

whose standard is high and who inculcates a correct professional attitude towards doctor and patient.

The incorporation granted in 1900 by the Board of Trade to our Society makes its position a unique one, and this is surely a good reason for taking the examination and holding its certificate. This certificate, as you all doubtless know, is recognised by the War Office, who train their nursing orderlies to pass our examination, and hold our certificate.

There are other training schools that consider the training incomplete with less than a two years course, which course, however, includes instruction in subjects other than those I have mentioned, such as hygiene, educational gymnastics, etc., all of which,

for educational purposes, or where students are not trained nurses or midwives, makes it, no doubt, very complete.

In the Incorporated Society of Trained Masseuses we do not, as a rule, combine the two in our training, but have a separate six months' course for medical gymnastics, in addition to the previous training in massage, anatomy, etc. I think, therefore, our English training in the Incorporated Society of Trained Masseuses compares favourably with that of other training schools.

We have always endeavoured to work our Society on broad lines, and welcome fellow-workers from all parts of the world who have been desirous to hold our certificate, and become members of our Society; for surely UNION is strength.

Bacteriological Methods

A LECTURE DEMONSTRATION TO 'TRAINED NURSES' ASSOCIATION, DUNEDIN JUNE, 1911.

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One sometimes wonders when nurses bring various specimens to the laboratory to be examined, whether the examination asked for conveys anything more to their minds than a few mysterious manipulations with a microscope and a resulting report.

You have all seen Antitoxin given for diphtheria or Antistrepococcic serum in cases of puerperal septicæmia. Have you not often wondered wherein lay the virtues of these fluids and from whence they came. Again in dressing such common conditions as boils, abscesses, empyemata, you frequently see pus. Have you ever considered what this pus is or what causes it to appear.

When asked to address you this evening, it occurred to me that we might discuss, to advantage, some of these preparations and methods in simple language, with the aid of microscope, cultures, and lantern slides.

TUBERCULOSIS. You are familiar with this condition as affecting the lungs or joints—and you are aware that the disease is caused

by the tubercle bacillus. One of the most frequent specimens brought to the laboratory for diagnosis is sputum from cases of pulmonary tuberculosis, and in many cases this teems with tubercle bacilli. How are we to ascertain the presence of this organism from any given specimen? A small portion of sputum is spread on a glass slide, as I am doing, stained by certain dyes, or stains, to show up this particular bacillus. You see the result under microscope: 1. The slendered rods of the blue background are the tubercle bacilli; if unstained they would be difficult to detect still more difficult to distinguish from the numerous other bacteria one generally finds in sputum.

The area you see magnified really corresponds to that covered by a pin point, and if there are so many bacilli in that small area you can imagine how phthisical patient sprays infection abroad in coughing or even when indulging in loud or animated conversation. The minute droplets of fluid which contain