepest regret the news of Mrs. Valentine's death. On behalf of the Association of which he is Patron, a letter was sent to Dr. Valentine sympathising with him in his bereavement.

Miss Payne has been elected delegate to Central Council in place of Mrs. Kendall.

Two months ago the Council received a communication from Mr. McLaren, M.P., asking if the Association would support the Bill for legislation of Wellington milk supply. This is another instance of the recognition of the Association's standing in the Dominion. The Council has informed Mr. McLaren that the Bill will have the support of the Association.

The thanks of the Council are due to the honorary treasurer (Mrs. Thomson) for the

invaluable services rendered by her during the past year.

On moving the adoption of the report, Dr. Agnes Bennett drew attention to the fact that this report was unique, in that it had no padding. It was a very plain statement in very few words of a great amount of work done in the past eighteen months; that the secretary, with true Scotch method, not only "raked in the bawbees," but had carried us along month by month. Dr. Bennett also emphasised the benefit the Association had been to nurses in recovering nurses' fees, and settling points of difference between them and patients.

The adoption was seconded by Miss Payne and carried unanimously.

The treasurer's report as follows was read by Dr. Young:—

	£	s.	d.	£	s.	d.
Home receipts ..	787	14	9			
Expenses .. ..	703	19	0½			
Credit balance ..	£83	15	8½			
Visiting nurse receipts	205	10	1			
Expenses .. ..	184	8	8			
Credit balance ..	£1212	1	5			
Association receipts	127	14	11			
Expenditure ..	135	4	2			
Debit balance ..	£7	9	3			
Cr. bal. home a/c ..		83	15	8½		
Debit balance Association		7	9	3		
Total .. .. .		£76	6	5½		
Amount owing 18th October, 1910—						
Bank .. .. .	61	2	10			
Dresden Piano Co.	13	2	8			
Total .. .. .		£74	5	6		

The adoption of treasurer's report was moved by Miss Bagley, who in a very neat

little speech expressed the indebtedness of the Association to the Council for its judicious handling of the funds; and to Mrs. Thomson, the hon. treasurer, for the very valuable services rendered by her to the Association. The adoption of the treasurer's report was seconded by Miss Kohn and carried.

The secretary was then called upon to announce the result of the annual elections. The members of Council for the present year are as follows:—

President, Dr. Young; Vice-presidents, Mrs. Gibbs, Miss Maclean; Hon. Treasurer, Mrs. Thomson; Hon. Secretary, Miss Dunlop; Medical members, Dr. Ewart, Dr. Herbert, Mr. DeGavin, Dr. Hislop; General Council, Miss Payne, Miss A. Mclean, Mrs. Porter, Mrs. McDonald, Mrs. Holgate, Miss Kohn, Miss Brown, Mrs. Crawford; Lay members, Mrs. Young, Mrs. Newman.

This ended the business of the annual meeting, which was then thrown open for discussion. Miss Bagley took the opportunity to express the appreciation of the nurses at the Council's action in starting a sick fund for nurses, and moved that the Council take steps to put it on a proper business basis. This motion was seconded by Miss Dencker and carried.

The question of the annual dinner came up for discussion. The secretary explained that at the previous meeting of Council it had been decided that there should be no dinner this year. But as several nurses had expressed regret that the dinner should be let drop, it might be as well for the nurses to decide the matter. On a show of hands the majority decided in favour of the dinner being held. Nurse Masters said that she had been asked by some of the nurses to express the wish that instead of the dinner there should be some form of social evening. This was accepted by Council as a recommendation from the nurses.

Votes of thanks were accorded to Mrs. Holgate and the secretary. Supper was served and the meeting broke up informally.

## Otago

### The President's Address.

I have much pleasure in assuring this, our third annual meeting that our Association continues to grow and prosper. At the date of our last annual meeting we had a membership of 112; a cash balance of

£18 17s. 2d., and 20 nurses connected with the Private Nurses' Bureau. We now have a membership of 129; a cash balance of £27 3s. 7d.; assets valued at £20, and 44 private nurses.

During the last seventeen months we have had twelve council meetings; eight lectures,

and seven socials, at all of which the attendance has been good.

In order to bring the different branches into line it was decided that the various councils which should have retired last June should remain in office till the end of October at which date our financial year will end in future. To keep our finance in order we had to levy on the members for an extra 5s. to provide for the extra five months in the past session.

The special thanks of the Association are due to the ladies and gentlemen who favoured us with most interesting lectures. Miss Kelsay lectured on "Browning's Heroines," Dr. Hall "Sleep," Dr. Hunter "Nursing in Genitourinary Cases," Dr. Williams "Food poisoning," Dr. Sydney Allen "Immunity," Dr. Fulton "Rio de Janiero," Dr. Truby King "Influence and Scope of Nursing," Miss Fraser, M.A. "Japan."

In February Miss Burton who has been our secretary since April, resigned, and Miss Griffiths was appointed in her place. Miss Griffiths now finds she is no longer able to attend to the duties, and Miss Hay will act as secretary. Miss Barclay, who has been our treasurer since the beginning, has also resigned, and her place has been filled by Miss Shackelford.

The next important event of the past year was the first meeting of the Central Council at Wellington in November, 1910, when I had the honour, with Miss Jeffreys, of representing the Otago branch. A good deal of useful business was transacted, an account of which has appeared in KAI TIAKI. The next Dominion Council meets in Dunedin in 1912.

It has been decided that while nurses with full qualifications may be admitted as members of the Association, those wishing to join the private nursing staff be accepted for six months provisionally, and a report be obtained of their work from patients and doctors during that time, so making it possible for the Association to vouch for those members sent out at the call of doctors or patients.

In future those who are admitted to membership six months after the beginning of the financial year shall be charged entrance fee and half subscription for that year, while those joining during the last quarter pay entrance fee only.

We have to record with deep regret the death of three members: Dr. Hocken, Dr. Blomfield, and Mrs. James.

Thanks to kind donations from Mr. Grinling, Dr. Siedeberg, and others, we have now assets valued at £25, so that we now have assets and cash over £50; a very satisfactory result after three and a half years existence.

During the year the private nurses sent out were 400, averaging over one a day; and telephone calls average sixteen per day.

From a progressive and instructive point of view the last has been rather an uninteresting quarter. The numerous meetings that have been held have been to discuss the *pros* and *cons* of the continuance of the Private Nurses' Bureau under the control of the Council of the Association; it having been decreed at the annual meeting that the private nurses should take over the management themselves, the movers of the motion wishing it to be understood still under the guidance of the Association as a whole. This motion, however, led to much misunderstanding, and many meetings were the outcome, the resolution finally arrived at being that the private nurses wished to have the management of their Bureau again placed under the control of the local Council. This necessitated the removal of the Association's Bureau from the Nurses' Home, Miss Griffiths absolutely declining to accept the terms offered her by the Association. Mrs. Brew kindly came forward and volunteered to again take over the Bureau for the private nurses meantime, and manage it from her hospital (11 Clyde Street). The Association's code address of "Competent," and telephone number of 2252 still remain the same.

So Bureau affairs are just where Miss Jeffreys left them, or nearly so, after two years, only more members.

On 6th October the Nurses' Home was officially opened by Dr. Valentine, in the presence of a large number of visitors and members.

It is with very deep regret the Association is saying farewell to Mrs. T. A. Fraser, a member who has taken a keen and loyal interest in all the affairs of the Association from its inception; who has on many occasions been the genial hostess at our social functions, and in many ways proved herself an active and enthusiastic worker in the best interests of the nurses; who, while

regretting their loss, extend to Mrs. Fraser their heartiest good wishes for her trip and stay in the dear Homeland, and to whom we promise a very hearty welcome when her sojourn abroad endeth.

There have been several "afternoons" given to Mrs. Fraser to enable as many of the members as could avail themselves of the opportunities thus afforded of personally saying farewell. Mrs. McGregor and Miss

Monson gave a delightful one at the former's pretty little home overlooking the Balma-cewen Golf Links. Another was given at the Dominion Tea Rooms by the private nurses, when Misses Henry, Shackelford, and Barclay were joint hostesses, and Miss Hay shared with Mrs. Fraser the honours of the occasion (Miss Hay is also leaving in another month for England, the Continent, and Africa, but hopes to be amongst us again within the year).

## Auckland

The fifteenth meeting of the Auckland branch of the N.Z.T.N.A. was held in the Nurses' Clubroom, there being 24 members present. The annual report was read by the secretary, also the treasurer's report, showing a balance in hand of £106 16s. 9d., in addition to furniture and fittings estimated to be worth about £100.

The following officers were elected for the ensuing year:—President, Mrs. R. Bedford; Vice-presidents, Miss Peiper and Miss Foote; Hon. Treasurer, Mrs. Moss; Hon. Secretary, Miss Fleming; Medical members of Council, Dr. Beattie and Dr. McMaster; Council members, Mrs. Kidd, Misses Morrison, Stewart, V. Campbell, Gibbons, Mesdames Andrews and Inglis, and Miss Chappell.

The Clubroom finance is weak, and it was decided to give up the room as it is now, and to try to sublet part of it if possible, still retaining enough to use for meetings, etc., the letting of it being left in the hands of the Council.

It was proposed to hold a social evening on the 31st of October, to open the new year.

Votes of thanks were given to the treasurer and secretary, also to Mrs. Bedford for kindly presiding.

The annual report is as follows, and, owing to the change of date of the commencement of the financial year, covers the period from June, 1909, to October, 1910:—

The meetings of the Association have been held once a quarter, and have been fairly well attended although a number of the members live in the country and are unable to attend regularly.

The Association sent two representatives to the general meeting of the N.Z.T.N.A., held in Wellington in November, 1909.

At one of the meetings it was decided to raise the nurses' fees to the maximum of £3 3s. 0d. per week, and the minimum of

£2 2s. 0d., except where two or more nurses are employed, then only in mental or infectious cases to charge more than £2 2s. 0d.

A very successful ball was held in September of last year, the Governor and Lady Plunket kindly giving their patronage, which in a very great measure made it the success it was. With the money raised in this way (£173 5s. 4d.) a large room, also a smaller one for pantry, was taken and very nicely furnished; the President (Mrs. Bedford), and also the Treasurer (Mrs. Inglis) taking a great deal of trouble over it, with the result that the nurses have a comfortable, airy room to use for resting, writing, and entertaining their friends at any time they want. It was opened by a largely attended social evening in December last and afterwards it was kept open every afternoon with the exception of Saturday, and tea was provided by the different members of the social committee. The same committee also have arranged for tri-weekly social evenings during the winter, the last one held being to welcome Mrs. Gillies, and to listen to her account of the work in military hospitals; which was very interesting and profitable.

There have been eight lectures given during the year. They have only been fairly well attended, which is to be regretted as the gentlemen who have given the lectures have taken a great deal of trouble for the benefit of the nurses.

The second annual nurses' ball was held in August, in the Art Society's Hall, which was prettily decorated for the occasion. It was quite a success, although there was some disappointment owing to the Governor (Lord Islington) not being able to be present. A little over £21 was handed over to the treasurer from this ball, this money being used for Clubroom expenses.

It is to be regretted that Mrs. Kidd has resigned her position as Vice-president. She has very kindly entertained the nurses twice at her home in Epsom: Once to meet Miss Maclean, the Inspector of Hospitals; and the second time on the occasion of the visit of Dr. Valintine, the Inspector-General of Hospitals.

The thanks of the Association are due to Mrs. Bedford (President), our late secretary (Miss Wyatt), and the treasurers (Mrs. Inglis and Mrs. Moss)—indeed to all the members of the Council—who have done much to promote the sociability of the nurses, both in connection with the ball and also the social evenings.

A meeting of the Council was held in the Nurses' Clubroom on the 23rd November, there being ten members present.

Mrs. Bedford informed the meeting that the Clubroom had been sublet, and it was agreed to ask the incoming tenant to take over window blinds, curtains and poles, and electric light and gas fixings. Dr. Beattie kindly undertook to see Mr. Watson about rent, etc., also he agreed to arrange about the storing of the furniture, until required.

There was a great deal of discussion about a nurses' hostel, and it was finally agreed

that another meeting should be called in three weeks time to consider the question.

Miss Campbell, Matron of the Mental Hospital, was proposed as a member of the A.T.N.A., and was unanimously elected.

A vote of thanks was given to Dr. Beattie, and with this the meeting closed.

A meeting of the Council was held in Mrs. Bedford's house on Wednesday, the 14th December, there being eleven members present.

Dr. Beattie was not able to be present, but sent a letter giving his views on the question of a hostel for nurses. He advised that nothing should be done until February, and in the meantime as he was going south in January, he would make inquiries into the conditions obtaining in the other cities.

The Council agreed to take this advice, and first to circularise all trained nurses and try and interest them in the Association, and then to hold a public meeting in February at which several of the doctors would be asked to speak, and explain the aims and objects of the Society and how they are best accomplished.

Two nurses were accepted as members, and two others have been transferred from Christchurch and Dunedin respectively.

C.A.F., Hon. Sec

## Canterbury

### The President's Address

I have much pleasure in reading the second annual report of this Association. It is not quite a year ago since the four Associations affiliated and formed the New Zealand Trained Nurses' Association, with its four branches. The first Central Council meeting was held in Wellington in November, 1909, when the rules were formed and much business in connection with the Association gone into. This step was a very important one for the nurses in New Zealand. To have a New Zealand Association with its rules in accord with other associations means recognition by them; and not only that advantage, but many others that we do not realise now. Our Association is young yet, but year by year it will grow in importance and strength, and will I feel sure be of great benefit and help to all its members.

But if it is to be that to us we must do something to help, even although it may be very little. Every member can do some-

thing, and every member can do one thing, and that is, be absolutely loyal to the Association in every detail. Just as in our hospital training we were taught to be loyal to our training school, so must we now be loyal to our Association; it is ours, and we are responsible for its welfare. There should be no onlookers; every member should feel that she has her little duty which she must perform. I believe some members think our meetings are often dull, I have never found them so; but if any one does feel them dull, she owes it to the Association to try and make them not dull. The members do not or should not attend the meetings only to be entertained, but to entertain others, and make the acquaintance of other members.

Some nurses may say when asked to join the Association: what can the Association do for us; I am already a trained nurse? To this I should reply: to-day the Association may not help you, it needs your help

now, and all the help you can give it ; but in future years I am sure it will help nurses. Just in the same way when the State registration was first begun here, I heard it frequently said : why should I register, I have my hospital certificate ? And many I regret to say did not register when they might so easily have done so. Now State registration is recognised as being very necessary for all trained nurses. I am only giving this as an instance.

This has been a long and very busy year for your Council. New rules have been considered, and much correspondence gone into dealing with the N.Z.T.N.A. as a body ; for this reason it has had much interest for the members of the Council.

The question of where we should hold our meetings came up early last year, and after some discussion it was decided to hire a room for our general meetings, and this has been done during the year, with the idea of eventually procuring a club room of our own.

Now we are again faced with the question, what are we to do during the New Year ? To my mind a serious question, and one affecting the Association very much. I hope next year we shall have one, as in this respect we are exactly in the same position as when the Association was first formed two years ago.

The meetings during the past year have been as follows :—

January : Account of Central Council meeting in Wellington was read.

February : Miss Thurston, " Florence Nightingale."

March : Dr. Talbot, " Some Early Pioneers in Medicine."

April : Mrs. Gardiner, Demonstration in Invalid Cookery.

May : Dr. R. Anderson, " Some lessons we may learn from work done by the Army Surgeons in the Japanese campaign."

June : Mrs. Gardiner, Demonstration Invalid Cookery.

July : Social evening.

August : Nurse Maude, " Egypt and Palestine," with limelight views.

September : Dr. Lester, " History of Antiseptics."

October : Annual and social evening.

The officers for the following year are as follow :—President, Mrs. Irving ; Vice-presidents, Miss Beck, Miss Maude ; Hon. Treasurer, Miss Canning ; Hon. Secretary, Miss Collins ; Council, Dr. Acland, Dr. R. W. Anderson, Miss Ewart, Mrs. Lester, Miss Lloyd Lees, Dr. Manning, Miss Thurston, Miss Turner.

## Appointment of Lady Superintendent, Dunedin Hospital

At a recent meeting of the Hospital Board it was decided to appoint a lady superintendent, who should have charge of all the institutions under the Board, and supervise the nursing in each. Sisters on the staff of the hospital to be sent for charge duty in each place.

At a meeting on the 27th inst. it was further decided that an effort should be made to obtain a lady superintendent from Home, who would have had experience in the management of a hospital training school and a medical school, in which the same conditions existed as at Dunedin. On the advice of Dr. Valentine Mrs. Bedford-Fenwick was to be requested to recommend a lady suitable for the position, and Dr. Colquhoun, now in the Old Country, was

also asked to confer with Mrs. Fenwick, and see the lady she selected.

The resignation of Miss Veitch submatron was accepted, and in view of the fact that she had been nineteen years in the Board's employ she was granted six months leave from 1st February.

Miss Rose Macdonald matron of the Medical School Maternity Hospital was appointed acting matron of the Dunedin Hospital pending the permanent appointment.

### One Day at a Time

One day at a time ! That's all it can be ;  
No faster than that is the hardest fate :  
And days have their limit, however we  
Begin them too early, or stretch them late.

## State Examination of Nurses

The State examination of nurses took place on December 7th and 8th. There were 74 candidates, and 66 passed the examination. Of the eight who failed two were successful in passing the practical oral examination, and will only need to sit again for the written portion.

In connection with the oral examination in one centre, some extracts from the reports of the examiner are instructive:—

“They show at once the benefits and the limitations of institution training. I may illustrate my meaning by an example: One candidate when describing the after treatment of a certain operation, said the wound should be regularly irrigated with a very weak carbolic lotion. On my inquiring the strength she said she did not know exactly, as the lotion was supplied from the dispensary, and they added so much to a pint of water. It may be said that this is an isolated case, but as a matter of fact most mistakes were made in reply to the question of how to dilute stock lotions to a given required strength. There were really very few who did this quite accurately.

“Another section in which there was much inaccuracy was the urine analysis. Some few candidates were quite proficient; but too many showed deficient observation of ordinary physical characters, such as colour, cloudiness, deposit, etc., and the probable inferences from its appearance. In particular, when shown a sample of cloudy urine, most candidates at once suggest that it may be phosphates. Few even seem to think of ordinary mucus. Most of the test work was of too mechanical a character, without realising the general underlying principles. But I have made due allowance for the fact that nurses naturally cannot be taught chemical physiology, and have not required a high standard of knowledge; but I do think that many of them should cultivate habits of more accurate physical observation.

“In the questions dealing with instruments, splints, and other appliances; preparation and after care of surgical cases and methods of general nursing, most of the candidates showed a very commendable degree of proficiency and intelligence.”

The State examination of nurses took place on the 7th and 8th of December, 1910. There were 73 candidates, out of which number eight failed; two of these passed part of the examination.

The names of the successful candidates in order of merit are as follows:—

Clare Lambert, Wellington Hospital; Mary Wilson, Christchurch Hospital; Zaida Hair, Napier Hospital; Lucy Hayward, Dunedin Hospital; Susan Nicoll, Christchurch Hospital; Ethel W. Taylor, Hawera Hospital; Jane Miller, Southland Hospital, and Constance E. Cutforth, Auckland Hospital (equal); Flora Robertson, Wellington Hospital; Mary E. Hobbs, Wellington Hospital; Agnes M. Buttle, Wellington Hospital; Mabel Stewart, Dunedin Hospital, and Veronica Marotti, Kumara and Napier Hospitals (equal); Constance Jenkins, Wellington Hospital; Lily Eddy, Thames Hospital; Jessie James, Wellington Hospital; Eleanor D. Carter, Masterton Hospital; Lucy J. Miller, Wanganui Hospital; Maggie Risk, Auckland Hospital; Catherine Ferguson, Dunedin Hospital; Mary C. Duncan, Greymouth Hospital; Maud Temple Brown, Wellington Hospital; Mary E. Bryant, Wellington and Waipukurau Hospitals; Edith Malcolm, Hamilton Hospital; Ina M. Rolling, Wanganui Hospital; Agnes Brodie, Wellington Hospital; Ivy M. Smale, Hamilton Hospital, Adeline Gilmore, Auckland Hospital, Mary Mills, Christchurch Hospital, and Myrtle Galloway, Timaru Hospital (equal); Rebekah Takle, Nelson Hospital; Georgina Dickson, Nelson Hospital; Nellie E. McMaster, Auckland Hospital; Winifred Scott, Christchurch Hospital; Sara Graham, Christchurch Hospital; Florence M. Gittens, Auckland Hospital; Emily Hodges, Christchurch Hospital, Rachel Henderson, Wellington Hospital (equal); Edith Edwards, Picton Hospital, Eliz. M. Williams, Auckland Hospital (equal); Kathleen Carter, Wellington Hospital; Eva Wirepa, Napier Hospital; Mabel Hamilton, Hokitika Hospital; Ellen T. Gallagher, Auckland Hospital; Rachel Neels, Waimate Hospital; Cecily A. Dromgool, Auckland Hospital; Marion C. Paterson, Gisborne Hospital; Louie Tilyard, Wellington Hospital; Margaret Samson, Oamaru

Hospital; Annie Maclean, Dunedin Hospital; Annie Clarke, Dunedin Hospital; Lucy Atkinson, Hokitika Hospital; Jean Jenkins, Ashburton Hospital; Nellie Nickless, River-ton and Greymouth Hospitals; Elizabeth Stothart, New Plymouth and Waipukurau Hospitals; Frances N. Warren, Wellington Hospital; Florence Gill, Gisborne Hospital; Meliora Coffey, Picton Hospital; Aileen Holmwood, Wellington Hospital; Christina Campbell, Thames Hospital; Joanna C. Lodge, Auckland Hospital; Sybil Porter, Wanganui Hospital; Florence Sugden, Wel-lington Hospital; Catherine Walker, Strat-ford Hospital.

The questions for the written papers were as follows:—

### Surgical Nursing

7TH DECEMBER, 1910.

TIME: THREE HOURS.

N.B.—Candidates are expected to answer every question. Answers must be brief and to the point.

1. (a) What is meant by "asepsis," "anti-sepsis," "sepsis?" (b) Give a list of some of the best known antiseptics, and the strengths in which they are most commonly used, and the symptoms which would lead you to suppose they are causing poisoning.

2. Give a brief outline of the after-treatment of a laparotomy case.

3. Briefly state the difference between a simple, compound, and comminuted frac-ture; the special dangers to be guarded against in each, and how these dangers are best prevented.

4. Give a list of the instruments and ma-terials usually employed in an operation for gastro-enterostomy.

5. (a) In what cases is rectal feeding em-ployed; (b) What are the ways this may be done? (c) State the composition of a few nutrient enemata.

### Medical Nursing

7TH DECEMBER, 1910.

N.B.—Candidates are expected to answer every question. Answers must be brief and to the point.

TIME: THREE HOURS.

1. Give the signs, symptoms, and nursing management of a case of rheumatic fever. What are the complications to be feared?

2. You are away in the back-blocks, and some miles from a doctor. Give the line of treatment you would adopt in a case of (a) opium poisoning, (b) carbolic acid poisoning. What symptoms would lead you to a diagno-sis of these conditions?

3. What are the requirements of a good sick room?

4. How would you guard against infec-tion in (a) typhoid fever, (b) scarlet fever, (c) measles? Enumerate the most serious complications that might arise in each of these fevers, and give the signs and symp-toms by which they may be recognised.

5. You are on the spot when a man has an apoplectic seizure. Give the treatment you would adopt prior to the arrival of the doctor, and describe the nursing manage-ment of the case subsequently.

In our next issue we hope to publish some comments by the examiners.

### Midwifery

At the recent examination for the State registration of midwives the following pupils were successful in passing, and are now eligible to be placed on the Register. The names appear in order of merit:—

Winifred Stubbs, St. Helens Hospital, Christchurch; Eliz. M. Allen, St. Helens Hospital, Dunedin, and Annette Hetley, St. Helens Hospital, Christchurch (equal); Eliz. Ronald, St. Helens Hospital, Wellington; Helen P. Every, St. Helens Hospital, Auck-land, and Ethel McLachlan, St. Helens Hos-pital, Christchurch (equal); Myra F. Dickin-son, St. Helens Hospital, Wellington; Mar-garet Sinton, Salvation Army Home, Christ- church; Sarah A. Harkness, Helen M. Berry, St. Helens Hospital, Auckland; Annie Barry, St. Helens Hospital, Auckland, and Char-lotte Marryatt, St. Helens Hospital, Dunedin (equal); Fanny Macdonald, Annie Angel, Henrietta B. Maberley, St. Helens Hospital, Auckland; Rachel A. Anderson, St. Helens Hospital, Dunedin; Isabella Scott, and Mary L. Harrison, Medical School Maternity Hos-pital, Dunedin (equal); Clara Honeyfield, St. Helens Hospital, Wellington; Amy Holmes, St. Helens Hospital, Auckland; Frances Shirtcliff, St. Helens Hospital, Wellington.

The questions, and some comments by the examiner (Dr. Lester) on the papers sent in are published below. The examiner's remarks should be noted not only by the

nurses who went up for the examination, but by those who are now studying, and their teachers.—EDITOR.

REPORT ON ANSWERS TO QUESTIONS IN  
PAPER ON MIDWIFERY, SET DECEMBER  
8TH, 1910.

The paper was on the whole well answered, the answers giving evidence of careful training, and an intelligent appreciation of the important principles which underlie the art of midwifery. As is generally the case in paper work there was an undue eagerness to crowd in detail, but except in a few cases the real point of the question was grasped, and adequately answered. In all but a few papers the candidates seem to have realised the conditions suggested in the question, and to have met them with both common-sense and skill. To go more into detail—

QUESTION I.—“How would you guard against hæmorrhage in the third stage of labour; and how treat it if it occurred?”

This was well answered by nearly all. The primary importance of waiting for the detachment of the placenta before expressing it; of expressing it only in the approved method; of thoroughly emptying the uterus, and stimulating that organ to contract and keep empty, was grasped by all the candidates, and expressed in most papers clearly and well. The methods of dealing with P.P. hæmorrhage when it occurred were also well dealt with, although in many of the best answers there was a tendency to lose sight of the fact that in P.P. hæmorrhage there is no time for elaborate methods of meeting it. And there also seemed to be too great a tendency to conclude that the cause of P.P. hæmorrhage is retained placenta fragment, and to introduce the hand into the uterus for their removal. It is only in rare cases that manual detachment of the placenta is called for; and these cases, when they do occur, elaborate sterilisation of the hand is rarely possible when every minute is of value.

However, the answers to the second part of this question in the papers of those candidates who passed left no doubt in my mind that they would meet this grave emergency wisely and well.

[NOTE.—The great object of the teachers in the maternity training schools is to instruct nurses how to prevent P.P.H., and so

successful is the teaching that the great majority of the pupils go through their whole training without seeing a case. A former examiner commented on the lack of practical knowledge of how to deal with this condition. These comments we must accept as a tribute to the teaching.—ED.]

QUESTION II.—“A patient sends for you when labour has just commenced: How would you prepare (a) the patient, (b) the bedroom? How would you ascertain if the labour was likely to be a normal one?”

The answers to this question were in nearly all cases good. There was scope for the introduction of much minute detail, which was taken advantage of to the full; but the principles of emptying bladder and rectum, cleansing the patient, preparation of the bed, room, and apparatus on sensible lines, were all well and clearly set forth.

I was glad to see that most of the candidates realised how much valuable information may be gained by abdominal palpation in the early stages of labour, and to note that nearly all had been taught that a vaginal examination may only be made by a nurse with the express leave of the doctor.

On the other hand, many nurses neglected to mention the information which may be gained as to the future course of a labour from observing the character and frequency of the pains. Others laid undue emphasis on auscultating for the foetal heart-beat as evidence of foetal life. Nearly all erred through excess of zeal in stating that a nurse should wash a patient's hair; scrub the floor and carbolicise the walls and bed. These things may be counsels of perfection, but are neither possible nor desirable when labour has commenced.

QUESTION III.—“The ‘waters’ have broken prematurely in a first labour. What are the risks for (a) mother, (b) child? How would you prevent a further escape of the ‘waters’?”

This was a simple question, but was indifferently answered. The danger to the child of asphyxiation from pressure on the prolapsed cord was lost sight of by many, and there was a tendency to include under the heading of “risks for the mother” every possible danger of a prolonged labour. Only a few gave a clear statement of the dangers which are definitely to be attributed to

premature rupture of membranes in a FIRST labour.

QUESTION IV, bearing on the treatment of the breasts when suckling a child is contraindicated, was well done by all candidates.

QUESTION V.—“What are the possible causes of delay in the first stage of labour?”

In answering this question there was a tendency to enumerate without classification all causes of delay and all possible complications of labour in all its stages. In a few papers the causes of delay in the FIRST stage were clearly tabulated in the order of their probable occurrence. It is important for nurses to realise that a question such as this is not meant merely to test their knowledge of a certain number of conditions, but to find out if they, faced by a case of delay in the first stage, would have in their minds a clear idea of the possible causes of that delay in the order of their probability.

QUESTION VI.—“What are the symptoms of (a) uterine inertia, (b) tonic contraction of the uterus? What is the treatment of each condition, and what are the dangers of tonic contraction of the uterus?”

This question was well done in six papers; extremely well in two. In the rest there was much confusion between these two conditions, and in some papers grave mistakes

were made both in diagnosis and treatment, which if carried into practice might lose the patient her life. It is of the utmost importance for both doctor and nurse to realise the difference between uterine inertia and tonic contraction of the uterus. One condition—uterine inertia—has as its consequence harmless delay, and in most cases can be adequately treated by a skilful nurse; the other—tonic contraction—if not recognised and promptly dealt with by a skilled medical man, may cost the patient her life. One condition entails practically no risk to the child; in the other the life of the child is always endangered.

The treatment of the two conditions is absolutely different. Rest and delay, which in most cases of uterine inertia is the wisest treatment, must in a definite case of tonic contraction end in grave disaster. On the other hand, immediate delivery of the foetus which is urgently called for in tonic contraction of the uterus, is the worst possible treatment for uterine inertia.

To sum up: The papers were on the whole good. Numbers 1, 20, 22, 7, 18, 16, excellent; 23, 25, 9, 12, 24, 13, 19, 3, 21, 8, 25, good; 17, 15, 4 showed sufficient knowledge to justify a pass; 26, 11, 10, 6 failed to obtain the necessary 50 marks to enable them to pass.

G. W. A. LESTER.

## Denniston Hospital

Holiday was observed at Denniston on Friday, 4th November, when the new Cottage Hospital was opened formally.

The official opening took place at noon in beautiful weather. It is a comfortable building, fully furnished, with accommodation for six patients. Dr. Cran is in charge, with Mrs. L. E. Smith, trained at Christchurch Hospital, as Matron.

Two hundred and fifty children attended a picnic given in the Hospital grounds.

A banquet was held in the evening.

Four days after opening the first patient (woman) was admitted, since then three other patients, one an accident from the coal mine.

This little hospital is especially meant for cases of accident in the coal mines, and although not a training school for nurses it is hoped that some of the probationers from the District Hospital at Westport may be sent for a period of their training, in accordance with the scheme of the Registrar of Nurses for training probationers. That is, sending them from the base hospital of the district for short periods to the subsidiary cottage hospitals under the same Board.

Three great essentials to happiness are: Something to do; something to love; something to hope for.  
COLLIER.

## Disinfection

Sanitary Conference, Launceston, Tasmania, 29th November—3rd December, 1910.

Reprinted from the "Daily Telegraph," Friday, 2nd December, 1910.

Nurse Keach, A.R.S.I., trained in Dunedin Hospital, now Sanitary Inspector and Health Visitor, Hobart, delivered an interesting address on "Disinfection."

She said that disinfection aims at the destruction of the virus in infectious diseases. No agent can be regarded as a disinfectant unless it is capable of destroying the organisms with which it is brought into contact. Those agents which merely prevent decomposition or development of disease germs are called antiseptics; while again others, such as charcoal, which absorb products, are deodorants, but possess little disinfecting power. Liquid disinfectants are better than solid; they are more efficiently distributed, as until a solid disinfectant is in solution it is powerless to act directly on organisms.

We must speak of disinfectants first, before showing their uses in disinfection. Solutions of the following substances are employed as liquid disinfectants:—Perchloride of mercury, also called corrosive sublimate: this salt is soluble in three parts of hot and sixteen parts of cold water. It is one of the most powerful and convenient disinfectants known. It is a colourless, non-odorous solution, which is very poisonous to human beings. It has a better action on albumin if acidulated, so that a stock solution is usually made up of  $\frac{1}{2}$ -oz. of corrosive sublimate, 1 oz. hydrochloric acid, and, to prevent mistakes it is coloured with a few grains of aniline blue. This should be added to three gallons of water, and then constitutes a stronger disinfectant than even 5 per cent. solution carbolic acid. It should not be stored in metal vessels, as it corrodes them; it should always be labelled "poison," and kept away from children. Carbolic acid is derived from coal-tar oil; a 5 per cent. solution is commonly employed; it does not coagulate albumin, nor damage fabrics. It masks offensive odours and vapours, by its own strong (and to some people offensive) odour. A 5 per cent. solution at least must be used to be efficacious.

Another good disinfectant is tricresol, being also a coal tar mixture; it is three times as powerful as carbolic. A 1 per cent. solution can be used. Lysol is also a good germicide. Izal is considered a powerful and valuable disinfectant, of stronger power than carbolic, and has the great advantage of mixing well with sea water as well as fresh. Formalin, a 4 per cent. solution, is equal in value to 1 in 1,000 of corrosive sublimate, and is superior to 5 per cent. carbolic. It is a true deodorant and does not corrode metals. Hot lime solutions are useful for disinfecting walls and outhouses, fowlhouses, and stables, etc.

Disinfectants are divided into three main groups: (1) Physical agents, (2) gaseous, (3) liquid, or chemical agents. One of the physical agents is sunshine, which is an active germicide, but only acts directly on exposed surfaces. But it is slow in action, and we cannot always get the sunlight just when it is needed, but its assistance, with that of fresh air should always be employed if possible, by spreading the infected articles in the sun for a good airing. Fire is a splendid purifier for infected articles of no value, such as cheap toys, books, rubbish, dust, rags, garbage, typhoid stools, and most household refuse can be burnt. Dry heat will destroy all bacteria and spores at a temperature of 150 degrees C., for one hour; but it is apt to destroy delicate goods, though it can always be used for glass, wool, etc. Moist heat is quick and reliable, and includes boiling, steaming, steam, or saturated steam under pressure. Infected material can be boiled twenty minutes, and as a rule it is then efficiently disinfected. Bed and body linen can always be boiled for half-an-hour, bearing in mind that all stains of blood and fæces should be soaked in a solution of warm carbolic acid, and rubbed out before boiling or they will become fixed. Of course, flannel and all woollen articles such as blankets, must not be boiled. The value of boiling should never be forgotten, especially in country places, where other methods

are not always available. Steam under pressure penetrates into bulky and badly conducting articles, such as mattresses, pillows, etc., much more quickly than does dry heat. As such steam penetrates into the interstices of a cold body it undergoes condensation, and imparts its latent heat to the cold objects in contact with it. To fill the vacuum thus formed more steam presses forward, and so on until the whole is penetrated by steam. The time required for disinfection by steam depends on the organism to be destroyed; the bulk of the infected articles, and the pressure of the steam employed. The best results are got from a temperature of 115 degrees C. to 120 degrees C., for twenty minutes. Provision must be made to ensure that the infected articles are not allowed to become too wet, as if they do the colours are likely to run in coloured clothing.

To ascertain the heat which penetrates into the interior of articles in the disinfector, a thermometer is placed within them, and when the temperature required is reached causes a bell to ring by reason of the mercury completing the circuit of an electric current from a battery. There are several types of disinfectors in use: Washington, Lyons, Ricks, and Threshes, also the Equifex disinfector.

A disinfecting station should comprise: (1) Two rooms, completely separated from one another by a wall, in which the stove is built so that it communicates with both rooms. The infected articles are brought into one room and placed in the stove, and after disinfection they are removed from the other end of the stove, which opens into the non-infected room. No infected articles must be allowed into the non-infected room, and there should be no direct communication between the two rooms. The workers in the infected room should always wear overalls. The floors and walls should be made of some smooth, impervious material, which can be easily and efficiently cleansed by water; it must also be well lighted and ventilated. Separate sheds should be provided for the vans that bring in the infected articles, and also one for the vans that return the disinfected articles.

There are several different methods of disinfection. Some of the most practical are as follows:—The disinfector should always wear a suit of overalls, and have a close-fitting cap for his head. In spraying

with formalin goggles made to specially protect the eyes may be worn. He should also wear an old pair of boots and spray them with the solution being used. When removing any articles from any premises to the disinfector, a printed list, giving all ordinary articles of clothing, bedding, curtains, towels, dresses, etc., is a great advantage. The articles taken are ticked off and put into bags, and the list is signed by the occupier. Nothing should be removed without the occupier's knowledge, and be sure and find out what articles will stand disinfection by heat. Such things as boots, furs, etc., can be sprinkled with formalin, and put into a tight-fitting box, and kept in a warm place for some hours. If in doubt about valuable articles, get your M.H.O.'s advice. Any valuable papers or documents, if written in ordinary ink or pencil, may be immersed in a 1 in 500 solution of corrosive sublimate in methylated spirits; but if copying ink or pencil has been used, they will run. Then these documents, etc., can be disinfected by formaldehyde vapour for eight hours, and put in a box and kept in a warm place. Books are more difficult to disinfect; hanging them over string, with the pages opened out as much as possible, in a cupboard or box, and using formalin vapour, the same as for papers, is the best method. Cheap infected books and toys are better burnt. Valuable toys may be dipped in a 5 per cent. solution of formalin and put in a tight-fitting box, and closed for eight hours. Do not destroy any articles without the occupier's written consent, unless the L.A. is prepared to pay compensation; and be sure and examine all papers before destroying them, even if the occupier gives his consent to their being destroyed; and keep notes of all disinfection work done. Always carry your notice of appointment from the L.A. when on official duty of any kind. Do not put the householders to unnecessary trouble; be as systematic as possible, and get them to open up the rooms, scrub, and air them after disinfection. Find out where the excreta and discharges from typhoid patients were disposed of, and if not already disinfected deal with them with chlorinated lime, or strong carbolic solution in liberal amounts.

It is a good plan to have a kerosene tin for mixing solutions in, and have it marked in gallons and half-gallons; also have a measure marked in ounces and half-pints.

One pint of disinfectant to three gallons of water will make a 4 per cent. solution.

The whole process of disinfecting by sulphurous acid is in charging the atmosphere of the room with 2 per cent. of the gas, and a thorough airing of the room afterwards is essential. The gas is generated as follows: (1) Rolled sulphur is broken up into pieces about the size of a marble, put into a dish, which is placed across two bricks in a bath of water; said bath must be elevated on a table, as sulphur fumes are very heavy, and would put itself out if on the floor. Then pour some methylated spirits on the broken up sulphur and light it. Sulphurous acid gas is very useful for destroying vermin of all sorts, and in this respect is far more powerful than formalin. To be satisfactory in practice methods of room disinfection must be efficient, but must not injure the articles disinfected.

The use of what have been termed: (1) "Aerial disinfectants," for room disinfection, in which the air is charged with a disinfectant in the form of gas or vapour for a period of 8 to 24 hours. For this method the room should be hermetically sealed, the windows closed, and the chinks pasted over with paper (first moistening beneath the paper with a disinfectant; paste over the chimney outlet, door crevices, and keyholes. Before the room is again used it should be scrubbed out with hot water in which is some disinfectant: scrub all skirting boards, window-sills, etc. (2) Another method of disinfecting is by the use of sprays, by which the whole internal surface can be moistened with some disinfectant in the form of a fine spray. (3) The washing of all surfaces with a solution of the disinfectant, or rubbing down of such surfaces with bread crumbs, such crumbs to be afterwards burnt.

The Equifex sprayer consists of a metal reservoir which holds the disinfectant, and is lined with ebonite so that the metal is not attacked. There is also another type of sprayer, which I believe is superior to the Equifex, called the "Invicta," which requires no pumping when at work, the disinfecting solution in the tank being brought under an air pressure of 45 pounds to the square inch, which causes the spraying.

The infectious sick-room can be kept clean by means of damp sweeping and dusting. Sawdust, well moistened with carbolic solution, is very useful to put on the floors before sweeping, afterwards burning

the sawdust. Infected dead bodies should be wrapped in a sheet soaked in carbolic acid, 5 per cent.; or perchloride of mercury, 1 in 500; or formalin, 1 per cent.; or any other disinfectant of equal strength.

For a disinfecting equipment, a fruit spray with a very fine nozzle to throw the finest spray, forms a very good means of applying the disinfectant solution to walls, ceilings, furniture, bedding, etc. Corrosive sublimate will corrode an ordinary spray, so have a spare nozzle handy. Be sure and spray the walls from below upwards. The following outfit should be in the possession of every local authority where a steam disinfecter is not available:—One fruit spray, with extra spare nozzle; 3 galvanized iron buckets, different sizes; 3 galvanized iron tubs, different sizes; 1 kerosene tin, with handle, and marked for mixing solutions; a measure glass, marked in ounces; a celluloid photographic measure is the handiest, and is not easily broken; 2 Alformant lamps, "A" pattern; 2-oz. paraffin tablets; 1 gallon of cyllin disinfectant; 1 half-gallon of Schering's formalin; 2 mops; 1 scrubbing brush; 1 large white-wash brush; 2 suits of dungaree overalls and caps; 2 quires of large brown-paper, cut into strips 2 inches wide; 2 quires of large brown-paper, in sheets; scissors, paste, and brush. The solid disinfectants are: Carbolic powder, slaked lime, soap. Powders are made containing phenols, sulphuric acid, etc., but they all lose strength by keeping. These powders can really only be used as deodorants. Slaked lime is a good deodorant; it absorbs sulphuretted hydrogen, and most organic vapours; like bleaching powders, it exerts a caustic action, and attacks metals. A mixture of "Sanitas" powder and lime is a good deodorant, and gives off no unpleasant odour. Vegetable charcoal is a better deodorant than animal charcoal, but they should only be used when freshly prepared, and dry. Ordinary soap has marked disinfecting properties, but there is little or no advantage in using soaps impregnated with small quantities of disinfectants. Formic aldehyde is also greatly used as a gaseous disinfectant. The vapours, which are non-poisonous, but very irritating to the eyes and throat, are a powerful disinfectant and deodorant. So far as their application for surface disinfection of rooms is concerned, they may be regarded as likely to fulfil all the requirements of everyday practice, if

employed in sufficient quantities. Formic aldehyde does not affect colours, although it fixes stains of blood or fæces. There is a concentrated form called "paraform," which is sold in the form of tabloids, which gives off formaldehyde gas when heated; not less than 20 of these tablets should be used for every 1,000 cubic feet. This gas will not destroy rats, or insect-infected walls. The Alformant lamp, "A" pattern, is used to generate the paraform tablets, and the room should be hermetically sealed, the same as for sulphur.

Other gaseous disinfectants are chlorine, which has most of the defects of sulphuric acid; it is a very irritant and heavy gas, diffuses badly, and moisture is essential to

its disinfection action. Bromine: A heavy gas, more irritating than chlorine. Iodine: A gas eight times heavier than air; it is not a serviceable disinfectant; it stains clothes, and is not a powerful germicide. Hydrochloric acid is used by fumigation; it has marked disinfectant properties, owing probably to its acidity, which is inimical to germ life.

(NOTE.—The above paper was kindly sent by Dr. Purdy, late District Health Officer, Auckland, now Chief Health Officer, Tasmania, and is of special interest as being written by a New Zealand nurse, who was one of the first to qualify for a sanitary inspectorship in Australasia.—EDITOR.]

## Repeal of the Contagious Diseases Act

THOSE of our readers who were present at the lecture delivered by Dr. Agnes Bennett to the trained nurses of Wellington, and those others who read it afterwards in our journal will understand what an important movement was accomplished when the Bill brought down by the Hon. Dr. Findlay for the repeal of the C.D. Act, was passed through both Houses last session; and when the regulations under the Health Act were so amended as to compensate in a more just way for its loss.

The statute which had been nominally in force for many years, but except in early days in Auckland had not been carried out, was a blot on any country, and not to be tolerated in a country where women have an equal right with men in the selection of those who govern it.

The Act was repealed during last session, and provision made in the regulations under the Public Health Act for the notification to the district health officer by medical practitioners and chemists of all cases of venereal disease which come under their notice. It will then be necessary for the district health officer to be satisfied that the person (man or woman) suffering from this disease is under proper treatment, and that due precaution is taken against infecting others. If he is not so satisfied he may order the patient into hospital for treatment; but this will not be necessary in a large number of cases who can afford to pay for pro-

per treatment. The person affected will be kept under observation and periodically examined, and if he knowingly communicates his disease to another he is liable to large penalties. As a dark stigma of disgrace attaches to those who have these diseases, or at all events to those who have brought them on themselves, the greatest care will be taken to keep all information absolutely secret and confidential, and on the patient's recovery all record of his case will be destroyed.

Surely these regulations will do something towards the protection of the innocent wives and children of men who are affected with this terrible scourge. It may be years before much benefit is derived, but at all events it is a move in the right direction. Further legislation will probably be necessary, and steps will have to be taken to ensure proper treatment and care.

Sister Gow has been granted by the Department twelve months' leave of absence from St. Helens Hospital, Dunedin, to work under the Society for the Promotion of the Health of Women and Children in some special lecturing and teaching in connection with the work of the Plunket nurses and the crusade against the waste of infant life in the Dominion. Mrs. Gordon will take her place as sub-matron of St. Helens for the term commencing in April.

## Trouble at Dunedin Hospital

The deeply regrettable circumstances which led to the resignation of Miss Fraser, the Matron for nearly twenty years of the Dunedin Hospital have been so much discussed in the daily papers of Otago that we need only give a brief outline here.

The circumstances were as follows :—During the absence on leave of the medical superintendent a letter was published in the "Otago Daily Times" bringing charges against the hospital and its administration as regards the nurses, which in their main points were absolutely false, and in others much exaggerated.

The matron took a cruel insinuation—that leave to visit dying relatives was denied to the nurses—so much to heart that she resigned.

It was unknown who was the writer of the letter; but contrary to all proper hospital discipline, a junior resident doctor sent a newspaper reporter to a ward in the hospital, practically authorising him (although his own authority was not sufficient to give him the power to do so) to obtain from a certain nurse information which he himself said he refused to give. The nurse, forgetting her obligation towards the hospital in which she had obtained her certificate, and her obligation also towards the matron who on a previous occasion had treated her with too great leniency and kindness, confirmed the statements in the letter, and added further complaints.

On the return of the medical superintendent this nurse was suspended from duty pending inquiries into her action by the Board. It was proposed by the Board to ask the Minister in charge of Hospitals to hold a magisterial inquiry, with the assistance of the Inspector-General of Hospitals. Before, however, this request was formally made the Inspector-General considering from his intimate knowledge of the Dunedin Hospital, and his appreciation of the work of the matron and medical superintendent, that there could not possibly be much that was seriously amiss in their administration; and also that most of the complaints were such that they could be better dealt with by a trained nurse, deputed his assistant (Miss Maclean) to hold an inquiry into all the

matters, and generally, into the whole of the nursing and domestic administration.

The Board were glad to accept his intervention, recognising themselves that there should be no need for a public inquiry, and offered every facility to Miss Maclean in her inquiry.

The press, no doubt annoyed at this action, as discounting the value and importance of its sensational disclosures, was not satisfied, and described the action of the Department as "white-washing," and predicted a very one-sided judgment.

The Assistant Inspector conducted an inquiry lasting some days, during which she interviewed privately, and took evidence from nearly the whole of the staff of the hospital. On this she reported to the Inspector-General, who thereupon forwarded her report to the Board with some comments and recommendations.

Without going into details now, we may say that, as was to be expected, when each nurse was invited to give her evidence under the seal of confidence to one of her own sex and calling, many small matters came out which, without any one of them being great in itself, yet called for rectification, and the nurses themselves acknowledged that if they had mentioned these matters before it is probable they would have been so rectified. In fact, many of them had been put before the medical superintendent and matron and steps had been already taken to do so.

The allegations which had so distressed the matron were absolutely denied by the nurses, and they were, almost without exception entirely loyal to her, and truly grieved at her loss and at the discredit brought upon their training school.

One matter which had been complained about was the food; not so much the food itself, which was of the best quality, but of its cooking and serving. This as we all know, is one of the chief difficulties of a hospital matron's administration, and we would refer our readers (especially all hospital matrons) to the report in the "Nursing Times" of 12th November, 1910; and the paper read by the matron of the General Hospital, Birmingham at a recent conference,

on "The Feeding of Nurses," organised by the National Food Reform Association.

In many points, especially with regard to the fare provided for resident doctors, the report furnished by Miss Maclean is similar in its views to those expressed by Miss Musson. The improvements needed in this respect were already under consideration by the committee, which had appointed recently a house steward of experience in cooking and dieting.

On the report furnished by Miss Maclean the Inspector-General had recommended that the services of the nurse who had so failed in loyalty to the hospital should be dispensed with; and that the doctor responsible for the reporter's visit to her ward should be severely reprimanded, and on the conclusion of the term (in three months time) for which he was appointed, should leave the hospital. The report and recommendations were published and great pressure was brought to bear on the Board by the press not to act upon the advice of the Inspector-General. After long discussion the matter was finally settled by the Board accepting the apology of the doctor, and re-instating the nurse.

The troubles of the Board were not yet ended. As we go to press we see that the Sisters are not satisfied; that this nurse who brought about the undeserved scandal in connection with the hospital should be so re-instated, and have written to say that they desired to place on record—

That they deeply deplored that their minor grievances had been unwarrantably magnified into the nature of a hospital scandal, for which there was no justification. They had every confidence in the hospital committee making any readjustments which must necessarily arise from time to time in a professional in-

stitution. They wished to point out that the greatest grief had been caused to Miss Fraser by a certain statement which had appeared in the "Otago Daily Times," and which was supported later by Nurse Woodward, and was proved by Miss Maclean to be a cruel and false insinuation against the matron—an opinion in which they all concurred. They would like to know if this statement had been withdrawn by Miss Woodward prior to her re-instatement, as they intended to write to her asking her to apologise to Miss Fraser.

Later again we hear that Nurse Woodward had sent her resignation to the Board, and it had been accepted.

In accepting the resignation of Miss Fraser (who had already been granted six months leave of absence on full pay), which was not done without having given her ample time for reconsidering her determination, the chairman of the committee moved:

That this Board desires to place on record its sincere regret at the resignation of Miss Fraser as Matron of the Dunedin Hospital, and the reasons prompting it, after her many years of honourable and faithful service; and that the committee report to the next meeting as to the best means of making some suitable and permanent recognition of her labours in the Dunedin Hospital, and in the interests of nursing generally.

Miss Fraser had been a most devoted and loyal matron. She had practically organised the whole system of nursing, without having in the first place anything to guide her; and that her success was great was evident from the fact that nurses trained in the Dunedin Hospital held a high place anywhere in the Dominion. It was only right that after Miss Fraser's 19½ years' service that something should be done to give her name a lasting place in connection with the hospital.

## Northern Wairoa Hospital

Another hospital has been in trouble. Recently the nursing staff of the above county hospital decided to resign in a body, giving as their reason their dissatisfaction with the matron. The Board held an inquiry and accepted all the resignations, much to the surprise of the disaffected ones, who expected to be asked to remain. The matron had been in the service of the Board for six years as staff nurse, and two as matron, and there had been no cause to be

dissatisfied with her. The Board therefore decided to uphold her, and appoint a new staff. Northern Wairoa Hospital is not a training school.

Later news is that the Board has decided to transfer Miss Turnbull to the charge of the Whangarei Hospital, and to send Miss Dixon to Northern Wairoa. Both hospitals are under the same management. Miss Turnbull had resigned, but the committee refused to accept her resignation.

## Napier Hospital

At the end of November some trouble occurred at the Napier Hospital which was exaggerated and misinterpreted into a state of what the newspapers called "revolt among the nurses." A letter was sent to the paper containing statements which demanded investigation, and the Board decided to hold an inquiry and requested the Inspector-General to be present. He deputed his assistant to represent him, and matters were most satisfactorily cleared up, and all the statements disproved—the special committee reported so to the Board—and it was decided to make no difference in the night sisters' hours.

The trouble was this: The hospital has during the last year or two been largely extended, and it was found necessary to have a sister in charge on night duty to superintend the work of the nurses. This duty had hitherto been carried out by the senior nurse on night duty, and when all the wards were in close proximity this had been possible.

Two of the sisters informed the matron that they would object to remain on for three months doing ten hours duty (less one-and-a-half hours on Sundays) as night sister, and when in course of time it came to the turn of one to do so she simply refused to go on, and left the hospital. She also wrote a letter to the press in which many statements were made; one being that the two sisters who had already done this duty were utterly knocked up. These two sisters were both called before the Board and denied this and other statements. They had never felt better in their lives, and their appearance bore this out. Another statement was that

there was no opportunity given for a meal during the night. This also was denied, and evidence was given that there was ample time, and that the material for a good meal was provided.

It was asserted that the late leave obtainable once a week which reduced the ten hours by three, was refused. This was proved untrue; and so on with several other statements.

At the beginning of the trouble three sisters had tendered their resignations "in sympathy with those who had been trained with them," but when they realised the outcome of their refusal to take night sister's duty, and the slight grounds on which it was based, they had the good sense to withdraw their resignations, and the Board allowed them to do so. The resignation of the second disaffected sister was accepted, and the sister who had already left the hospital was simply written off the staff.

There had evidently been a wave of discontent among the sisters. A duty new to them had seemed a hardship, although untried, but the majority had had no desire to bring their discontent before the public, and were very much distressed that so much should have been made of a small matter. They were loyal at heart, and indignant at the action of their colleagues.

Matters are now going on in the usual routine, and the action of the Board in promptly inquiring into all the complaints, and asking expert assistance in their inquiry was rewarded by the elicitation of facts showing that the conditions of the nurses' work and life at the Napier Hospital are quite all that should be asked or desired for them.

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The smallest effort is not lost:  
 Each wavelet on the ocean tossed  
 Aids in the ebb tide or the flow;  
 Each raindrop makes some floweret  
 blow;  
 Each struggle lessens human woe.

C. CHADLEY.

### AUCKLAND HOSPITAL.

APPLICATIONS are invited up till 9th February, 1911, from registered nurses to take positions as Charge Nurses under Sisters. Salary, £50 per annum, with board, quarters and uniform. Applicants to state age, previous experience, and where trained.

F. J. FENTON, Secretary.

## Christmas

### At St. Helens, Dunedin

Once more merry Christmas is upon us, and no more cheery Christmas morn was ever heralded in than ours at St. Helens, 1910—6 a.m., and ALL WORK DONE! (whisper it gently; no eight-hour system could have worked such miracles). These day nurses were astir while yet the early lark and black-bird awaited the dawn, I honestly believe, when to the strains of that dear old hymn, "Hark the Herald Angels Sing," carolled by the melodious voices of the staff, who, robed in spotless uniform mounted on the top steps of the verandah formed into a procession, and like heralds of old marched through the hall and up the stairs (a choir indeed many a church would have been proud of), and into the big ward proclaiming the glad tidings as they proceeded, and where from every bed beamed a glad mother, whose eyes, as the procession passed her bed glanced towards the cot wherein her dear wee one slept, and thence back to the procession whose voices were gaining in lustiness and heartiness with each verse. In and out and through each ward marched this happy little band until they reached the nursery. Here on a small table lay arranged the gifts of Santa Claus—who had discreetly ordained that all articles tied with blue ribbons were for the young lords of creation, and for those of the gentler sex pink was the distinguishing shade selected—wise Santa Claus! A new penny for each who elected to spend his or her FIRST Christmas Day in St. Helens, and bearing the date 1910. Then to the strains of "Once in Royal David's City," again the procession goes forth, each nurse carrying a coin and a toy to her own special babe, and placing the same lovingly in the hands of the sleeping babe, and to each mother handing a gift of sweetest flowers, also tied with ribbon the same shade as adorns her infant's gifts.

Ah, what happy faces beam forth from every ward, showing how delighted they all are with the nurses' efforts to make their Christmas Day a happy one—one to remember;—for all love to hear those sweet old carols, which are continued until "All Saints" bell warns those who wish to par-

take of the Holy Eucharist, that they have only ten minutes in which to reach church.

Returned from church, what merry faces shine among the staff who have remained on duty, and who have opened the little surprise packets! Again Santa Claus is a much-to-be-envied person, for he seems to have left a happy gift with, or to all, as from the matron downwards everyone is beaming as the contents of the surprise packet becomes disclosed at the breakfast table—oh what a rustle of paper!

But we cannot linger, for despite the early start, before us still lies the great event of Christmas Day—Dinner! and much remains to be done. Tables to be decorated, patients to be got up—for all who are sufficiently convalescent are to be promoted to chairs, and sit up in the big ward; while those not so far advanced are to be wheeled in in their beds to celebrate their Christmas dinner in the big ward. Oh what a boon French casements and balconies are on such an occasion!

Two tables placed across the top of the wards, groaning audibly in their efforts to expand sufficiently to hold all the good things, it was deemed necessary to add a third and form a T, this decorated with the national colours (blue, represented by masses of delphinium; white, by Canterbury Bells; and red by the never failing artistic poppy) made an imposing erection, and added a simple grandeur to the general scenic effect. How the smiling happy faces of the patients gladdened the hearts of those who were busily ministering to them; as all so cheerfully entered into the spirit of the day. What a dinner! and oh! what delicious tender chicken! and some less polite but equally appreciative remark reached the carver's ears (on this festive occasion all the carving and serving is done in the ward by matron and the staff, and adds much to the enjoyment of the patients.)

But why this hearty peal of laughter which greets matron as she enters the doorway, with the Christmas pudding decorated in orthodox style with a bunch of red holly? Someone whispers in an audible undertone, that "those holly berries are growing on the points of the holly leaves, and somehow might feel more at home on a currant bush!"

Banish such deceptive suggestions ; sufficient for all of us that St. Helens garden supplied the holly, AND the berries.

The pudding is followed by all the good things usual to complete the dinner of the year, after which the patients, all wearing that happy, satisfied-after-Xmas-dinner expression, are induced to have 40 winks before the visiting hour ; of which privilege all seem glad to avail themselves. But the staff have yet to repeat the dinner episode—only this time for themselves—which proves less exciting and interesting, and is not followed by 40 winks, as all too soon the words “ tea and cake ” are being sounded, and how the faces in the ward brighten as a huge iced cake, bearing the inscription : “ A happy Christmas to all the inmates of St. Helens,” is borne up to the table, and there cut and enjoyed by all.

The busy day is over ; last good nights are said ; lights are lowered, and a very tired but happy staff retire, happy in the knowledge that the efforts they have put forth have been successful in making those happy, who, by force of circumstances, had been unable to spend the day amongst their nearest and dearest.

### At Te Waikato Sanatorium

I wonder if it would interest some of your many readers to know how Christmas was spent at Te Waikato Sanatorium ?

A week before Christmas Day, owing to the kind thought of some of the former staff, and numerous ex-patients who had benefitted by their stay on Maungakawa Hills, a party of ladies and gentlemen journeyed from Hamilton, under the guidance of Mr. N. Gribble, an ex-patient, arriving at the Sanatorium in time for tea. The weather was not as nice as one would wish, but the spirits of the performers, even after their long drive, seemed in no way damped.

The entertainment took the form of a concert, and it would be hard to single out one special favourite, as all the items were received with loud applause by the patients. I'm sure much pleasure must have been given to the singers, to know that if only for a few short hours owing to their efforts patients were made to forget all their worries.

After the concert supper was served in the immense hall, so admirably suited for such occasions. The good things provided bore witness that retrenchment had not seriously affected this department.

Thanks were returned to the performers on behalf of the Matron, staff, and patients, by Mr. H. Moore, who in a few well chosen words heartily wished them, for all at the Sanatorium, many happy returns of the festive season.

The evening was brought to a close by all joining in a very spirited singing of “ Auld Lang Syne.” The company drove off amid the loud cheers of the staff and patients, to cheer them on their long drive home. We all sincerely hope it will give as much pleasure to any of your readers who helped to make this the enjoyable evening it was, as it did to those who were present at it, and heartily wish them from the staff and patients of to-day, a very happy Christmas, and a “ guid ” New Year.

Christmas morning came in wet and foggy, but patients forgot about the weather in the excitement of finding fresh wonders, left by Santa Claus during the night, or “ wee sma' ” hours of the morning. Each patient received a suitable present, and owing to the kindness of some of our former staff and patients, Santa Claus was induced to leave special gifts of no mean value.

After the stockings had been thoroughly searched, the staff and patients rejoicing in voices gave vent to their feelings by singing carols. Beginning outside the Matron's door, then to the different colonies, finally finishing at the doctor's.

In due time the event of the day arrived, in the shape of the Christmas dinner—and what a dinner! Oh, for childhood's days again! that we might eat “ not too wisely, but too well.” At last the puddings arrive in all their fiery glory. Word has gone round that a golden coin has slipped from the hands of the cook into one of the many puddings. Who will be the lucky finder! One patient (a Maori boy) was heard to remark: “ By golly, I think I have some more, to try and find it.” This must have had effect on a good many more, judging by the returns.

In the evening the patients and staff joined in the singing of the good old Christmas hymns, and this brought to a close one of the happiest Christmas days witnessed at the Sanatorium.

Monday (Boxing Day) being all that could be desired as far as the weather was concerned, the patients made up for Christmas day falling on a Sunday. A shooting match

took place between Plunket and Ward Colonies, the former being victorious.

Invitations had been issued to the colonies for a fancy dress evening, and long before the time appointed several gentlemen could be seen practising the correct manner in which to hold a train without tripping over it, or smiling demurely before the glass. One wondered how, in the time and with the means of getting ready fancy costumes, so many and so varied would be the result.

At 6.45 p.m. a motley crowd marched into the dining hall to the strains of a "quick step," and if one were not well acquainted with the many faces it would be hard to distinguish who the visitors were. Ye olde English farmer walked arm in arm with a dainty dairy maid, followed by a ferocious red-skin and Maori wahine. A ragged coon with the proverbial stolen chicken under his arm escorted a painted lady in all her finery. And last but by no means least, a strapping English nurse helped a good looking person in a green uniform to carry a fine baby boy, which they managed rather well.

Several songs and recitations were given by the staff and patients. Supper arrived all too quickly, then the lights were lowered and the real fun commenced. Plates arrived heaped with burning raisins, and snap-dragon was indulged in by old and young.

The evening was brought to a close by the singing of the national anthem, and "Auld Lang Syne." Cheers were given for the Matron, doctor and patients and all retired to bed with the feeling that Christmas at Te Waikato Sanatorium was a great success.

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### St. John Ambulance District Nurses, Wellington

The tea and Christmas tree given by the St. John Ambulance District Nurses was held in St. Peter's Schoolroom on 14th

December. All patients who have come under their care during the year were invited, also the friends who had so generously assisted with toys for the tree, and with cakes and scones for the tea. In the supper room tables were tastefully set, and abundantly supplied with tempting cakes. The children had some good games, and some of the visitors sang several songs. These, and some clever recitations were much appreciated. After tea the work of stripping the tree and distributing the toys proceeded merrily. Each child had (as far as possible) its heart's desire, and the grown-up folk some pretty and useful articles. Many hands made light work, and the kindly interest and sympathy of the ladies present earned warm thanks from nurses and patients. Nearly 150 sat down to tea, and at 5.30 p.m. a crowd of happy little ones left for their homes. A crowd of equally happy workers started to "clear up." The event of the season for some of us was over.—Tired? Well yes; but that matters not one whit if to some weary mothers, some eager children, or some patient old people the Christmas gifts bring the Christmas spirit. If in any measure the feeling of unity, peace, and goodwill is fostered and brought nearer,

"And hearts grow brave again,  
And arms grow strong,"

then one loses sight of personal weariness, of anxiety, of depression—one only feels thankful.

ONE OF THE HELPERS.

16th December, 1910.

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Great souls are always loyally submissive; reverent to what is over them; only small mean souls are otherwise.

T. CARLYLE.

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### Special Notice

Owing to the fact that receipts from subscriptions received last year were not quite sufficient to cover the cost of the printing and posting of the journal, it is found necessary to raise the subscription to 5s. annually.

Nurses should make an effort to remember to send their own subscriptions, and to obtain new subscribers, as it will not be possible to carry on the journal at a loss. All editorial and secretarial work in connection with it is done gratuitously, and the funds are used simply for production.  
—EDITOR.

# The Hospitals and Charitable Institutions Acts, 1909

## Part III. Private Hospitals

In our last issue we touched upon the new Act for governing hospitals, which came into operation last year, and showed in what way nurses were affected by its provisions.

Part III, in which laws are made for the licensing and inspection of private hospitals very greatly concerns trained nurses, and some outlines of the main points should be helpful to those who mean to take up this branch of work.

For many years private hospitals were carried on without any supervision, and anyone who wished could establish such a place and run it for gain, irrespective of any qualification or ability to carry out the work it involves. This is still the case in many countries, and leads to much abuse. In England even, the name of "private hospital," or "nursing home" is a term which by no means guarantees respectability. An agitation is on foot among those who are carrying on a bona fide work in this direction, and who feel how hard it is that their efforts to keep up a high standard of character and efficiency in these homes is jeopardised by the unscrupulous, to have all these institutions brought under Government inspection and control. When this is accomplished it should to a great extent remedy much evil. At the same time, the State registration of nurses should precede any measure of this kind.

In New Zealand, before any legislation was passed to regulate this work, there were undoubtedly in most of the chief cities some well conducted private hospitals owned by nurses of repute, where splendid work was done. There has never been any occasion to interfere with these homes. Inspection has been welcomed by their proprietors, and the advice of the officers entrusted with the inspection is frequently asked and accepted; but besides these, there were many smaller homes run by anyone who wanted to earn a living in what they thought would be an easy way; easier and more lucrative than carrying on a boardinghouse. The work was easy because the patients had very little nursing; any that had to be done

was done by the doctors. The women who undertook the charge of the cases were not competent to do any of the most simple nursing duties.

It was found necessary that licenses should be granted to nursing homes, and that they should be open to inspection as much as the public hospitals. A Bill was passed, and they were all placed under the control of the Health Department. In this Act there was no special qualification required for the licensee, so before long it was necessary to have a new Act. Under this Act of 1904 licenses could only be granted to—

1st.—A duly qualified and registered medical practitioner for either medical, surgical, or midwifery cases.

2nd.—A registered nurse in the case of a licensed medical and surgical hospital.

3rd.—A registered midwife in the case of a licensed maternity hospital; or

4th.—A registered nurse who is also a registered midwife; or who has as an assistant a registered midwife resident on the premises of the hospital, in the case of a hospital which is registered both as a maternity hospital and as a medical and surgical hospital.

The control of and inspection of private hospitals was then put under the Inspector General of Hospitals, and his assistants—trained nurses and midwives—carried out this work, travelling throughout the Dominion to many isolated places, where perhaps in some small cottage a patient or two was received.

Owing to the unsettled state of this country, and to the hardships which would have been imposed on many women, both those who were accustomed to be attended in these isolated places, and the women who had made their livelihood for years out of accommodating patients to the best of their means and ability, it was found impossible to stringently enforce the provisions of the Act. In a small country township the only doctor would have a practice covering a very large radius—50 miles, perhaps, of almost unroaded country. It was the greatest boon to him to be able to have his maternity cases somewhere within reach; therefore a small cottage with a decent woman in charge of it was far better than no place at all to which

to bring them. The women in the back-blocks were not accustomed to very much comfort or refinement in nursing so they too were content, and therefore the Department's officers recommended that where better provisions could not be made things should for the present remain as they were, and that the doctor should in some degree be made responsible for the homes conducted by unregistered women. The Inspector made periodical visits, and gave some instruction when possible, which in many cases had the effect of a good deal of improvement in cleanliness and hygienic surroundings.

This was the best that could be done for the country districts. It cannot be expected that trained nurses can go to these places and establish such homes as would at all satisfy their sense of right and fitness. There would not be sufficient recompense for their outlay; they would perhaps not earn a bare living. The way in which the need can best be met will undoubtedly be by the establishment of maternity wards in connection with the country hospitals, and the maintenance by the Hospital and Charitable Aid Boards in the district of nurses who will be able to attend the country people. Few of the settlers can stand the expense of getting a trained nurse from town, as well as paying her fee for nursing. The few who can do so will still go to town, or get a private nurse up; but the district nurse scheme is the scheme for the great mass of the country people.

To return to private hospitals: When the new Hospital and Charitable Aid Institution Act was passed in 1909, a part of it was concerned with private hospitals, and I will proceed to explain shortly those parts which nurses should understand.

First of all, in the meaning of the Act, a "private hospital" means any house in which two or more patients are received and lodged at the same time.

"Patient" means any person received and lodged in any house to the intent that he may there receive medical treatment in consideration of payment made or to be made by him or by any other person. "Medical treatment" includes surgical treatment, and the care of and attendance on any woman in childbirth. No house shall be used as a private hospital without a license issued by the Minister under the Act. If it is so used the occupier and persons concerned in the management are severally

liable to a fine not exceeding five pounds for every day on which it has been used.

This is a much more stringent regulation than hitherto, and has been rendered necessary by nurses and people who should know better, starting hospitals without this authority. It is necessary before a license is granted that the house in respect of which it is wanted is inspected and approved of for the purpose; also that the Minister should be satisfied as to the character and fitness of the applicant.

A license must state the maximum number of patients who may be received at one time, therefore in making application it is necessary to state this. Any license may also be limited to any one class of patient. A form of application with all details is supplied on request to the Department, and on receipt of this application form, and the plan of the house and other particulars required, it is usual to grant a provisional permit to the applicant to proceed with the work of the hospital, subject to any alteration considered necessary by the inspector. This has been done in consideration of the fact that while awaiting the visit of an inspector (which frequently cannot be paid for some time if far from headquarters) the applicant might be put to considerable expense if unable to commence work until the license has been formally issued. No nurse, however, should commence work until she has obtained this provisional permit, otherwise she lays herself open to legal proceedings, and to the fine mentioned above.

No structural alteration or addition shall be made to any licensed hospital until the Inspector-General has approved of the alteration or addition. Breach of this regulation renders the licensee liable to a fine of £20.

If a licensee desires to transfer his or her license to another person, an application in writing signed by the licensee and the person to whom the license is to be transferred must be made to the Minister, and after transfer that person then assumes all the rights and obligations of the original licensee. A license can also be transferred on the death of a licensee to any person nominated by the executors of the licensee, provided that that person is otherwise eligible.

If two or more people are co-licensees, and wish to dissolve their partnership, the license may continue in the name of the one

partner continuing the work. This should be notified to the Department.

The Minister may at any time revoke a license after giving due notice to the licensee. There are three grounds on which this can be done :—

1st.—That the licensee has made default for three months in paying the annual license fee of 10s.

2nd.—That the licensee or manager of the hospital has been convicted of an offence against the Act, or of some offence punishable by imprisonment.

3rd.—That in the opinion of the Inspector-General the premises of the hospital are insanitary ; or the hospital is managed or conducted in such a way that the revocation of the license is required in the public interest.

The decision of the Minister is final, and cannot be questioned in any Court or in any proceedings.

There must at all times be a manager resident on the premises of the hospital. (Buildings on the same ground such as a doctor's house and his adjacent hospital are included in the term "hospital.") The manager may be the licensee himself, if qualified, or some qualified person appointed and employed by the licensee. The name and qualifications of this manager must be submitted to the Inspector-General for approval.

During temporary absence or illness of the manager, an acting manager may be appointed if duly qualified, without reference to the Inspector-General, but if the absence be longer than four weeks the approval of the Inspector-General must be obtained, otherwise the licensee will be subject to a fine not exceeding five pounds for every day of that time.

The Minister has the power to exempt a private hospital from some of the requirements of the Acts. This power is used only where, owing to special circumstances, especially in remote country parts, it is considered desirable in the interests of the settlers.

The register of patients, which under the Act, has to be kept, has been a source of much trouble. The books are seldom properly filled in, and there are always excuses brought forward to the inspectors who call and have to see them. Sometimes it is that the doctor will not give the few minutes necessary to fill up the particulars required ; at other times it is simply neglect. We must point out to the nurses who err in not in-

sisting on the doctors who use their hospitals helping them in this respect, that THEY are held responsible, not the doctor, and that they are liable to a large fine for neglect of this duty. A doctor or anyone who makes an untrue entry in this register is also liable to a fine of £50.

The particulars are required to be entered as soon as practicable, and no undue pressure has been brought to bear on the licensees to make them comply with this regulation. They have been most leniently treated. Nurses are advised to keep their register as much up to date as possible. Books are supplied free by the Department, and I advise nurses who work for several doctors to have one of these small registers for each doctor, so that his patients may be all together and no one see the entries but himself, the licensee, and the Government inspector. The midwifery register should be no trouble to keep, as all entries can be made by the nurse, the doctor's signature only being required in the case of an obstetrical operation.

A point in the management of private hospitals which has not been quite clear, is as to the use of rooms licensed for patients. Nurses must understand that these rooms are for patients only, and not for family or common use. A greater number of patients must not be received than permitted in the license, or any other class of patient than that permitted. This regulation has frequently been evaded, and extra rooms turned out for an extra number of patients. I must point out that breach of this rule lays the licensee and manager liable to a fine of five pounds per day.

The manager of a licensed hospital has also to give notice or information under the Births and Deaths Registration Act, 1908, of the death of any person or of the birth of any child in the hospital. This notice must be given to the Registrar of Births and Deaths.

The private hospitals are subject to the same provisions for visitors and inspection as the public hospitals and institutions ; and anyone who prevents or obstructs or attempts to prevent visitors and inspectors is liable to a fine of £50.

There are perhaps other points in regard to which nurses may wish for information in regard to the Private Hospitals Act, if so the EDITOR will be glad to hear from them.

## Some Observations by Nurses Visiting England

During my stay in England I saw the great need for some new organisation for the protection of the nursing profession, and realised how much State registration has done towards keeping up the standard of nursing in New Zealand.

There is practically no protection for the trained nurse in England. Women with little or no training at all get work as easily as those holding hospital certificates. The majority of the medical men and trained nurses are making a big fight for State registration, and the public are at last waking up to the fact that they are often defrauded, and instead of having skilled nursing for cases of illness, are often attended by ignorant women.

Private nurses' fees are small, probably owing to the fierce competition between the trained and the untrained nurse. Hospitals and private nursing homes give paltry salaries of from £25 to £30 a year.

Many of the women who wear uniforms and pass for nurses are not only untrained, but unprincipled, wicked women: It is hard to believe till brought face to face with it all, how largely the nursing profession is used as a cloak for the most scandalous and wicked practice, namely, the "white slave traffic." Many of the so-called nursing homes and massage homes in London, are places where young girls are enticed by advertisements for probationers, offering good salaries and good homes. The heads of these so-called "homes" are women under the control of men concerned in the "white slave traffic."

The most pitiful and revolting tales are told of the treatment of innocent girls by these traffickers. Once in the hands of these people there is no means of escape, and they are kept in London, or shipped to other countries where the traffic is carried on.

State registration for nurses, and inspection of nursing homes by proper authorities would assist in preventing this shocking practice, and protect the nursing profession.

"NURSE."

### State Registration for Nurses

I was rather surprised to find that a great many English nurses know little, and care less, about registration; but those who are in favour of it (and the number is increasing) are very enthusiastic. It seemed to me that where the hospitals were concerned the opinion of the head of each institution was also held by the staff.

I think everyone knows that Mrs. Bedford Fenwick is the great advocate of the cause, and she works with untiring zeal and energy. We had an opportunity of hearing Mr. Sydney Holland, who is very much against registration, give his views on the matter. Mr. Holland seemed to think if nurses were State registered it would be a guarantee of their permanent fitness, and, said he: "A nurse might become fond of drugs; drink; she might become 'dotty,' or she would perhaps even develop a cough (poor nurse), and there would be no remedy, as she was a 'registered nurse.' Then again, some nurses would find it difficult to realise where their work ended and the doctor's began. (As a rule it is the untrained ones who err here)." The other speakers, who numbered among them several doctors, spoke in favour of the Bill.

### Life in a Mental Hospital

(From a nurse's point of view.)

Being much interested in mental work I thought I should like to have some special training in that branch of nursing while I had the opportunity of doing so. I applied, and was accepted as a member of a large mental hospital staff.

The building was a palatial one, and the grounds were large and very beautiful. There were cricket, tennis, bowling, and croquet lawns for the patients and the nurses, and attendants played with and amused them. In the building there was a magnificent recreation hall, where dances or concerts were held weekly in the winter. Theatrical companies were brought down frequently to give performances, and every-

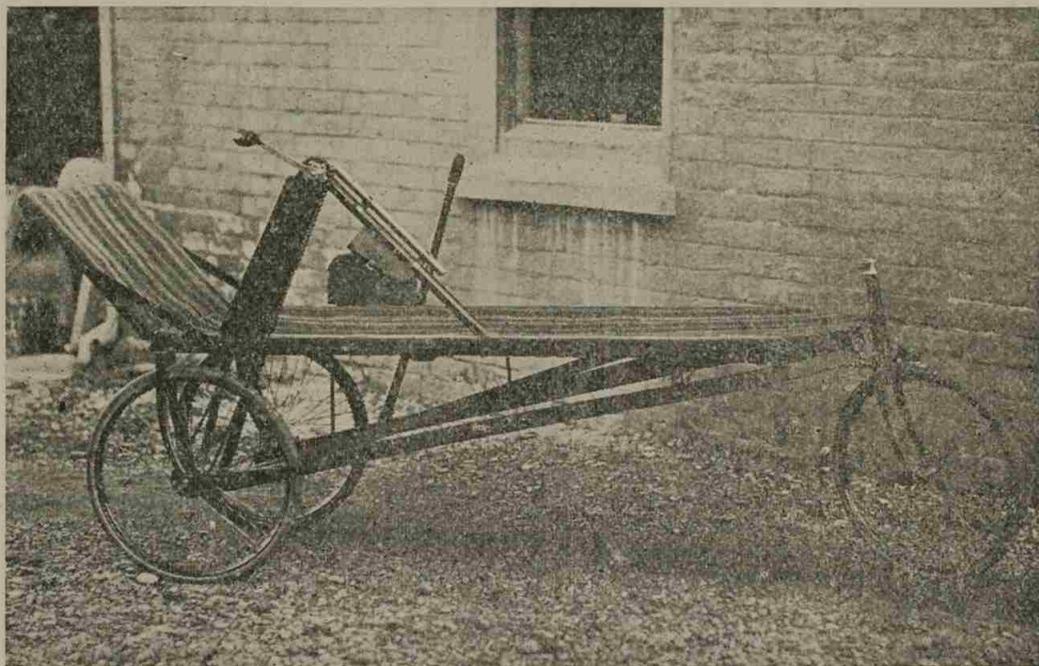
thing possible was done for the comfort and happiness of the patients.

The nurses went to breakfast at 6.45 ; at 7 a.m. they were on duty ; at 8 p.m. they came off duty as a rule—some were on until 9.30 p.m. Once a week a pass was granted from 2 p.m. until 10 p.m. One whole day a month, and half Sunday were allowed, and a fortnight's holiday during the year. Nurses were not allowed to walk in the grounds unless they were on pass. There was a small plot of ground in full view of the building where they could walk or exercise if so inclined. Few, however, seemed

to avail themselves of it. I always felt like a caged animal when I walked in that plot.

There were two small sitting rooms for the nurses use, where the daily papers and magazines could be seen.

I wonder how many New Zealand nurses would care to go through a three years' training in a place of this description? I have not mentioned anything of salary yet : £25 per annum, for staff nurses ; the charge nurse of each gallery received £52—and yet there were women in that place who had spent sixteen and twenty years of their existence there !



## An Invalid Chair

A very useful chair has been made and patented by J. A. McKinnon, Cycle Agent, Riverton. It was designed by Mr. D. Clark, of Groper's Bush, Southland, for his brother, who is an inmate of Ballance Hospital, and who finds the chair a great comfort, as it is very light and easily managed by the patient himself. It can be used on only fairly good roads ; turns corners easily, and can be wheeled through a door  $3\frac{1}{2}$ -ft. wide.

The frame and stays of the chair are of light ash, steam turned ; the entire length of the chair is  $6\frac{1}{2}$ -ft., 2-ft. of which forms the back, which is adjustable to any height re-

quired. The frame is covered with coloured canvas, the wheels being pneumatic, 20-in. bicycle tyres, attached to the frame with bicycle forks. The steering gear is at the left-hand side of the chair, connecting with a light, hollow steel rod to the front wheel, and is worked by means of a moveable handle which fits into a socket, and can thus be easily taken out to facilitate lifting the patient out of or into the chair.

The driving gear is the pedal part of a bicycle turned upside-down, and is easily worked by the patient himself. A chain attaches the driving wheel to the hind wheel on the right side.

## Back-blocks District Nursing

The district nurse at Seddon (Nurse War-nock) has started her work there, and has been kept busy. Some extracts from a letter received will be of interest:—

“In the ‘wee sma’ hours of Wednesday morning I was awakened and informed that a woman at Cape Campbell lighthouse was in labour. The husband told me he would go for a trap and horse, and finally, after some delay owing to the horse being a ‘jibber,’ we started. It was a dark night, we had no lights, and an awful road to traverse, and a beast of a horse, but I was too anxious to reach my destination to feel nervous. After travelling a long time we finally reached the beach where we had to unyoke, as the rocks were impassable. I was hoisted up on the horse, laden with midwifery bag and douche can, etc., and set off for an awful scramble of four miles though some of the beach was not bad travelling. I was astride a three-quarter draught horse; the stirrup-irons were too long, and the leathers too short, so I was, putting it mildly, not too comfortable, but I jogged on, arriving at the lighthouse about 4.30 a.m., to find a baby girl, who weighed barely three pounds had been born at 3.30. The baby was cold, and the mother was lying on piles of blue blankets from which dust arose in volumes, and which were saturated. She was pallid, for she was losing more than any case I had ever seen before. The uterus large and flabby; the blood coming away in a stream, accompanied by clots. I massaged uterus without success, but managed to stop loss by long, hot douche, but not for some time. I had decided upon plugging, but fortunately it was not needed. There was no chance of a doctor as the tide had followed us, so no one could have passed even supposing there had been one nearer than 35 miles.

“I was worried also about baby as she was so cold, but simply had to direct someone to put a hot bottle near her till I had fixed the mother up. Well, all is well that ends well. After getting things right with mother and child, I had to wash six blankets, besides sheets, etc., and to cook and clean. Two days later I got a woman from Seddon, and I was glad, as I did not consider I had done enough nursing. Then came the bother of the milk, for there was an enormous

quantity. It meant milking off continually. Baby after two days did splendidly. I had to give her brandy to start off, but she came on beautifully. I had to leave on the eighth day, but I and a friend are going down again soon for a day’s picnic, and the baby will be christened then. In spite of the hard work I enjoyed the trip immensely. I am now doing Plunket nursing, as I have a baby of nine months suffering from rickets; poor little creature; it has done its 20 hours on boiled water, which followed on castor oil, and is now on a graded mixture of sugar solution and whey.”

[The above gives a good picture of a district nurse’s work. How fortunate for that mother and babe that an experienced midwife was at hand, or both would probably have died.]

The following extract from a letter from Nurse O’Callaghan, who took Nurse Bilton’s place at Uruti will interest our readers. All cases are not quite so difficult to reach, but the necessity of being able to ride is certainly emphasised:—

“I left New Plymouth at 7.10 on the Saturday, and arrived at Uruti about 12.30. The coach was packed, and the roads very dusty, and the tyres kept coming off the wheels, and had to be hammered on at intervals. I am staying at the school at present; was there about five days when I came out here on the Moki Road, and here I am waiting for the arrival of a baby. I must tell you about the ride out. It is about seven miles from Uruti, and most of the road is only what they call a bridle track, and everything has to be packed out. One never sees a trap of any kind here. They put me on a quiet horse, and I can tell you I was nervous, as the road is only six feet in places, and then some of it has been washed away, and I’m sure it is not more than three feet in places, and in some places a drop of over 300 feet with a cliff just as high, and almost straight down with a river underneath. It is a most beautiful bit of scenery, but really terrifying to one who has not ridden there before, and to make matters worse it rained all the way out. I was sure my horse would slip over the embankment every minute, and we had to ford a

river too, but it was not so bad as it looked going down the bank to it.

"I arrived at my destination, which is a two-roomed whare, floored but not lined. There are three other children, a mother and father. They are very nice people, struggling on the land. One wonders how they have the courage to begin away out here with very little money; and this is

where I will spend my Christmas, right in the heart of the bush. I do hope everything will go all right, as it is a dreadful place to get a doctor. I wish I could write an article for your nursing journal about the settlers away back here. One woman rode in fourteen miles (all this kind of road) to see me, she was not feeling well. She has no woman anywhere near her."

## An Interesting Country Case : Cæsarion Section

Mrs. B., a primipara, was examined by doctor a week before her expected confinement. The breech was then presenting, and the only other abnormality observed was the height at which the breech was held. It could not easily be made to engage in the brim of the pelvis. No vaginal examination was made, that being thought inadvisable for fear of sepsis; no very great difficulty was expected however.

Membranes ruptured mid-day Monday, 12th, and rhythmic uterine contractions immediately set in. Patient was seen by doctor 10 p.m. She was then evidently in first stage of labour, pains about every quarter of an hour, severe, but of short duration. Spontaneous version had occurred, and child now presented R.O.A. The head did not descend well into the pelvic brim. No vaginal examination was made. Pains continued at quarter hour intervals all night. All Tuesday pains came on more frequently, and by the evening recurred every ten minutes. Patient exam. vagin. by doctor; exam. showed hard cervix (firm, and not evidently easily dilatible) into which the head was not forced, even with the help of a pain; it would just admit three fingers. The head could not be pushed up, when an attempt was made to do this the cranial bones were indented, and sprung out again when the pressure was removed. Liq. amnii leaked away with each pain. About three a.m. on 14th pains became severe, and much longer in duration; the head, however, was not pressed into the cervix, it was not even engaging in the pelvic brim, and it was immovable. That it was not impacted in the bony pelvis was proved by the very easy passage of a soft catheter.

Manual dilatation was attempted, and persevered with by the doctor until 5.30 a.m. When the os with difficulty would allow of the application of forceps (under chloroform) the doctor tried steady pulling with each pain for one hour, but that was of no avail, the head could not be brought into cervix. More force was then used, until as much power was brought to bear as possible. This only resulted in dragging down the whole uterus with the head. Doctor again carefully examined vaginally, and found that the lower uterine segment was occupied by a firm mass, which faded away below to the posterior part of cervix, and could not be followed above. Doctor said it was evidently a fibroid, more diffuse than usual. Posterior longitudinal division of the cervix he rejected on the ground that he could not then be certain of obtaining sufficient room, nor could he by its help be sure of delivering a dismembered child without possibility of serious damage to uterus, and risk of sepsis.

Consultation with doctor B. resulted in decision for operation. Morphia was given to patient meantime to check uterine contractions whilst preparations were in hand, but it had practically no effect. From 8 a.m. till 11.30 a.m. pains were very frequent—every three minutes—pulse rapidly increased in frequency, and the uterus gradually closed around child, as the liquor amnii escaped. The head had made no advance. Caesarian section was performed in usual manner.

### DOCTOR'S NOTES.

Abdominal incision eight inches long, with centre at umbilicus; uterus packed

round with gauze, against which abdominal wall was compressed. Uterus opened in midline in front (incision six inches long). The placenta was divided and furious bleeding resulted, but was quickly stopped by pressure on the ovarian and uterine arteries, after the child had been rapidly extracted. Placenta and membranes separated, then uterus closed by deep catgut sutures, which did not actually enter cavity. The operation so far had lasted 50 minutes, and patient was not standing it well. There was then very little opportunity of carefully examining the uterus, but it was greatly thickened behind over the lower uterine segment. The limits of this thickening cannot be clearly defined. One small subserous fibroid nodule was noted in the anterior uterine surface. As rapidly as possible the abdominal wound was closed in layers; catgut being used throughout and a collodium dressing applied. Ether (by the open method) was given during the whole operation, but in spite of this anæsthetic, which was very well taken, the shock—probably due to loss of blood—was considerable.

#### AFTER EVENTS.

(a) Post operative hæmatemesis.

(b) Phlebitis and thrombosis of two portions of varicose veins, to inner side of left knee.

With regard to the hæmatemesis, the amount of blood lost was not really great; but vomiting was frequent and distressing, and on its account it was not possible to feed the patient for several days (nutrient enemata being given). Hæmatemesis was controlled by adrenalin locally, calomel in small doses, until purgation followed, and hæmatemesis finally disappeared after free lavage. ¶

(c) The rise of temperature on the sixth day shown on chart was no doubt due to the phlebitis, which was evidently aseptic. The vein involved was greatly enlarged, forming a bunch as large and about the shape of a fist. When the clot became firm two small areas of apparent softening occurred. These were opened, but proved to contain sterile serum only. After events have shown that this untoward occurrence resulted in the complete cure of the varicosity. When the rise of temperature was noted infection of uterine cavity was at first feared. Several iodine and alphozone douches were given

and continued, until the real cause of the rise was manifest.

From the sixth day the patient showed signs of improvement and continued to do well, recovery at end of a month being very satisfactory indeed. Patient said "she never felt better in her life."

Now a few words about our Cæsarian baby girl, who was born asphyxiated, and only showed signs of life after being worked with for one-and-a-half hours, all the various methods of artificial respiration being used in succession. Even after breathing was evidently well established it was found necessary to waken her and make her cry, as she did not seem to be particularly anxious to remain with us.

Our baby only weighed five-and-a-half pounds at birth. We fed her hourly at first, and gave her the care and attention that was necessary in other ways, and in a few days her cry was very much stronger. For a time she was breast fed, but latterly we had to supplement, a suitable grade of humanised milk being given. However, we were very proud that the mother found herself able to at least partly feed her child. The little one continued to improve, and at the end of the month she had gained over one-and-a-half pounds in weight.

About a week after the operation a valuable sheep dog belonging to the homestead was accidentally run over, and the doctor thought it advisable to operate on the eye, which had been very much injured. Again we were bending over instruments and chloroform, and the eye being duly fixed up, the dog was then carefully carried to its kennel when it suddenly collapsed. Again doctor, myself and others were called to assist, and artificial respiration was kept up for about an hour, out in the bitter cold. At last the dog came round and immediately started to snap at one and another, evidently not too pleased to be again in our company.

However, "All's well that ends well," and when finally leaving this little country home we had the satisfaction of knowing that we had left the family well and happy, including the dog.

LEILAH GORDON.

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Carry the sunshine with you into the sick room of your friend, and you will leave it there when you depart.

## A Visit to Lord Mayor Treloar's Cripple Home, Hampshire

Dr. Gauvain, who is in charge of this Home, is the best of good fellows, and will, I should think, make a name for himself. He has taken up "Tuberculous Bone," as a speciality, and after leaving college he went to the Continent to study it, as on the Continent they have gone much further in research than in England. It is quite a new departure here, at any rate, it is the only Home of its sort in England. He has 50 nurses, besides a lot of other officials, under him.

The Home is situated in Alton, Hampshire, occupying 70 acres of freehold in the most beautiful country I have yet seen.

The work is most interesting, and most pathetic, too. There are 210 very young children, most of the ages being between two and six, all suffering from tuberculous disease, mostly of the hip and spine, and they seem to be curing them in a most amazing way.

They must get them very young to effect cures, but when they do get them young enough, apparently they make a pretty sure thing of it. The children come in from the slums, wan, and puny, and crippled; many of them children who have never known what it is to be free from suffering. They are all put into plaster jackets, and put to bed in all sorts of curiously arranged cots. Most of them are tied in, and lie there from month to month. Many are in a sort of hanging cot, with head hanging out at one end, and legs at the other, to keep the spine extended. These have a pillow, perhaps three inches below the level of the cot, to prevent the head hanging over too much; and some have light weights to their feet. The spine cases have trap doors in the plaster, which can be removed from beneath, and the spine massaged and washed with lotions every four hours. As they get better they are allowed to run about in thin jackets, and very funny they look. The plaster reaches up to their chins, and they look like small images sitting down—their backs and necks perfectly straight—picking flowers, and playing about. As they get on, they are put into leather and celluloid jackets. There

are about twenty to be sent out next Monday as cured, having discarded their plaster jackets altogether. That is about the average number they turn out a month as cured.

The hip cases, as they get better, go about on crutches, with a patten to keep the bad leg from the ground.

The treatment is, of course, open air. They use three cwt. of malt and cod-liver-oil every month, and either have in use, or have used, 100 miles of bandages.

This place has been established about two years. Electric plant, steam laundry, extensive gardens, etc., and all are voluntary contributions. In addition to the young children, there are a limited number of older boys, who are considered too old for cure, who are being taught tailoring and leather-work in another department. They are also being treated, though not in the same rigorous way as the younger children.

Dr. Gauvain has to manage everything. Those children who have been in any time, look on the whole remarkably healthy; though there are some who, I expect, never will. What struck me as most extraordinary was the happiness of all the children. They laugh and smile, and are glad to talk, and are not a bit shy. We did not hear a single child crying, and the Doctor says it is because they have always been accustomed to pain, and now, if not out of pain, they are very much easier. Anyway, they are most happy, and many of them dear little kiddies; of course, not quite the class of derelict children Barnado would get. They all evidently love the Doctor, and call him all over the place. As we went back to the house, we met two little boys rushing about and playing amongst some hay; one of them—a fine, bright, healthy looking boy—is to go out on Monday, and the other will follow shortly. The Doctor said they were typical cases.

The spine cases, when hung up by the neck on a sort of gallows, to be put in their plaster jackets, are taught to consider it a sort of game. There are a number of tubercular knees, elbows, etc., but I can't attempt more description. Good work! is it not?

## A Popular Matron : Miss Stewart's Retirement

### Presentation of an Address and Purse of 200 Sovereigns

At the Thames Hospital yesterday afternoon Miss Stewart, who is retiring from the service of the Board after having been Matron of the Thames Hospital for twenty years, was presented with a handsome illuminated address, and a handbag containing 200 sovereigns, which had been subscribed in the most hearty and spontaneous manner by the general public, who hold Miss Stewart in the highest esteem.

Mr. H. Lowe (Mayor) presided, and said on behalf of Miss Stewart's many friends he had, while deeply regretting her departure, much pleasure in presenting to that lady an illuminated address, handsomely framed, which contained the following words:—  
 "To Miss M. Stewart, Matron, Thames Hospital.—Dear Madam,—On the eve of severing your official connection with the Thames Hospital, we have been appointed by the residents of the Thames Hospital District to embrace the opportunity of tendering you their sincere thanks for the capable and efficient manner in which you have carried out your very onerous and trying duties for the past twenty years. The public also desire your acceptance of the accompanying gift in recognition of their appreciation of the sympathy and gentle womanly kindness you have at all times extended to those whose infirmities brought them under your matronly care. The profession to which you have devoted the best years of your life is one of the noblest that women can be engaged in, and in our opinion it never contained within its ranks a more noble disciple than your own worthy self. We trust that the remaining years of your life may be spent in the happiest surroundings, and that you may be ever blessed with the best of health. On behalf of the Thames people, we are, yours sincerely."

We are very pleased to be able to publish the above extract from the report in the Thames newspaper on the presentation to Miss Stewart. The many friends Miss Stewart has made in the long course of her nursing career, and the many fine nurses she has trained, will all rejoice that she has received such a token of appreciation, and will wish

her many years to enjoy her well earned repose. It is not long since her sister, Matron of the Gisborne Hospital, retired after an equally long and valuable service. In another column will be found a tribute to Miss Stewart from one who worked with her and fully appreciated her worth. It is a source of gratification to Miss Stewart that one of her own nurses has been appointed to carry on her work.

#### An Appreciation

The inhabitants of Thames and the surrounding districts have learned with much regret the decision of Miss Matilda Stewart to retire from the matronship of the Thames Hospital. During her long residence in the town, and her unremitting devotion to the interests of the Hospital, Miss Stewart has become identified in no small degree with the progress and welfare of the institution, and it will be difficult for us to picture the work of the Hospital continuing without her strong hand at the helm.

Miss Stewart was appointed Matron of the Thames Hospital twenty years ago, after filling for some time the position of Sister at the Auckland Hospital. Dr. T. O. Williams was then medical superintendent. The Hospital was at that time undergoing a transition. The old casual and male nursing was being replaced by systematic and trained nursing, and to Miss Stewart fell the duty of evolving order (from the nursing point of view) out of chaos. How well she succeeded it is hardly necessary to mention. Witness the high standard to which the nursing and general organisation of the hospital has been brought to-day.

Nine years later Dr. Williams was succeeded by Dr. E. D. Aubin, who acted as superintendent for the next seven years, and who was in turn followed by Dr. D. Walshe, who has been in charge during the last four years.

During the whole of this time, I think I am right in saying there has been absolutely no friction or unpleasantness of feeling among the members of the staff, or between the staff and the trustees. The latter—

unlike the members of many other hospital boards—have been content to leave the medical and nursing matters entirely in the hands of the doctor and matron, and have not thought it wise to interfere except when specially requested to do so. This result has no doubt been largely due to the tact Miss Stewart has displayed in her dealings with the various officials in connection with the hospital, and with the public in general.

The new hospital, which now contains about 50 beds, was built in 1900, and this necessarily threw a heavy burden of organising work and responsibility on Miss Stewart's shoulders. However, the passing from the old to the new building was accomplished with success, and many of the later improvements in the architectural and other details were due to her suggestions.

It was especially in her powers of organisation that Miss Stewart was so successful. No details of nursing or domestic work escaped her notice. As a nurse she was tireless, and frequently remained on duty night and day, with perhaps only two or three hours' sleep in the twenty-four.

In her training of nurses she insisted on thoroughness in the execution of the smallest detail; on orderliness and punctuality; on perfect cleanliness; on loyalty to the doctor, to the other nurses, and to the patient; and on the tactful management of the patients. Her economical administration is evidenced by the fact that the Thames Hospital for many years has had a lower expense rate per patient than any other hospital in New Zealand, and this has been done without in any way impairing the efficiency of the work in the hospital, or detracting from the comfort or the welfare of the inmates. The estimation in which she is held by the nursing world is shown by the offer to her on more than one occasion of the matronship of a metropolitan hospital. These offers she was compelled to decline for personal reasons.

I feel that I am merely voicing the feelings of all her old friends at the Thames and elsewhere when I wish her all happiness and prosperity in the future, and put on record our sincere appreciation of the great work she has done for the Thames, and the goldfields generally.

## Timaru Hospital Garden Party

The annual garden party of the Timaru Hospital was held in the spacious and pretty grounds on 17th November. The day was a perfect one, and lent itself to the worthy object of the gathering—that of collecting funds for extra comforts for the patients spending their Christmas within the institution. The Lady Superintendent (Miss Todd) had spared no personal effort to make the function a complete success, which it proved to be. The Resident Medical Officer (Dr. Ulrich) lent his valuable aid on the auspicious occasion.

The nursing staff supervised the stalls. Sister Harris assisted by Nurse Ritchie conducted the fancy work stall. Nurse Beauchamp and Nurse Falla were busy at the popular sweet stall. Nurse Galloway served the visitors with ice creams and fruit salad; whilst Nurse McKeegan did a sterner duty at the produce stall, which contained goods from sheep to vegetables.

The bran-tub, the delight of the expectant children, was conducted by Nurse Rawlings.

There were several well patronised side-shows, the x-ray room for the time being becoming one, under the supervision of the Honorary Radiographer (Mr. Leslie), who to the delight of the curious, x-rayed the inner nature of their friends, and more was revealed that day than usually meets the eye.

The children's ward, with its wide balcony opening on to the larger lawn, made an ideal tea-room, presided over by Sister Nicol and a staff of nurses who acted as waitresses *pro tem*.

Good music was supplied by the Battalion and Marine Bands, and Wood's String Orchestra. Patients were wheeled out under the trees, and looked cool and happy, shaded by Japanese umbrellas presented by Dr. Ulrich.

The public showed its interest and support in a practical way, not merely in the number present, but in the financial result, which Sister Sutherland—the energetic treasurer—reported to be £60.

## From a Country Hospital

On 26th August a male patient was admitted to this hospital with symptoms of general peritonitis—due to perforation of an appendicular abscess.

While at work he was seized with acute abdominal pain, during the night the pain became worse, and diarrhoea and vomiting commenced. This condition continued for three days; on the fourth day he suddenly became much worse, when the doctor in charge ordered his removal to hospital.

Two hours after admission he was operated on by the medical superintendent. The incision was made over right rectus, on opening into peritoneal cavity, pus—very offensive—was present. This was mopped up as thoroughly as possible, swabs being passed into pelvis and both iliac fossae.

The appendix was found bound down by adhesions behind the caecum, the tip extending up towards liver. The adhesions were separated and appendix removed. Two faecal concretions were found in appendix, and perforation about one quarter of inch from tip.

Drainage tubes were passed into pelvis to region of appendix, the wound being closed with through-and-through sutures; dressings were applied and patient removed to bed. After regaining consciousness the patient was put into Fowler's position, and continuous saline per rectum commenced.

The dark coloured and foul-smelling vomit that had been so troublesome before opera-

tion still continued. Twenty-four hours after operation the stomach tube was passed, and stomach washed out with warm water. This gave relief for some hours, when the persistent vomiting commenced again, necessitating the washing out of stomach a second time. The vomiting ceased after that, and the patient was able to take and keep down, whey, barley water, and albumen water.

After the third day the continuous saline per rectum was discontinued.

Owing to the septic condition it was necessary to have the wound dressed twice a day from date of operation. Six days after operation the patient had a severe haemorrhage from wound; after being tightly plugged with gauze the haemorrhage ceased. This left the patient very weak, and it was thought he would not recover; however, there was no recurrence of haemorrhage, and he steadily gained ground.

With treatment the septic condition of wound improved, and 24 days after operation the wound was almost healed, when the medical superintendent performed a second operation for repair of wound, this being necessary as little time or trouble was spent over the wound at the first operation, owing to the collapsed condition of patient.

After having made a marvellous recovery the patient was well, and able to leave the hospital on 28th October—nine weeks from date of admission.

(January, 1911).

## New Sphere for Nurses

The reports of the medical officers of health from all parts of Great Britain abundantly acknowledge the services of women health visitors; women sanitary inspectors, and school nurses. Most of the progressive local authorities who have adopted the early Notification of Births Act in England, in addition to the employment of a lady superintendent of midwives, now have regular women health visitors. The Royal Sanitary Institute has established special classes for women in hygiene, sanitary inspection, medical inspection of school children, and

other subjects, which allow nurses to qualify for the numerous appointments which are now offering for trained nurses who specialise in these subjects.

Not much has been done yet in this respect in Australia or New Zealand; but undoubtedly a field of usefulness will be found for women who qualify for this work. In South Australia women are employed as sanitary inspectors. In Tasmania a New Zealander (Nurse Keach, late of Dunedin) occupies the position of lady sanitary inspector, Hobart, the first Australian sanitary

appointment offered to a member of the nursing profession.

At present the Tasmanian Government is offering salaries of £100 per annum for two trained nurses to assist the medical inspector of schools in Hobart and Launceston, and it is expected that women health visitors will also be appointed by the local authorities of these two cities to carry out the initiation which will be carried out on the adoption of the recently passed Early Notification of Births Act.

A special clause has been inserted in the Public Health Act Amendment, Tasmania,

by which the Governor in Council can appoint lecturers and examiners on hygiene, sick nursing, ambulance, feeding and care of infants, domestic cookery, and other subjects for which certificates, medals, etc. will be awarded to women and girls who qualify after a three months course. This is in order to train girls and young women more for home life, than that they should take up nursing. It is recognised that the next step in sanitary reform is to introduce hygiene to the home, and actually to teach the people the principles and practice of living in well ventilated rooms with cleanly surroundings.

## Obituary

The sad news of the death of Nurse Akenahi Hui on 28th November, was a great shock to her many friends. She was only a short time ill, having succumbed to typhoid fever after being laid up for a fortnight. She had nursed several of her family with this illness in Gisborne, and had a very great deal of anxiety and trouble of mind. Her brother was seriously ill for many weeks, and his only son, a boy of nine, died of the same illness; while his mother was also ill in a private hospital. Nurse Agnes had the great burden of this trouble to keep from the parents, who were too ill to be informed. Later, yet another little niece took the disease and was sent to hospital, where she had every care and attention.

The death of their devoted nurse is a most serious loss to her people. She was the first of the Maori nurses to qualify in both general and midwifery nursing. Her ideals were of the highest order, and she looked forward to elevating the general condition and mode of living of the Maori race.

She was attached to the Native Health Department, and stationed at New Plymouth, from whence she assisted the various pahs in the Taranaki district. She also had been sent to the Bay of Islands to cope with an outbreak of illness there, some accounts of which were published in this journal last year. She, with Nurse Heni Whangapirita also nursed an outbreak of typhoid among the natives at Jerusalem, on the Wanganui River. Here she impro-

vised a hospital and brought the patients in. She taught the natives to improve the sanitation of the pahs in making drains, and moving their whares to more elevated positions.

The following extracts from a letter received from Dr. Purdy, now Chief Health Officer, Tasmania, under whom she worked before being transferred to the Native Health Department, may bring before the Maori people a project which would we are sure meet with the support of all who knew her, and appreciated the self-sacrificing spirit of her work and life:—

“Having been associated with Nurse Hei in some of her work among the Maoris, and having had abundant opportunity of seeing her whole-hearted, conscientious devotion to duty, and intense love for the Maori people, I should like to testify to the excellent example she set to other Maori girls in taking up the work of a health missionary among the Maori people. I am sure that my former colleague (Dr. Te Rangitiroa) who was so well acquainted with her work, will see that the Maori people establish some suitable memorial to the memory of the pioneer of the movement among the educated Maori women to spread the gospel of health among their people.”

Dr. Purdy made several suggestions, one being that a medallion might be struck, to be called the Akenahi Hei medallion, and worn as a badge by any Maori nurses who qualified as trained nurses, and took up the service of nursing among the Maoris.

Another suggestion was the establishment of a Maori sanatorium at Rotorua. He remarked that probably the Maori people themselves would honour the memory of Nurse Hei by establishing such a Maori hospital, or at least donating a bed in Hamilton Hospital or Rotorua for a Maori patient.

In a conversation with Nurse Hei shortly before her illness she expressed to the Editor her ardent wish for some hospital for her own people. The desire for their good was

very near to her heart, and she looked forward to years of work in her profession.

Nurse Hei was an educated and cultured woman. Our readers will remember a most interesting article from her pen on "Maori Customs and Tohungaism." This was only half completed, but another instalment was ready to be sent for this number of KAI TIAKI.

We hope that some effort will be made by the Maori people to commemorate the work done by this true woman.

## Notes from the Hospitals, and Personal Items

### BIRTH.

On 9th January, 1911, to Mr. and Mrs. T. Wilkins (Nurse Smales), Silverstream, a daughter.

Miss Foote has been away on a short holiday.

\* \* \* \* \*

Nurse Cantwell has gone to Cambridge for a short time.

\* \* \* \* \*

Sister Mirams has resigned from Auckland Hospital.

\* \* \* \* \*

Nurse Brewer is appointed charge nurse, Gisborne Hospital.

\* \* \* \* \*

Nurse Davidson has opened a Private hospital in Dargaville,

\* \* \* \* \*

Nurse Bowie is assisting Sister Gow in the charge of the hospital.

\* \* \* \* \*

Sister Maxwell has gone across to America, and is engaged in nursing there.

\* \* \* \* \*

Miss Edith Dunsford has been appointed matron of the Westport Hospital.

\* \* \* \* \*

Mrs. Andrews, Matron of the Greymouth Hospital, has resigned her position.

\* \* \* \* \*

Nurse Hurst, trained at Nelson Hospital, is now training at St. Helens, Christchurch.

Nurse Sturgis takes up her duties as Sister at the Auckland Hospital on 20th February.

\* \* \* \* \*

Nurse Johnston took charge of the Townley Maternity Home while Miss Anderson was absent.

\* \* \* \* \*

Misses Rees and Beattie are both private nursing in London, and seem to enjoy it thoroughly.

\* \* \* \* \*

Nurse Stewart was appointed acting Sister at the Port Chalmers Cottage Hospital for six months.

\* \* \* \* \*

Nurse Newall is engaged to be married to Professor Picken, of the Victoria College, Wellington.

\* \* \* \* \*

Miss McMillan, Matron of Westport Hospital has resigned, and Miss Edith Dunsford was appointed.

\* \* \* \* \*

Nurse Luke, late of St. Helens, Auckland, has now gone to Te Awamutu to work with Dr. Henderson.

\* \* \* \* \*

Sister Muir, of Blenheim Hospital, has been appointed home Sister at the Christchurch Hospital.

\* \* \* \* \*

The opening of the lawn tennis season at Auckland Hospital took place on Saturday, 10th December.

Nurse Myra Dickinson is engaged to be married to Mr. Morris. Her future home will be in Rhodesia.

\* \* \* \* \*

Sister Paul has been spending her annual leave at Rotorua, where she much enjoyed the change and rest.

\* \* \* \* \*

Miss Stewart, late matron, Gisborne Hospital, spent the Christmas holidays with her sister at Thames.

\* \* \* \* \*

Nurse Harris, trained in Liverpool Hospital, England, is now on the staff of the Auckland Hospital.

\* \* \* \* \*

Nurse Rudd, of the Adelaide Hospital, has also joined the staff of the Auckland Hospital.

\* \* \* \* \*

Nurses McNie, Harris, Butler, Baker, and Smythe have been appointed Sisters in the Christchurch Hospital.

\* \* \* \* \*

Miss Holford left for her holiday early in the month, and is staying with friends at a station near the Cold Lakes.

\* \* \* \* \*

Nurse Wishaw, of the Wellington Hospital, is now undergoing her maternity training in St. Helens Hospital, Wellington.

\* \* \* \* \*

Nurse Margetts intends leaving England soon after Christmas for the colonies. She is staying with relatives near Yarmouth.

\* \* \* \* \*

There are several changes in the staff of the Dunedin Hospital. The resignation of Miss Fraser we refer to in another column.

\* \* \* \* \*

Miss Veitch, acting matron since Miss Fraser left the hospital has resigned her position. Her resignation was accepted with regret. Sister Kelly has also resigned.

\* \* \* \* \*

Nurses Calder and Nosworthy were appointed Sisters.

\* \* \* \* \*

Miss Cora Anderson has been enjoying a months leave in a holiday trip with her sister to Auckland, Thames, and other parts.

Nurse Smart is enjoying a delightful holiday travelling through England and Scotland, visiting various hospitals on her route.

\* \* \* \* \*

Nurse Britten has left Avondale Mental Hospital, and is now nursing a private case. She intends entering St. Helens Hospital for training.

\* \* \* \* \*

Sister Clarke of St. Helens Hospital, is engaged to be married to Mr. Dean, of Wellington, and will be shortly leaving for her marriage.

\* \* \* \* \*

Miss Anderson, matron Suva Hospital, much enjoyed her furlough, spent in New Zealand, and returned much better for her rest and change.

\* \* \* \* \*

Nurse Eva Brooks has been appointed Sister at the Wellington Hospital, her old training school. She has been private nursing for some years.

\* \* \* \* \*

Miss Geraldine Broad, who has been visiting friends in various parts of England, has gone to Queen Charlotte's Hospital for midwifery training.

\* \* \* \* \*

Nurse Hetly, late of Napier Hospital, who has just completed her midwifery training at St. Helens, Christchurch, intends going to England in March.

\* \* \* \* \*

Miss B. Smith resigned the position of matron of the Fever Hospital, Dunedin. She has been in charge since the opening, about three years ago.

\* \* \* \* \*

Nurse Sandry, trained at the Christchurch Hospital, and late staff nurse at Hokitika, is undergoing her midwifery training at St. Helens, Christchurch.

\* \* \* \* \*

Miss Polden, trained at St. Bartholomew's, and afterwards matron at Bath Hospital, was appointed matron at the new Fever Hospital, Wellington.

\* \* \* \* \*

Miss Laura James, after a lengthy trip on the Continent, did some months nursing in an English hospital. She has joined the Army Nursing Service.

Miss Kennedy has resigned the matronship of the Cromwell Hospital, and Miss Eliott, trained at the Bendigo and Women's Hospitals, Victoria, has taken her place as matron.

\* \* \* \* \*

We are glad to see that Mrs. Wooten, the late lady superintendent, Auckland Hospital, has been appointed matron of Balmain Hospital, Sydney, New South Wales.

\* \* \* \* \*

Sister Muriel Margetts returned from a very enjoyable trip to England early in January, and is resuming her work at the private hospital so long carried on by her sisters.

\* \* \* \* \*

Sister Benjamin, of the Christchurch Hospital, spent a delightful holiday at Rotorua. On the way back she spent a night at the Taumaranui Hospital with Miss Gill.

\* \* \* \* \*

Nurses Mills, Nicoll, and Taylor have been promoted to the permanent staff of the Christchurch Hospital as charge nurses.

Nurse Smith, of Hawera, has also been appointed.

\* \* \* \* \*

Sister Wood, who has lately been acting as assistant matron has gone to the North Island on six months leave of absence.

\* \* \* \* \*

Nurse Travis, of Thames Hospital, after coming up for her State exam. has resigned from the staff, and after a short holiday in New Zealand, will settle in Sydney with her brother.

\* \* \* \* \*

Sister Mullett, trained at Guy's Hospital, who has been in charge of the chronic wards at the Jubilee Home, Christchurch, has been appointed to the staff of the hospital as assistant matron.

\* \* \* \* \*

Nurse Bilton has been spending a well earned holiday with her sister, Mrs. Hardy, at Rakaia, and intends to go to Melbourne to visit another sister before taking up nursing work again.

\* \* \* \* \*

Nurse Wilson who passed second in New Zealand in the late State examinations, will be severing her connection with the Christchurch Hospital in February, and returning to her home in Australia.

## Weakness after illness can be cured by SCOTT'S Emulsion

Weakness, acute or chronic, is permanently cured by taking Scott's Emulsion. This statement is made with confidence, because hundreds of people have written to say that they or theirs were cured of weakness, following upon one or another illness, by Scott's Emulsion. For example, Mrs. E. Smith wrote, 30th June, 1909, from 74, Dowling Street, Paddington, Sydney, N.S.W.:

*"My daughter, aged 12½ years, after scarlet fever, suffered from extreme weakness and emaciation. I decided on a course of Scott's Emulsion and soon saw a wonderful improvement. She rapidly grew stronger, and increased in weight, and now, thanks to Scott's, she is thoroughly built up and in splendid health. This trademark was on the emulsion I bought."*



If you wish to get rid of weakness and decide to buy Scott's Emulsion, decide also to GET SCOTT'S EMULSION. You may be asked to buy another emulsion and told it is "just as good as Scott's." Substitute emulsions can only be sold on the reputation of Scott's Emulsion.

Scott's Emulsion cures the disease—no matter the age of the patient—and will be approved by your Doctor for Weakness if you ask him.

Of all Chemists and Dealers in Medicines.

A sample bottle of "SCOTT'S EMULSION" will be mailed free to any Certificated Nurse desiring to test same, on application to Messrs. Scott & Bowne (Australasia), Ltd., 483 Kent Street, Sydney, N.S.W.

In a letter received from Mrs. Kendall, she says that she and her daughters are very happily settled at Lausanne, and enjoying their life there, though missing very much their New Zealand friends.

\* \* \* \* \*

Miss Lever has recently moved into a very nice house at the corner of Park and Grafton Roads, Auckland. Nurse Reynolds, of Auckland Hospital, is with her, and Nurse Taylor is also coming on as staff nurse.

\* \* \* \* \*

Miss Bennett, late matron of Stratford Hospital, has been in Sydney for about twelve months, and intends to leave for Honolulu about the middle of February, where she will do private nursing.

\* \* \* \* \*

We learn with regret that Miss Stewart, the admirable matron at Thames Hospital has sent in her resignation, after holding the position for twenty years.

\* \* \* \* \*

We also see that the vacant position has been offered to Nurse Morton, senior charge nurse, at Thames. She being unable to accept the position, it was offered to Nurse Wilson, the second on the staff, and she was appointed.

\* \* \* \* \*

Sister Morgan who has been in charge of the chronic wards at the Benevolent Asylum for about twelve months, resigned the position on account of her health. Both resignations were accepted with great regret by the Board.

\* \* \* \* \*

Sister Bell leaves the hospital on 1st February. She and Sister Williams, who also leaves about the end of the month, intend to take a trip to England, and go through the midwifery course at the Rotunda Hospital, Dublin.

\* \* \* \* \*

Mrs. Fraser, of Dunedin, left for a trip to England in the "Marama" on 18th January. She will be much missed by the nurses in Dunedin, where she has been a most energetic and popular member of the Association. She is accompanied by Miss Hay.

\* \* \* \* \*

Miss Street, after taking charge for some months of Coromandel Hospital during the absence of Miss Graham, has joined the

nursing band of the Maori Mission, and was sent in charge of that work to Hukanui, Waikato. She finds the work very interesting.

\* \* \* \* \*

Miss Ernestine Parker (Auckland Hospital), passed the C.M.B. She received her training at the Rotunda, Dublin. After completing her massage training Miss Parker nursed in a private nursing home in London, and has now joined the staff of the American Hospital, Rome.

\* \* \* \* \*

Miss Bertha Nurse has gone to Cairo for two years. She has joined the staff of the Anglo-American Hospital there. During her stay in London Miss Nurse went through her midwifery training at Dr. Annie McColl's (Clapham), and afterwards passed the C.M.B. exam. Later she had massage training with five other New Zealanders (Mrs. Pattison, Napier; Misses Parker, Dawson, Kelly, and Purcell.

\* \* \* \* \*

The Nurses' Home at Christchurch is undergoing extensive additions. Large additions have also been commenced to the Nurses' Home at Auckland. In both places the doctor's residences have been made use of for the nurses and other provision made for the doctors.

\* \* \* \* \*

Mrs. Holgate has given up her private hospital for women in Dixon Street, and intends to leave for England in April. She will be in London for the Coronation, and as she will still be at Home in 1912, hopes to attend the meeting of the International Council of Nurses to be held in Cologne in July.

\* \* \* \* \*

The Auckland branch of the Trained Nurses' Association has decided upon giving up the club-room, which was rented some six months ago in Watson's Buildings, Wellesly Street. The starting of a nurses' hostel with club-room attached in which to hold meetings and lectures is a matter at present under consideration, and may be discussed at our next nurses' meeting. The prospectus of the Sydney Nurses' Hostel is showing what can be done on a large scale in New South Wales.

\* \* \* \* \*

Nurse Fleming, our hon. secretary, is spending a short holiday at Hauraki.

## Business Notices

**SUBSCRIPTION TO JOURNAL.**—The subscription to the journal is 5s. 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.

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

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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.

# ARTIFICIAL LIMBS

355 Adelaide Road, Berhampore,  
Wellington, 6th July, 1909.

Messrs. Packer & Son,  
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DEAR SIRS,—In acknowledgment of your skill as an artificial limb maker, I beg to place on record my appreciation of your services in that capacity. I am very thankful to say you have fitted me with a limb (leg) which, under the circumstances—the stump being very short—is all that could be desired. It is just over seven months since I met with the accident, and even now I am able to go to my work with only the aid of a walking stick, and can get about without any assistance. It is LIGHT, comfortable, and easy to walk in, which I consider reflects great credit on the makers.—I remain, yours respectfully,

W. N. LEVER.

Ex-Conductor Wellington Corporation Tramways.

267 Oxford Street, Paddington, Sydney, N.S.W.,  
To Messrs. Packer & Son. March 26, 1909.

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