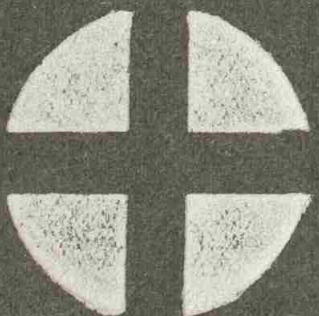


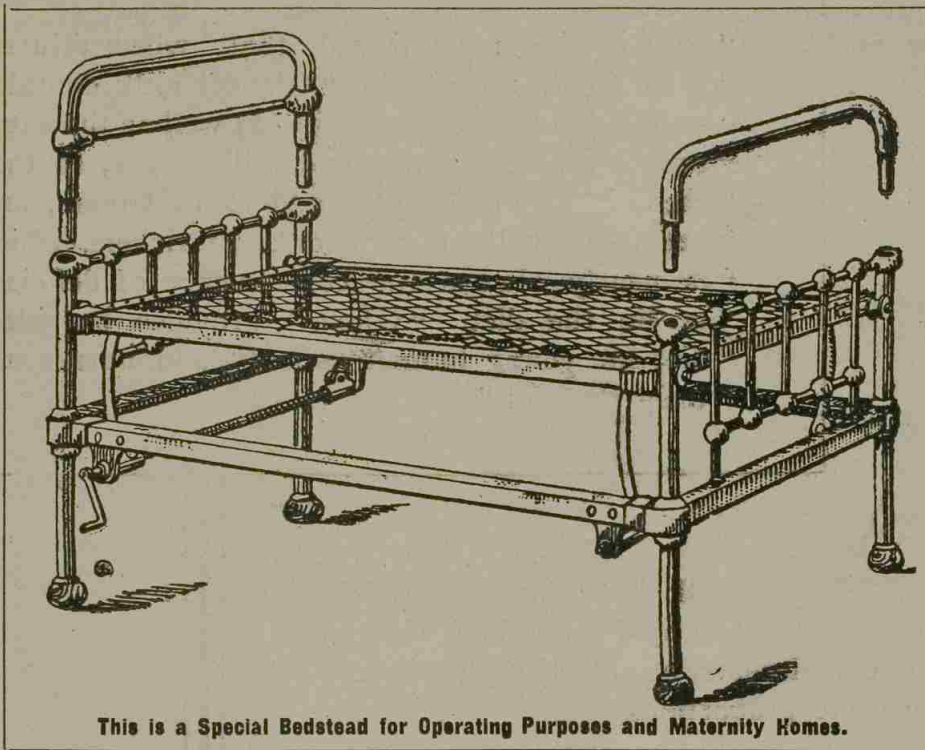
KAI TIARI:

The Journal
of the Nurses of
New Zealand



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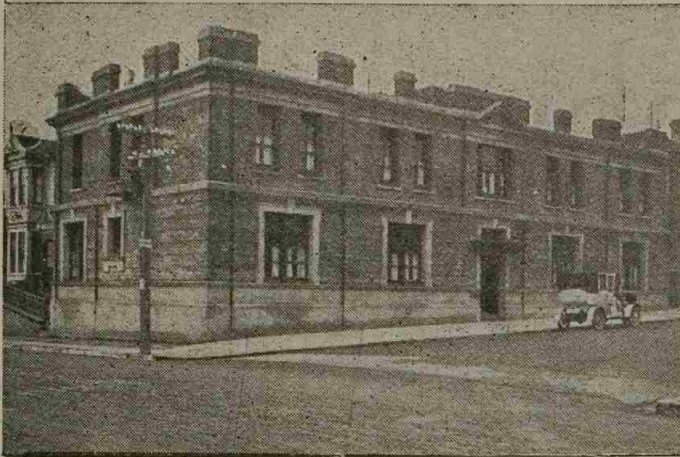
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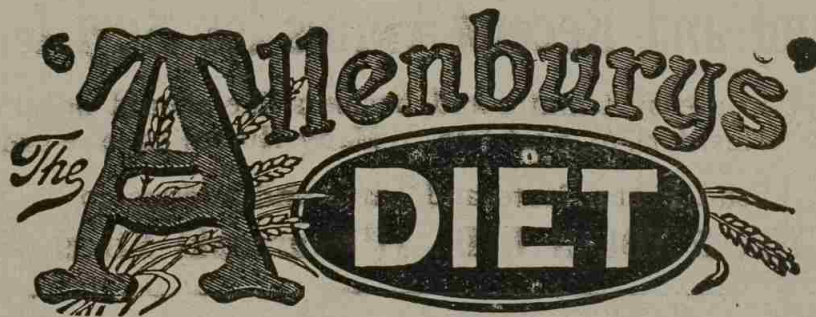
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5. £100 if a member should be totally permanently disabled through accident.
6. £50 if a member should be partially permanently disabled through accident.
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8. An Annuity of £6 per annum on total irremediable blindness or permanent general paralysis the result of disease.
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12. No deduction is made at the maturity of the contract for amounts which may have been received for sickness or accident compensation.

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All Members will please note—

If a member is paying on the basis of 3s. 8d. per week the contribution 3 monthly is £2 12s. 8d., 6 monthly £5 3s., and 12 monthly £9 16s., with, of course, double the benefits as for a payment of 1s. 10d. weekly.

If a member is paying on the basis of 5s. 6d. per week, the contribution 3 monthly is £3 19s. 6d. monthly £7 14s. 6d., and 12 monthly £14 14s., with trebled benefits on the basis of a 1s. 10d. weekly contribution.

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When a member has been connected with the Fund for at least three years and the contribution for upwards of three years have been paid, the member acquires a non-forfeitable interest in the Fund, the amount of which may be utilised. (See pamphlet).

Members have the privilege of drawing the cash value of the fully paid up interest in the Fund, thus finally terminating all further interest in the benefits of the Fund, but the amount of such cash value will necessarily be less than the total contributions paid.

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.

Subscriptions to be sent to—Miss Maclean, Hospitals Dept., Old Parliament Buildings, Wellington; to the publishers, Messrs. Watkins, Tyer & Tolan, Ltd., Printers, Wellington; to Messrs. Stringer & Bridge, 81 Cathedral Square, Christchurch; or to their representative, Mr. Conrad Boyes.

All communications *re* advertisements, etc., to be addressed to the publishers, Messrs. Watkins, Tyer, and Tolan, Limited, Taranaki Street, Wellington.

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

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.

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.

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(THE WATCHER—THE GUARDIAN)

The Journal of the Nurses of New Zealand

VOI. VIII. No. 4

OCTOBER, 1915.

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The Murder of Nurse Cavell

Probably no act of aggression since the war began has roused so much indignation and feeling of horror as the cold-blooded murder of Nurse Cavell.

Miss Edith Cavell, late head of a training school for nurses in Brussels, was arrested last August for harbouring fugitive British and French soldiers and Belgians of military age, and assisting them to escape from Belgium. Last week word was received that she was brutally murdered on October 13th, and had died like a heroine.

Miss Cavell made no attempt to deny what she had done, there was no charge of espionage, but German "Kultur" desired a further manifestation, German frightfulness demanded another victim, and so the prisoner was not allowed to see her lawyer, and the lawyer was not shown any of the documents of the prosecution. The American and the Spanish Ministers, who

had been making every possible effort on Miss Cavell's behalf, were told after the trial that no sentence had been passed. The following morning the victim was led out into the garden and shot, butchered to make a "German" holiday.

Lord Lansdowne, speaking in the House of Lords on the execution of Miss Cavell, said: "That doubtless she was liable to punishment; but she might have been executed with a measure of that mercy which no civilised country would refuse to a brave and devoted woman who had given her energies for the mitigation of the sufferings of others."

An impressive memorial service was held in St. Paul's, London, which was attended no doubt by thousands who would do honour to the woman who had spent her days in doing good, and had given her life for her country.

Nursing in Military Hospitals

From time to time when nurses who have not become accustomed to the routine of military Hospital have entered the service they have expressed themselves as not satisfied with the nursing of serious cases of illness by orderlies. A nurse who is anxious about the progress of her patients feels that no one but herself can do the very best for him. In civil hospitals the sister or staff nurse of a ward is able to take upon herself the chief care of any very ill patient, and merely allow her probationer to assist in minor ways. Thus the patient is ensured the most experienced attention. In a Military Hospital the sister is supposed merely to supervise the work of the orderlies and to allow them to do surgical dressings, sponge typhoids, and other nursing duties. In time of peace this may work fairly satisfactorily. In the Military Hospitals there are young men selected for the position of orderlies, who may be well adapted for the work. They go through a fairly rigid course of training, attend lectures, by medical officers and matron, and are given practical instruction by the sisters. In fact they are the probationers in training and were they of the same class and standard of education, as the probationer accepted for training in the best civil training schools, they would be equally useful and as the three year's course of training progressed, as efficient as our women nurses. This, however, is not the case: nursing is women's work, it does not with few exceptions, appeal to a high-class man and moreover holds out no such advantages as it does in the future to the lady entering for training. Even should an orderly qualify to be a member of Queen Alexandria's Nursing Service, which he may by special recommendation and examination, it is not likely he would ever receive one of the best appointments in that service. I do not know if any orderlies have even qualified for membership.

In time of war the dissatisfaction of a trained nurse to depend on the ministrations of orderlies for her very sick patients

is very much accentuated by the fact that the majority of the trained orderlies and those advanced at all in training are sent away from the hospitals for service at the front, and there are only the raw newcomers, and as all men worth their salt do want to go to the front, there are not many to pick and choose among. These are constantly changing, and there is little opportunity for training.

It appears to us that the establishment of a Military Hospital in the time of peace should be readjusted at least as far as its nursing arrangements are concerned, to meet the entirely different conditions of war, and of temporary hospitals. That a much larger nursing staff should be provided and more orderlies. Where the usual establishment of a hospital of 1,000 beds is eighty sisters this should be doubled or trebled, so as to provide sufficiently for a great rush of wounded such as has occurred from time to time in this war. Each man who is giving his life for his country should be given the best possible chance of that life being conserved. This is not only his right; but the right and need of the country.

In some of the Military Hospitals, Red Cross or V.A.D. helpers are working and doing excellent work. They act as probationers, and being frequently women of high intelligence, very quickly become of the greatest service. It is only when the women who are not intelligent enough to recognise that they have not had the opportunity of acquiring the long-practised technical skill of a nurse, wish to take the work which nurses only should do, that they are not an advantage.

Many young women so helping may wish to adopt nursing as a profession, but it would not be advisable to grant certificates of any kind after such a term of work; we consider nevertheless that some allowance might be made for the experience thus gained, and a concession given in the term of training afterwards.

New Zealand Trained Nurses' Association

Auckland Branch

Monthly Council meetings have been held during the winter, when routine business was transacted. "Volunteer Sisterhood" was discussed, and a letter of protest sent to the Minister for Hospitals by the Secretary of the Central Council. Mr. Rhodes replied, and the letters were published in the daily papers.

Miss Orr and Miss Jones were appointed delegates to the special Conference which met in Wellington. Their reports of the results of the Conference were received with satisfaction at the last meeting of Council, on September 7th. At this meeting a letter was read from the Mayoress of Auckland, thanking the Association on behalf of the Patriotic League for the assistance given by the members. Monthly accounts were read and passed.

Miss Morrison wrote drawing the attention of the Council to the urgent need which exists for a separate provision of lavatories on our railway trains for the sole use of women and children. It has been suggested that a letter be drawn up, approved and signed by at least two members of each of the Women's Associations in the city, and that one of our members of Parliament be

asked to consider the matter. This suggestion was approved by the Council.

The Secretary of the Central Council is arranging for the Triennial meeting the date of which has been fixed for Tuesday, November 16th to Friday, 19th.

The new Club is nearing completion, and it is hoped will be in occupation by November.

The 32nd general meeting of the Association was held on the 22nd of September, and there was a large attendance of members. The President, Mrs. Kidd, presided.

Minutes of the last meeting were read and passed. A suggestion to take up a collection for the Second Hospital Ship was liberally responded to, and the money will be spent in the purchase of materials to help in the equipment of the ship.

The Mayoress sent a letter of thanks for the gift from the Association of 25 leather waistcoats for Lady Liverpool's appeal.

Nominations of members for next year's Council were then received.

Mrs. Kidd tendered her resignation as President, which was received with regret.

Otago Branch

Three Council meetings of this branch have been held during the quarter, also a special general meeting to receive the report of our two delegates to the Conference in military nursing matters, held in Wellington, in August; Mrs. Fraser and Miss Monson who represented us, handed in a written report and gave many interesting details of their visit.

At this meeting it was decided to advertise inviting all certificated ex-nurses who could give the whole or part of their time if required to register their names with the secretary of this branch to form the nucleus of a "Nurses' Volunteer Reserve."

Some names have already been received and Mrs. Fraser has left for Hamner to take charge of the Convalescent Home for soldiers which is being established there.

At the last Council meeting a resolution of heartfelt sympathy was sent to the family of the late Dr. F. C. Batchelor. All Dunedin trained nurses must feel deep regret at the death of one who has been so intimately associated with the nursing profession in Otago from its infancy, and who in fact was one of the first to insist upon the necessity for the highest possible standard of nursing in our hospitals and never failed to appreciate good work on the part of a nurse.

The annual meeting of the Otago branch of the New Zealand Trained Nurses' Association was held in the clubroom on Wednesday evening, Dr. Brown (president) in the chair. The attendance was small.

The annual report and balance sheet were

adopted. The chief items of the annual report were as follows:—"Forty-three new members have joined during the year—35 on the general list, five on the auxiliary, and three transferred from other centres. Two members have resigned, one has been transferred, and seven have left the district. We have at present 165 names on the roll, and of those 29 are on active service. Owing to the war it was decided to forego all lectures for this year. In April last Dr. Macdonald (our president) asked for leave of absence for an indefinite period, as he had volunteered for active service. This was granted, and it was agreed to ask Dr. Wm. Brown to take Dr. Macdonald's place till the end of the year. Dr. Brown consented, and has acted as our president for the last six months. We feel that an expression of our thanks is due to Dr. Brown for so kindly coming to our assistance. The question of meeting the increased demand for nurses during the war evoked considerable interest and discussion, and the New Zealand Trained Nurses' Association approached the Government protesting that until the supply of trained nurses failed untrained women should not be used to take

their places. A conference was held in Wellington to discuss the question of voluntary aid, and two of our members attended as delegates. A report of what was done there was published in the daily papers, so that all members might be able to read it. The clubroom and library is still open for members, and we appeal to them to make use of it." The bureau report and the report of the Library Committee were adopted. It was agreed to ask Miss Bagley, of Auckland, to act as delegate to the triennial council, to be held in Auckland in November. The election of office-bearers resulted as follows:—President, Dr. Wm. Brown; vice-presidents, Miss Thomson and Miss Holford; hon. secretary, Mrs. Ewing; councillors—Mrs. M'Gregor, Miss Monson, Miss Shackelford, Miss Every, Miss Cupples, Sister Nosworthy, Miss Williamson, Miss Jack, Miss Sturgeon, Sister James, Mrs. Falconer, and Mrs. Jones. Votes of thanks were passed to Mr. C. H. Statham and Mr. W. H. Logie for their kind services as auditor and scrutineer respectively. Supper was handed round at the close of the business.

"The Hospital Ship"

Vessel of Mercy, speeding o'er the deep,
May God thy pathway from all peril keep,
And may thine advent, like the morning
star,
Be hailed with joy on foreign shores afar,
Vessel of Mercy!

How sweet the mission meted out to thee!
Thy freight is Faith, and Hope and Charity
With all things needful for the wants of
those
Who, fighting bravely, fall before their foes—
Vessel of Mercy!

May all who serve within thy sacred walls
Be pure and holy, swift when Duty calls,
Eager to bind the wound, to soothe the
smart,
And carry comfort to the aching heart—
Vessel of Mercy!

The Red Cross Banner, floating o'er the tide,
May it be revered on every side;
No shot nor shell to mar the sacred peace
Of those who come to thee for rest and ease—
Vessel of Mercy!

Sweet type of Christ art thou, thy Cross a
Sign
Of helpful mercy like a spark divine;
Christ's Cross the Soul's, thine the body's
friend.

To both we look, to both with reverence
bend—

Vessel of Mercy!

And when the last mad battle rage is o'er,
And no more sounds the thunder of the
gun,

May Peace with fluttering wings around
thee soar,

Whispering, "Well done
Vessel of Mercy!"

C. ALEXANDER.

"Holly Lea," Christchurch,
July 2nd, 1915.

[This poem was dictated by the author while recovering from a serious illness by which she was overtaken while working constantly and energetically on the equipment for the Hospital Ship Maheno.]

Report of Conference on the Supply of Nursing Aid for the Sick and Wounded

Owing to the evident confusion in the public mind concerning the supply and demand for efficient nursing facilities for our sick and wounded soldiers, the Hon. the Minister of Public Health decided to call a Conference in Wellington. Her Excellency Lady Liverpool was asked to preside, and delegates were invited from the heads of the nursing profession in New Zealand, viz.: The Acting-Matron-in-Chief of the N.Z.A.N.S.; the four principal lady Superintendents of our large hospitals, who are also the four Honorary District Military Matrons; from the four branches of the N.Z. Trained Nurses' Association; Mrs. Luke, the wife of the Mayor of Wellington, and other ladies of proved interest; also representatives of St. John's Ambulance Association, and the "Volunteer Sisterhood." The object of the Conference was to initiate in Wellington a national movement, the scope of which would include:—

1. The supply of an adequate number of trained nurses for our sick and wounded soldiers at the front.
2. The care of returned invalided and incapacitated soldiers after their discharge from military hospitals and convalescent homes in New Zealand.
3. The maintenance and acceleration of the usual efficient training of nurses in our hospitals.
 - (a) To keep the demands for the N.Z.A.N.S. supplied.
 - (b) To adequately staff our civil and military hospitals in N.Z.
4. To establish and sustain among N.Z. women a personal and helpful interest in the families of soldiers on active service and particularly of those where the breadwinners have been killed or incapacitated.

The Conference was largely attended and took place in one of the large "Petitions" rooms in the Parliamentary Building, on August 25th, at 3.30 p.m.

The Hon. the Minister for Public Health Mr. G. W. Russell, explained the scope of the Conference, and introduced Her Excellency Lady Liverpool, whom he requested to open the Conference. Her Excellency, in a gracious and earnest speech, expressed

her sympathy with the objects of the Conference and her desire to assist in every way. There were present Colonel Valintine, Inspector-General of Hospitals, and Director of Military Hospitals, who had at the request of the Hon. the Minister, initiated the Conference: the Acting Matron-in-Chief Miss Bicknell, Miss Payne, Miss Orr, Miss Myles, Lady Superintendents of the Wellington, Auckland, and Dunedin Hospitals and Hon. Military Matrons; (regret was expressed that Miss Thurston, of Christchurch Hospital was absent in Australia); Miss Bagley, of the Health and Hospitals Department; Miss Melita Jones, representing the Central Council of the N.Z.T.N.A. (Miss Jones and Miss Orr also attended as delegates from the Auckland Branch); Mrs. Porter and Miss Inglis represented Wellington; Miss Maude and Miss Hood, Christchurch, and Mrs. Fraser and Miss Morison, Dunedin; Mrs. Massey, Mrs. Luke, Lady Ward, Dr. Platts-Mills, Mrs. Grace Neill (late Assistant Inspector of Hospitals), and Mesdames Kendall, Wilford, Valintine, Pomare, Thompson, Young, Myers, Algar Williams, Lady Stout, Miss Walshe, and others.

The representatives of St. John Ambulance Association were Mesdames Smith (Auckland); Walters (Wellington); Moore (Wanganui); Preston (Wellington South); Messrs. Tunks (Auckland); Seed, (Wellington); and McKinney (Christchurch); Miss Rout represented the "Volunteer Sisterhood." Many leading Wellington citizens were also present—mostly ladies; the Conference was—as was abundantly evident—in the very free discussion which took place at the second meeting—essentially a women's affair, and although on one occasion, we will admit that it became necessary for the Minister to call the meeting to order, a most earnest effort on the part of all the delegates was displayed to work unitedly for the objects of the Conference.

Various motions were brought forward and carried, and a second meeting was held to deal with nursing matters only.

Her Excellency then took her leave. Mr. Russell, Minister for Public Health, made a very forcible speech in the course of which he said that it had been decided that trained nurses only were to go to the front, and he had been assured that an ample supply

would be forthcoming; but should it be necessary to send all the available qualified ones, then the ranks of nurses undergoing training would be drawn on, beginning with those in their fourth year then third year etc., their course of training to be completed later upon their return. It was unlikely however that the nurses in training would be required, as half-yearly at least sixty or seventy nurses qualified in New Zealand and numbers were registered from overseas.

With regard to other helpers, he invited discussion. Miss J. Melita Jones, Hon. Sec. Central Council N.Z., T.N.A. read a letter from Miss Foote, President of the Association, as follows:—

“I deeply regret that owing to a severe attack of illness I am unable to attend the Conference. With regard to the nursing of our soldiers, I am glad to be able to state that an ample supply of fully trained nurses is forthcoming, and I feel sure we shall be able to fill all vacancies in our ranks at the front, as they occur. May I point out that for the last year St. John Ambulance and the Red Cross workers have been doing their utmost to fit themselves for any emergency that may arise for their services in New Zealand. I certainly think that their services should be accepted before the recently-formed body of women named the “Volunteer Sisterhood.” I do not wish in any way to question the kind spirit in which this movement was started; but feel that to put them before the organisation I have named is neither fair or just.

Can they be persuaded to join the St. John Ambulance? They would then be available when the more experienced workers were already engaged.”

“J. FOOTE.

“President N.Z.T.N.A.”

Miss Orr, Military Matron for Auckland district, confirmed Miss Foote's statements, showing that our hospitals need not be depleted as fresh probationers could always be taken on in the usual way with supervision from qualified nurses, the St. John Ambulance workers or partially trained nurses would be able to fill any gaps in the ranks when probationers for training were not available.

It was pointed out by the delegates from St. John Ambulance that their Association was a very ancient one, and that they worked for years to bring themselves to the state of efficiency they had attained and they felt that their organisation ought to be recognised before that of any recently-formed body, should outside assistance be necessary for either Military Hospitals or Convalescent Homes in New Zealand.

The Minister, after listening to all arguments, decided that St. John Ambulance Association must be the only organisation recognised apart from hospital-trained nurses for such necessary nursing assistance, and advised the “Volunteer Sisterhood” to merge into St. John Ambulance Association, and when they had qualified by going through the course of lectures, etc., their services would be used in rotation.

A tribute was paid to the kindly spirit exhibited by all classes of the community in offering their services.

Dr. Valintine accompanied by Miss Bagley upon the invitation of the N.Z. Trained Nurses' Association, had attended their council meeting in the morning when the views of the members upon the question of the demand for and supply of trained nurses to meet the requirements were fully discussed. Mrs. Porter presided at the meeting. The delegates at the second conference meeting were entertained at afternoon tea by the Hon. G. W. Russell, who remarked that when he discussed matters with men he invited them to smoke, but as so many ladies were present he thought tea might prove a good substitute.

The Thursday following the conference, the delegates were given a pass to Trentham. Col. Valintine and Major Andrew kindly conducted them over the whole camp, and all came to the conclusion that whatever shortcomings there may have been in the past in the way of hospital accommodation, all had been rectified, and no anxious relatives need be under apprehension with regard to any sickness that may arise, for the best accommodation, equipment, and skilled nursing have now been provided.

It would be difficult indeed to find a more adaptable building as an emergency hospital on a large scale than the racecourse pavilion at Trentham has proved under skilful manipulation and management.

J. MELITA JONES.

(The Hon. G. W. Russell has since addressed meetings in other centres and has emphatically stated that it is the intention of the Government to accept the services of trained and registered nurses only for military duty at the front, and should other

nursing assistance be necessary in New Zealand, the only organization of untrained women recognised by the Government would be St. John Ambulance Association in which every other proposed organisation of the sort was advised to merge.)

The Barstow Convalescent Home for Soldiers, Epsom, Auckland

This splendid institution was opened by the Hospital Board last month. It has been equipped and is being maintained on rather unique lines. The building is the property of the Hospital Board and was put in repair and adapted by that body, who is responsible for its administration and maintenance. The ladies of the Epsom Nursing Division of St. John Ambulance Association offered to fully equip and staff the institution under a trained sister. After due consultation with their medical and lady Superintendents at the Hospital, the Board accepted this offer on condition that the hours on duty, etc., for the Ambulance workers could be arranged to the lady Superintendent's approval. This was done, and under Sister Worthington, who has undertaken the management at a very small salary, the Superintendent of the Epsom "Nursing" Division, Miss Firth, ably manages and regulates the duties in connection with the Home which are all performed voluntarily, by eleven of these ladies, only two of whom however, at a time, sleep and live at the Home. Seeing that there are only beds for twenty-five convalescents at the Home, none likely to require much, if any, nursing, this sounds a ridiculously large staff; but it must be remembered that most of these workers have home duties of their own to attend to, and can only give a limited time. It was at first greatly doubted if any institution, even a convalescent home, could be successfully worked on these lines, and it must be confessed that to those best conversant with institution administration, it appeared a very doubtful experiment; but due to Sister Worthington's tactful management, Miss Firth's good organising ability and the sensible and willing co-operation of the Ambulance ladies, the scheme has so far proved a great success.

This is abundantly evident from the greatest gratitude expressed by the men for the care and comfort, and the happy time they enjoy, also from the spotless order of the whole place, and clockwork regularity with regard to meals, lights, hours on duty of staff, etc.

The ladies of St. John Epsom Division deserve the warmest appreciation of their work, not only for the provision of the splendid equipment, but for the fine work they are doing in staffing the place.

There are fifteen convalescents in at present, those who are lame use the dormitories downstairs; upstairs and down these are most comfortably furnished. There are polished floors and bedside rugs everywhere, white hospital beds, and white enamelled lockers. Ample store rooms for patients' clothes and belongings, well-filled linen closets, etc., The large lounge room is furnished with plenty of comfortable chairs and lounges, pictures, and a beautiful new piano which is a recent gift; cushions and lots of good reading matter have been supplied. The dining-room set for dinner looked most inviting, and the appetising smell from the spotless kitchen where the ladies who ably administer that most telling department were conjuring over the shining gas stoves is, I am sure, from the soldiers' point of view, the crowning success of the whole institution.

Barstow House stands in spacious and beautiful grounds where there are nice lawns, shady trees and comfortable seats, nothing conducive to a happy time and a quick recovery for our gallant invalids seems to be missing. The object has been to make the place as little like an institution and as much a home as possible. Kind friends take the men for drives and motor rides, and leave is allowed until 10 p.m. (sharp) every evening if desired.

Third Contingent of Nurses from New Zealand

Owing probably to the extension of the war area of our armies into Servia, the War Office has intimated through the High Commissioner that another 100 trained nurses would be gladly accepted in Egypt. This was in response to a cable from the Hon. Minister of Public Health in which he enquired if the services of more trained nurses were required.

Statements had been made that there were not enough nurses to care for our wounded, and an agitation got up to send unqualified women to act as orderlies and assistants to the nurses. This the Government did not consider, so long as there were trained nurses available in New Zealand, would be for the advantage of our troops, and the Matron-in-Chief having just returned from Egypt was able to confirm the decision. Unqualified women are not needed sufficiently to justify the expense of sending them so far, and there are already many such workers residing in Egypt who can help at the hospitals in all ways that are possible for women in an Eastern country.

To send one trained nurse rather than three or four unqualified women is of more advantage.

In order, however to satisfy those who were clamouring to go, the Minister cabled an enquiry as to whether untrained women were wanted and received an emphatic reply that they were not.

The selection has now been made of the staff for the Hospital Ships Marama and Maheno, and of the nurses to go in those ships to Egypt. Notification has been sent to them and it is hoped that no alteration of the personnel will be needed; but as it is intended as far as possible to study the convenience of the hospitals which are losing sisters and staff nurses it may be necessary. The list for December is as follows:—

Nursing Staff for Hospital Ship Marama.

	Training School.
Miss M. Broun	Auckland Hospital
Miss A. Rudd	" "
Miss Ruth Gilmer	Wellington
Miss M. A. Smith	Southland
Miss K. McIntyre	Riverton
Miss E. Jennings	Christchurch
Miss M. Mills	" "
Miss W. E. White	Auckland

Miss McLoghry	....	Wanganui Hospital
Miss Edith O'Loughlin		Palmerston "
Miss E. Richardson		Timaru "
Miss K. Macgregor		Wellington "
Miss G. Barker	....	" "
Miss E. Young	....	Dunedin "
Miss B. Rawlings	....	Timaru "
Miss R. Smith	....	Auckland "
Miss R. Easton	....	Wellington "
Miss McRae	....	Nelson "
Miss A. Patrick	....	Christchurch "
Miss M. Jamieson	....	Waikato "
Miss L. McKenzie	....	Ballarat "

Nurses recommended for first Division of Third Contingent to go in Hospital Ship Marama.

Miss E. White	....	Napier Hospital
Miss S. Morley	....	Guy's "
Miss A. Westoby	....	Wellington "
Miss M. Trask	....	New Plym'th "
Miss A. Spillman	....	Wellington "
Miss B. Tilly	....	Auckland "
Miss I. Floyd	....	Auckland "
Miss H. Newton	....	Hackney Infirmary
Miss L. Lea	....	New Plym' h Hosp.
Miss K. Woodward		Dunedin "
Miss A. Jacobson	....	Christchurch "
Miss D. Moore	....	Dunedin "
Miss E. L. Beer	....	Dunedin "
Miss I. Isdell	....	Waihi "
Miss E. Donald	....	Wellington "
Miss L. Harper	....	Napier "
Miss J. Davison	....	Auckland "
Miss B. Duke	....	Adelaide "
Miss H. Sutherland		Auckland "
Miss E. Lewis	....	Wanganui "
Miss F. Gilmour	....	" "
Miss R. McRae	....	Christchurch "
Miss E. Brayshaw		Napier "
Miss A. Metge	....	Auckland "
Miss M. Gray	....	Wellington "
Miss S. Fogelin	....	" "
Miss H. Flynn	....	Hawera "
Miss E. Gebbie	....	Wanganui "
Miss O. Malcolm	....	Gisborne "
Miss L. Rood	....	Nelson "
Miss E. McKenzie	....	Timaru "
Miss E. Adamson		" "
Miss L. Trumble	....	Christchurch "
Miss T. Hood	....	Dunedin "
Miss B. Forester	....	Nelson "
Miss E. Mitchell	....	Wellington "

Training School.			Training School.		
Miss M. Shuker	....	Guy's Hospital	Miss M. Templer	....	Timaru Hospital
Miss O. Ingles	....	Wellington	Miss E. Miller	....	Napier
Miss K. Carter	....	Auckland	Miss Gertrude Leipst	....	Mercury Bay
Miss M. McMahan	....	Wellington	Miss E. K. Burgess	....	Wanganui
Miss J. Broun	....	Wellington	Miss E. Knight	....	Waipukurau
Miss G. Knowles	....	Dunedin	Miss G. Petre	....	Dunedin
Miss G. Stubbs,	....	Wellington			

Nurses for the Front

The nurses who have been selected to leave with the sixth reinforcements are:—Nurses McCallum, Gordon-Boyd, Anderson, Naismith, Brooke-Leers, and Sister Newall. Three nurses will be on each transport. Sister Newall, who was to have left with the sisters in the hospital ship, but was unable to do so owing to an attack of appendicitis, is in charge of one, and associated with her will be Nurses Brooke-Leers and Gordon-Boyd. Nurse McCallum, who has been a sub-matron at St. Helen's Hospital, Wellington, will be in charge of Nurses Anderson and Naismith, who will go with her. All the nurses, with the exception of Sister Newall, have been working at the Trentham Camp Hospital, where they have gained valuable experience and insight into military hospital work and casualties.

A presentation of badges to the military nurses was made by Her Excellency Lady Liverpool at the Parliament House on August 14th. The Right Hon. the Premier, the Hon. J. Allen, the Hon. Sir

Francis Bell, the Hon G. W. Russell, the Hon. A. L. Herdman, the Right Hon. Sir Joseph Ward, the Mayor (Mr. J. P. Luke), Dr. Valintine, Mrs. Massey, Lady Ward, Mrs. C. Ward, and Miss Paget were among those who were present. Her Excellency gave each nurse a box of chocolates as a parting gift, and a number of books were also given by Mr. David Nathan. The Minister of Health addressed the nurses, and wished them Godspeed, and a happy return. The Minister of Defence, also expressed his good wishes, and paid a special tribute to the splendid work of the nurses at Trentham. The object of the nurses leaving was probably to bring back the sick and wounded from Egypt and Malta, but it was possible that they might be called upon to remain in Egypt. They belonged to the New Zealand Army Medical Corps, and had to obey orders, and he was sure that they would do whatever was required very willingly. At the conclusion of the meeting cheers were given for Lady Liverpool and the nurses.

Hospital Ship

Appointment of Staff

The Hon. Jas. Allen (Minister of Defence) announces that the following officer commanding and staff have been appointed for the hospital ship Marama:

Lieut.-Colonel Cook, Administrative Officer, Masterton.

Lieut.-Colonel Mason, Reserve of Officers, Bacteriologist, Wellington.

Dr. C. Robertson, Chief Surgeon, temporary major, Auckland.

Dr. Pottinger, temporary captain, Invercargill.

Dr. Fairclough, temporary captain, Auckland.

Dr. Louisson, temporary captain, Christchurch.

Dr. Robertson, temporary captain, Wellington.

Dr Stowe, X-ray operator, Palmerston North.

Farewell Tea to the Nurses and Presentation of Badges

On October 9th, the presentation of the badges by Her Excellency the Countess of Liverpool, to the nurses who are leaving on active service abroad was combined with a farewell tea given in their honour by the committee of the Trained Nurses' Association. Both events took place at the Nurses' Residential Club, in Kensington Street, and in addition to Her Excellency there were present the Hon. James Allen, Minister of Defence, the Hon. G. W. Russell Minister of Public Health, the sixteen nurses themselves, and several of their friends, as well as the council of the Trained Nurses' Association, and a few outside friends.

Mrs. Porter, president of the association, Miss Payne, matron of the Wellington Hospital (vice-president), and Miss Craig, matron of the club, welcomed the visitors, who were received in the nurses' sitting-room, the folding doors between it and the dining-room having been thrown back, and both rooms decorated with very lovely flowers—lillies, anemones, garden broom, and primroses. The scarlet and white anemones which were arranged on the tea-table were particularly beautiful.

In the course of a brief speech which was made previous to the presentation of the badges, the Minister of Defence paid a special tribute to the work that had been done by Sister Fulton and the nurses associated with her in caring for the sick soldiers in New Zealand. They had done excellent work, and the country was deeply indebted to them. He also told his hearers of the longing which had possessed the New Zealand soldiers abroad to be nursed by their own countrywomen, and he was sure that their presence among them would be a source of deep comfort to the wounded and sick wherever they were sent, and that they would uphold the splendid reputation which New Zealand nurses had already earned in their work abroad. Four among their number had already been in Egypt, and they had been very eager to take up their work again. The Minister finished by wishing them a good voyage and a safe return when their work was finished.

Her Excellency the Countess of Liverpool then presented the badges, assisted

by Miss Bicknell, and also added her good wishes to those of the Minister.

The next speaker was the Hon. G. W. Russell, who also paid a high tribute to the work of the nurses, both at home and abroad, and told them that the whole country followed their careers abroad with the deepest interest. On behalf of the Government, Parliament, and the people of New Zealand, he thanked the nurses for what they were doing. They, too, were making sacrifices just as the men were, and they, too, were taking their lives in their hands.

The Mayor (Mr. Luke) was also asked to speak, and he, too, paid a high compliment to the work that women had done for the soldiers. At this time of the country's history he esteemed it a great honour to be in the Mayoral chair, and whether he had done his work ill or well, he had been splendidly helped by the Mayoress, Mrs. Luke.

Afternoon tea was a very pleasant finish to the speeches, and Miss Craig was assisted by her sister, Mrs. Graham Fox, and other helpers. Among those who were present were: Lady Ward and Mrs. Bernard Wood, the Mayoress (Mrs. Luke), Mrs. Kendall, Mrs. Macdonald, Miss Inglis, Miss Walsh, Miss Polden, Mrs. Fortescue Wright, and several friends of the nurses.

The nursing sisters to leave on the transports are: Sister Fulton (wife of Colonel Fulton, of the Trentham Battalion), who for the past three months has been matron at the Trentham Military Hospital. She will be in charge. Under her will be Sisters Douglass (Dunedin), Cumberworth (Christchurch), Stronach (Stratford), Keith (Wellington), Crispin (Wellington), Scott (Christchurch), Jessop (Christchurch), all of whom have been doing duty at Trentham; Sisters Goldsmith (Hawkes' Bay), Brown (Hokitika), Burnett (Clyde). Sisters Nixon, Moore, Lowe, and Ingles came back in the transport Tahiti. Sister Burnett has been stationed at Tauherinikau.

Later in the afternoon Miss Bicknell was presented with a pretty silver trinket box "from Matron Fulton and the nurses of the 7th Reinforcements."

AN AUCKLAND FAREWELL

On August 26th, an afternoon tea was given by Mrs. Todd Smith at the Nurses' Club, to farewell Miss Campbell, who is leaving the Mental Hospital, where she has acted as Matron for several years. Mrs. Kidd and Miss Foote were unable to be present, also Miss Orr and Miss Jones, who were in Wellington. The guests included Mrs. Moss, Mrs. Inglis, Mrs. Aicken, Mrs. Avery, the Misses Stewart and Bellingham and Miss Garland.

On behalf of the Council, Mrs. Todd Smith presented Miss Campbell with a beaten copper kettle and lamp on stand, as a souvenir of her association with them, and all wished her many pleasant and peaceful years in her new home in Taranaki. Miss Campbell suitably replied.

Dr. Aubin left by the "Makura" on September 20th, en route for Egypt, where he is to take up work in the N.Z. Army Hospital, Pont de Koubbeh, Cairo. During his absence, Dr. Aubin has left Dr. Leslie Thompson in charge of his practice.

The Australian Nurses**Welcomed and Entertained**

The Australian nurses who earned kudos for the manner in which they nursed the wounded soldiers who returned by the Willochra were entertained by the Otago section of the New Zealand Trained Nurses' Association at the Savoy. About fifty nurses and others were present, and Mesdames Milne and W. C. MacGregor, and Misses Holford, Monson, and Thomson were the hostesses. Matron Heath and the eight Australian nurses, dressed in their indoor uniforms with red capes, added brightness to the gathering.

Dr. Brown (president of the association) expressed pleasure in welcoming the Australian nurses to the City. He had already heard from some of the returned soldiers how highly their services had been appreciated; he was not surprised at their being called angels. He referred in glowing terms to the truly noble work being done by Army nurses for King and Empire.

Dr. Colquhoun on behalf of the medical profession, heartily welcomed the nurses. He was conscious of feelings of the deepest respect and gratitude to them for their services of the highest value for King and Empire. They were good women, who had done, and would do still more noble work for the Empire.

Among those present were four of the Dunedin Hospital trained nurses who formed part of the band of New Zealand nurses sent out to the Boer War. These ladies—Miss Williamson, (matron of the party), Mrs. W. C. MacGregor (nee Nurse

Harris), and Nurses Isa Campbell, and Monson—were wearing their South African war medals. Miss Williamson was also wearing her R.R.C. medal, the first awarded to a New Zealand nurse.

Australian Nursing Sisters Return Thanks

TO THE EDITOR OTAGO WITNESS.

Sir,—May I ask for your valued assistance towards helping me on behalf of the Australian Nursing Sisters to return our very warmest thanks for the more than generous kindness we have received at the hands of the citizens of Dunedin since our arrival. Before reaching New Zealand we had been told something as to what reception we should meet with here, but the realisation has far exceeded our anticipations, leaving us at a loss to express how much we have appreciated the good times we have enjoyed. It not being possible to write personal letters, my fellow-nurses ask me to convey through you to one and all who have been so good to us our most grateful thanks. We really feel as if we were parting with very old friends, and we leave with much regret, consoled with the hope that on some future occasion we may be so fortunate as to visit Dunedin again.—I am, etc.,

ANNIE HEATH.

Matron Australian Army Nursing Service,
Australian Imperial Forces,
July 26.

Extracts from Nurses' Letters

Sister Eddy writes from the 21st British Hospital, Ras-el-tin, Alexandria, August 23rd:—

I would have written last week; but we were so very busy that there was no time for letter-writing. We had a big convoy in of wounded men, some of the wounds most shocking, and at the time of their arrival we were very understaffed; but now, thanks to the N.Z. Hospital Ship, we are better off. Five of the N.Z. girls came here, and six Canadian Sisters have come from No. 1 Stationary Hospital for New Zealand, at Port Said, since the N.Z. Sisters went there, so on the whole we are having an easier time. We had over 1,500 patients in at the beginning of last week, since then a good number of them have been sent on to England and Australia to convalesce. We do not keep them here any longer than necessary, just get them over the worst, and then pass them on. This, of course, only applies to surgical cases; the enterics are kept until they have been normal for some time, and are then sent to a convalescent hospital. Our matron is not at all well at present; the nervous strain of last week was too much for her I am afraid; she had scarcely any rest day or night all the week. She is such a dear, sweet woman, and I am pleased to say she admires the N.Z. nurses very much. We have British Reserves, Territorials, Australian, Canadian, and New Zealand nurses.

I am in a large surgical ward of 66 beds, and some big dressings in it, as you can imagine. Some poor fellows are frightfully cut about by the awful explosive bullets. Oh! how one realises the awfulness of war when one sees what the poor men have to suffer.

I think I told you I had been chosen to go with some other Sisters to Port Said, but as I know the M.O.'s and the nursing staff here I have been permitted to stay on while the unit remains here. It is probable we may move on to the Continent later on. I may go on a hospital transport soon on a trip to the Dardanelles.

We met Miss Maclean one day, she is looking so well and is keenly interested in the New Zealand nurses.

There is a certain charm about Alexandria, though I would not like to think I should

have to spend years here. Some parts around are really beautiful. I sleep on the verandah of our bungalow, so get a nice sea breeze over me there. It is now 10 p.m., and we are called at 6 a.m., so I will close.

From Sister S. J. McGann to a friend in Auckland:—

NO. 19 GENERAL HOSPITAL,
ALEXANDRIA, EGYPT,
28/8/15.

At last I have a chance of writing to you, and must make the most of it. I am off duty for an hour. Well, where must I start from, the very beginning? We arrived at Suez, and from there parted company, the South Island girls going on to Port Said, and the North girls to Cairo and Alexandria; all the Aucklanders came on to Alexandria, and the rest to Cairo.

We were met at the station, after nearly the whole day in the train crossing the desert, and the Nile in two places, by the N.Z. nurses, one from each hospital. We were divided up at once, each Sister taking what number she wanted to her own particular hospital.

Nurse Reynolds, of No. 17 General Hospital, took Nurses Austen, Keyte, Hanan, and Warner; Nurses Hawker, Martyn, Condict, and I, went to No. 19. General Hospital; Nurses Longman, Kittlely, Bailey, O'Callaghan to No. 15; and Nurses Morris, Campbell, and Utting, we don't know where, so you see we were separated at once.

We were taken to a Nurses' Home and fixed up, and came on duty the next a.m., at No. 19, where we have been going hard ever since, doing twelve and sometimes more hours duty, and feeling you could stay on all night as well as day, to get things done you want to. Still we must take care of ourselves.

Most of my patients are Englishmen, they are all splendid, make so light of their wounds, and all so young. One is doing a big dressing (I am in the surgical wards) and you look up at the boy's face, perhaps about 18 years, and you know he has little chance of going out with both legs. Its truly awful the number of maimed men that will be set adrift after the war.

We hear very little news of the war; but a great deal of the past battles. All

our patients are from the Dardanelles; but not many Colonials. They have had a hard time and they are very brave men.

We are very comfortably housed in our quarters; we breakfast at 7 a.m.; the ambulance waggon calls at 7.50 a.m., and most of us go in that. Our hospital is about a mile away; we take our luncheon (a queer mixture) and home to dinner at 8 p.m. in the ambulance again. We make quite a sensation in the streets; all turn to look at us.

Most people talk of the "Call of the East," I'd say, 'twas the smell of the East that was most noticeable and most likely to be remembered.

The Egyptian population is very low and dirty; nearly everybody is French in Alexandria, and all the shops are French. There is generally someone able to speak a little English; but we mostly talk with our hands, head, eyes and body—in fact any part of you they seem to understand better than your tongue. The people are most polite, and take pains to show it when we are out; we are all sisters here, the word "nurse" is never used, and even the Arab servant can say, "Good morning Sister"!

Goodbye love and remembrances to all.

September 9th.

You want to know all kinds of things about me I'm sure. Well there is not much in life just now, but work, work and be contented. Yesterday I got an Auckland Weekly, and it delighted my soul. There are some New Zealand boys here, and they just love to see a paper, particularly a picture of Auckland. A nice Maori boy from Gisborne, comes to see me every day and calls me, "Well, my sister," they all seem so glad to see us, and say they are so proud to have their own women among them.

We had news of the other girls from Cairo, and it seems they have not been so fortunate as us, as many of them have been on the sick list. The Sisters are coming to tea, so I must close this as it is quite impossible to write letters.

Sister Clare Jordan writes from No. 11 General Hospital, Boulogne, July 29th:—We are quiet just now, and I have been granted ten days' leave. There is a decided lull on the Western Front, both in fighting

and nursing. But judging from what one sees the next battle will be a terrific one when it does come. One rather dreads the beginning of the ghastly business over again. It does not do to have time to stop and think in this kind of work.

Nurse Ethel Lewis writes, March 17th:—I am with the First Field Hospital in Serbia, there are four surgeons, four dressers, and ten nurses, and of course it is pretty hard work; but one feels only too thankful to be doing even a little to help. The Serbians are perfectly wonderful their pluck and endurance are marvellous. At first there was very little chloroform, and deep incision-probing for bullets, etc., was all done without an anaesthetic, and some had travelled five days after receiving ghastly wounds before getting attended. We sleep in sleeping bags and have no nice nurses' dress; but just khaki shirts and skirts, military boots, and mackintosh aprons. The army feed us, but poor wretches they haven't much, many have been fighting just in shirts, no socks even. The women are splendid, load the rifles in the trenches, and dig the graves, etc. I shall leave Serbia early in July.

Nurse L. Lind, writes from Service d'Evacuations Fluviales, Peniche Hospital No. 1, Secteur Postal 15 Dunkerque, August 24th:—It seems years since I wrote as so many things have happened since then, the most important for us being that we have been shelled out of Bergues, where we were so happy with our little hospital. All our patients were evacuated as between shells from long-range guns in the daytime, and bombs from taubes at night, they were anything but safe. Then after a few weeks of a more or less exciting (but always interesting) life in cellars and so on, we went to Paris Plage, near Boulogne, for two weeks and it was a great change, sea-coast and everything so peaceful. Since then we have been working on the only two French Hospital barges, transporting wounded from the Nieuport vicinity to Bourbourg, which is well supplied with French hospitals. For the moment we are not at all busy; but always expecting a rush, the life is very novel and interesting. Miss Hitchcock and I are on one barge; the Frenchmen with whom we have to work are kindness itself to us. We have a tiny cabin with two bunks,

a big wardrobe, and a folding table on which we dine. It is all very tight and like a doll's house. One of our chief troubles is water; there is none fit to drink, and washing water is yellow and brackish and salt, however these are only minor difficulties. We can carry 52 at a time down the Canal, having 16 stationary beds, and 36 swing ones. We halt some time at Bourbourg where everything is disinfected, mattresses, blankets, and all for the next trip. A great many of our patients have been for a year already in the trenches, and they are remarkably clean considering but there is an appalling lot of "live stock" on them, especially the Arab patients. . . . We have been working in France now nearly a year and are quite habituated to their mode of life, and food, and I for one shall be very sorry to say goodbye to "La Belle France." We have kept in touch with events in New Zealand by reading illustrated New Zealand papers, sent us by the Bank in London, and have seen news and photos of members of our contemporaries in Wellington Hospital, who are in different parts. . . . I hear occasionally from Mrs. Holgate; she was very kind in helping us with funds and linen to stock our typhoid hospital in Bergues.

M.H.S. VALDIVIA.

COWES BAY,

ISLE OF WIGHT,

April 1st, 1915.

Dear—, Thank you very much for the copies of "KAI TIAKI" which I have received quite safely. It is such a pleasure to get them and read about the doings of our fellow-workers. The English sisters enjoy them very much and were surprised that we had such a good magazine.

We had a very good voyage over, reaching Falmouth on December 7th, where a boat-train was waiting to take us to London. It amused me very much to see all the tiny fields hedged around for miles and miles.

I called on the High Commissioner for N.Z., and he arranged for me to call at the War Office.

It was fortunate Miss K. Berry was in England, as the Matron-in-Chief at the War Office wanted a testimonial direct from the training hospital matron and I received this appointment as soon as they received Miss Berry's letter. This ship was a

new French passenger boat running from Marseilles to South America and was taken over by the British Government and converted into an hospital ship with 600 cots, divided into 8 wards and an up-to-date little theatre. The staff comprises Colonel-in-Chief, 6 doctors, matron, 12 sisters and 42 orderlies. The matron is the only regular Army sister, the others being civil nurses, on duty since the war, in military hospitals in England. The orderlies are all members of St. Andrew, in Scotland, and are a fine body of men and very willing to learn their work. Our headquarters are Southampton, and we were anchored opposite Netley Hospital for some time; but now our anchorage is Cowes Bay.

The work comes in spasms, two or three trips running and then a spell for a week. Havre and Boulogne are our ports of call for the wounded. The loading and unloading of the wounded soldiers is very well carried out. The R.A.M.C. and Red Cross stretcher bearers are very well trained and carry out their duties splendidly. On our last trip we took the wounded to Watlin, the worst of them being Irishmen. The poor fellows were so badly wounded and the shrapnel wounds are ghastly things, six died on the way; one from tetanus and five from shrapnel wounds. Two operations were also performed, one by amputation (gaseous gangrene), the other appendectomy with peritonitis. When we arrived in Watlin, Sir Thomas Miles came down to the ship and had them sent to his hospital.

The work is very hard while it lasts; but we are always sure of a rest on our return voyage to France, as we only go 12 knots. The H. S. Astris that was fired at by a German submarine is anchored close beside us and she is a fine ship with 1,000 cots. It is quite a sight at night when all the lights are on the ships. There are green electric lights all around the caff rail (I think it is the caff rail) and bright head lights on each Red Cross, it really looks like a fireworks display as there are seven Hospital Ships anchored at present.

Thousands of soldiers have been embarking at Southampton each day, and they pass silently along in the dark every night, and it is wonderful how they all reach France safely. Portsmouth is only three miles from here, so we see the torpedoes, submarines, and hydroplanes out on trial,

and it is all very interesting. The weather has been bitterly cold, and inland plenty of snow has fallen; but to-day the sun is brilliant, so we are all basking in it. We go ashore in turn, so have a chance of seeing the beauty spots. The primroses are out in flower and the beautiful trees are budding.

S. CARRIE JONES.

N.Z. Hospital Ship No. 1, Aug. 15.

I have enjoyed my trip over on the "Maheno" so much; we have had exceptionally good weather. It has of course been most terribly hot for the last week or so; but we have been fortunate enough to have a breeze all the time in the Red Sea. We all enjoyed Adelaide very much; but Colombo! What a beautiful place it is. Both it and Kandy seem like one large beautiful garden. The flowers and the coloured leaves were just heavenly. I have never seen anything like the hibiscus, both single and double. I am so glad that I have been chosen to remain on the permanent staff of the boat.

BEATRICE C. McLEAN.

Just to let you know how very well I am now. We are busy on the ship, but enjoying it all very much.

LOUIE McNIE.

Colombo, August 15.

Sister Brooke writes to say that three nurses have been added to the staff of the Hospital Ship: Nurse Edmondstone, Wellington Hospital; Nurse B. McLean, Palmerston North; Nurse Cummings, Auckland; Nurse Garrard, Launceston, has taken the place of Nurse McCosh Smith, who has been transferred to the passenger nurses, and who has been very sea-sick and has not felt well since being on the boat. The other Trentham nurses are all well now. Nurse Watt has been in bed since we left Colombo, with appendicitis. She is better now and was up yesterday."

Writing later: "We have stopped at Suez. Thirty-two of the nurses are to go to Cairo by the 7 a.m. train to-morrow, the remainder come up with us to Port Said, to-morrow. The North Island nurses with the exception of Nurse Watt and Nurse Edgerley, who is staying to keep her company, go to Cairo. Sister Willis is going in charge."

AT A BASE HOSPITAL.

NO BEDS FOR 100 MEN.

GIFTS GREATLY APPRECIATED.

"We are right in the thick of things now, wounded and sick coming in faster than we can take them," wrote Nurse C. B. Anderson from the New Zealand Army Hospital, Cairo, on August 13, to her brother, Mr. W. D. Anderson, of Wake and Anderson, Wyndham Street, Auckland. The writer continued: "One hundred and fifty cases came in the day before yesterday, and 91 came in last night. Beds and mattresses are all round the corridors and verandahs. As every few patients go out a fresh batch is put in, and another surgical ward downstairs has had to be used for gastro-enteritis and dysentery cases. The men say it is just like Heaven to be here, and one feels that one cannot do enough for them.

Some that we get are absolute wrecks, but a few days' sleep and baths and feeding, books and papers and the chance of seeing some ordinary fellow mortals and a few women about soon set them right again, and they begin to look as if they had wakened out of a sleep. I go round and see that they are all shaved and tidy, etc., in the morning, and feel quite proud of my flock. When I went this morning I found men sleeping on mattresses on every available patch of the floor, 100 for whom we had no beds. I believe we are to make our accommodation up to 1,000 beds. We feel that we are doing what we came for, and are all putting every available ounce of ourselves into the work. Each sister has a black boy now to do the scrubbing and dirty work, and the orderlies can give all their time to nursing and helping us. When my patients reach chicken diet they get a whole chicken for dinner every day. They are small, but very tender.

"Boxes arrived from New Zealand last week with sheets and pyjamas, towels, and all sorts of necessaries for sick people. I am sure those who sent them will never realise how much they mean to us, for they can never realise in New Zealand how much we are in need of them. . . . We have 650 patients in the hospital, and

are discharging them by fifties and hundreds to make room for new and worse cases. We have them in tents, verandahs and corridors, and the doctors are operating from 6 a.m. till the heat of the day gets too great, then in the afternoon and right on into the evening and night. There seems to be a very great many head and arm

wounds among them. The men who left here just a week ago are coming back now, wounded. They went straight into action when they arrived. It is said that they have done wonderful things at the peninsula, however, and our men get the very greatest praise."

Extract from a N.Z. Doctor's Letter to his Daughter

Hospital Ship, in the Mediterranean,
August 19, 1915

Malta will be in sight in an hour or two; We have had a very hot day, almost stark calm, and the air saturated with moisture. Three hours on end dressing wounds with the horrible sickly odour which belongs to these poor, torn, mangled fellows, is pretty hard work in this temperature; but I think I can stand it as well as the others, and the nurses are grand, they have to do much more than we doctors. . . . A fight is hard to describe and harder still to realize, one can only give one's main impression and take it as a sample. My man who was evidently fairly cool and collected, though all of them, he said, were half mad, found himself a few yards below a ridge on which was some scrub, he had only a few fellows with him, he was shot through the shoulder and knocked over backwards, he saw Turks swarming down through the scrub. Just when one of his men put his hand on a heap of stones, and a mine blew up, a boot with a man's foot in it fell on him, and he said: "I felt sick and thought if I am to have any chance I must get out of this." He could see Turks bayoneting men close by, so he started to roll and scramble down, he got into a little ravine, where he found a young surgeon, surrounded with wounded. My man said to the surgeon, "You must get out of this, the Turks are just on us." The surgeon looked up and saw them coming and said: "If you can walk, get down

to the beach as fast as you can, I must stop with my wounded." He turned white but went on with his dressings, and that is the last I saw of him, whether he was made prisoner or killed I don't know, but I am afraid they were all killed. If ever a man deserved a medal he did, but they were all the same; the surgeons, many of them boys just out from Hospital, were splendid. . . .

Yesterday we had our first taste of bad weather. . . . The boat's powers of rolling are really marvellous. During the morning we decided it was a sheer impossibility to do any dressings, after midday things were little better, but I thought I must have a buck at it, so I left my nurse who was dead sick, undisturbed, and got hold of one orderly who could stand and was not sick and together we went right through my ward; it was a struggle, I can tell you. The swinging cots were writhing and creaking and groaning, the ports being all shut, the heat and smell were awful. Stooping over the men with legs wide apart I dressed and bandaged for 2 hours on end and got through all the worst cases. My head was aching, and hands and legs trembling with the struggle; but I got through with it. The floor was slippery with spilt food and vomit, and the whole scene was a mad orgy; several cots broke from their stanchions, and the scene at meal times beggared description. Our nurses were all sick, but struggled about occasionally and did a little when they could.

BONA FIDE REPORT.

ORDERLY telephones report on sick nurses' condition, to Headquarters.—

"Nurse A.—Temperature normal. Feels much better,

Nurse B.—Had a good night. Temperature normal.

Nurse C.—Did not sleep well. Complains of pain in her—er—(pause)—alderman!"

A Letter from a Lady in England to her Niece in Wellington

You must find the war news very scant and unsatisfactory, we do here in England. We are in the thick of all the preparations, as it is from here that most of the troops are sent off, and wounded are landed. It is rather a long story of how we started work; but I was asked to help the St John's Ambulance Association. There were some 200 members who were formed into eight divisions; but somehow owing to the R.A.M.C. Colonel who had trained them for some eight years having to go to the War Office, there was no one to take the lead. So as I had passed the exams., I was asked to do what I could, and the eight nursing divisions were made over to me to help. Well the next day I found that hundreds, even thousands of soldiers were passing into the town and on the common and the arrangements for rations were most inadequate. So I got the loan of a very shaky little tent, and the very next day the 11th August, 1914, we started to give the soldiers tea, coffee, bread, butter, cheese, etc. The St. John members turned out trumps, and we have kept open all day and all night ever since, seven months. The starting meant real hard work and I have often been at work for 19 or 20 hours on end. The day we opened our two hospitals for Belgian wounded I was at it for 34 hours. I have found my knowledge of French a tremendous help. We have a trained matron in each of our hospitals and a trained nurse to every ten patients; otherwise the V.A.D.'s as they are called (Voluntary Aid Detachments) do all the work, and some of them are turning out splendid nurses. We have had some very severe operations, and it is wonderful what one can stand seeing when one has to. One poor fellow refused to have his left leg cut off until he had seen me, as he wanted the lady who could speak French, so I was there for a good part of the operation, and my mind so full of the poor fellow's faith in me, that only anxiety that all should go well was my feeling; no horror of what I saw whatever and I think the first thing he said was "Ah, madame comme

vous etes bonne." Poor fellow! That was five weeks ago; he is alive, but that is all. We hoped so much, but they had to operate again right up to the hip joint, and he is very ill. His wife and child managed to get over from Holland, and are here. We have another patient who has been with us four and a half months, shot through the spine, and paralysed from waist down. No one knows how he lives, but he has no pain and lies there patiently. The end must come as he has the most unbelievable bed sores; but he has constant care.

We have seen such wonderful recoveries and men whom we never hoped to see recover are back in the fighting line. So few of them can get or have had any news from their homes.

People are helping and giving in the most generous manner. I know that I only have to say I want anything for the soldiers and wounded, and everybody helps. We built the hut we now have on the common out of small donations from people of every class. They give us vegetables, groceries, butter, blankets, etc., in the most liberal way, and men come (old men) straight from their work and help on the common, to stoke fires and keep the boilers going. Most of our members are working women who have their own homes and children to attend to, and yet work hard at the hospitals and on the common.

We have had over 1,000 men at a time in and round our tent being fed. We had 200 Scotchmen this evening and one of them said to me "Do you ladies never get tired?" The men are so nice as a rule and we bandage their sore feet and attend to cuts and kicks, bites from horses, boils, sprains, sore arms from inoculation. If the war does nothing else it will draw the classes together. I don't think there is much fear from Zeppelins and there is no panic in old England. I wish we could all meet; but it is a long, long way to New Zealand, and I don't fancy we shall roam much now.

English and Australian Hospitals in which New Zealand Sick and Wounded are Treated

ALEXANDRIA: No. 15 General Hospital was the first of the new hospitals to be established in Egypt by the Imperial Authorities on the outbreak of hostilities in the Dardanelles. It is in an Egyptian Government School, and the large class rooms, dining rooms, and dormitories, and kitchen make it easily adaptable as a hospital. A great deal has been done in fitting-up operating theatres, X-ray rooms, administering offices, etc., and it is now a very well equipped hospital. There is a separate building which is used for offices, and there are large numbers of tents and marquees to accommodate patients and male staff. Twenty of our nurses were sent here on arrival of the first contingent, and others went from the second. 1,000 to 1,200 patients can be taken and at my last visit there were 90 trained nurses, and a large number of orderlies. A great many New Zealanders are nursed here.

No. 17 General Hospital in a large College at Victoria, Alexandria, is somewhat similar in arrangement; but when I last visited there was accommodation for 1,800 patients, many under canvas. Twenty of our nurses were there when I left Egypt. This is the only hospital in which all the medical staff and orderlies and other male employees and a number of the nursing staff were under canvas. There are, however, two houses also for nursing staff—of whom there were 100.

No. 19 General Hospital. This is a hospital built by Germans, and staffed by German deaconesses and was taken over in June. It was originally about 300 beds and was a partly private hospital. It has been added to by wooden buildings on the flat roof, and one other large school taken over, and now provides for 1,000 patients with possibility of extension. Four of our sisters were sent here from the first contingent, and more have been sent from the last. For a time it was under-staffed. The New Zealand doctors belonging to the R.A.M.C., are on the staff; Miss Bilton is also on the nursing staff. It is a very fine building with marble staircases and halls, two good wards of 16 beds, well-lighted and ventilated, very good theatres with other annexes, X-ray department and fine quarters for officers. Beds are also placed along

the wide corridors. A great lack in this and the Australian Hospital at Cairo, is that there are no balconies. The nurses' quarters are very cramped in this hospital.

No. 21 General Hospital to which 15 sisters of the second contingent were sent and more from the last contingent. This is a very large barracks of the Egyptian Army and is near the old Khedival Palace. It has been transformed into a very fine hospital, and a considerable amount of money must have been spent. A whole top story on the flat has been built lightly of wood and plaster, the greater part of which is for enteric cases. 300 to 400 can be taken. Bathrooms and lavatories have been added. Theatres, X-ray rooms and every necessary appointment has been provided.

There is a separate wing facing the sea which was the Army Officers' quarters and this is used: the ground floor for offices for Red Cross stores, workers, Officer-Commanding, Matron, and other administrative purposes, and the first floor for sick and wounded officers. Their quarters are very comfortable but quite simply and economically furnished.

Many of our New Zealand soldiers are treated here. The nursing staff is mixed, English, Australian, Canadian, and New Zealand.

In these Military Hospitals, the Sisters do not find the orderlies nearly so good as our New Zealand orderlies. All the trained orderlies have gone to the front, and these are not of the same stamp. This makes the nursing more strenuous for the Sisters.

Some of the Sisters at the above hospitals have been since withdrawn for our own hospitals and for transport duty to the Dardanelles and New Zealand.

RAS-EL-TIN HOSPITAL, The old Military hospital I did not see, but I was told by a New Zealand Officer that he was very well cared for there.

CONVALESCENT HOSPITALS.

LADY GODLEY'S HOSPITAL which is on the sea shore not far from the town, is in two comfortable houses with accommodation for 60 men. There is a trained nurse in charge and a Red Cross assistant. It is simply furnished and the work is done

resident of Alexandria, now in England, and maintained by the Red Cross. It is a delightful place, and has been the means of restoring to health many nurses who might have broken down. A good many of our nurses have been there for a week or two, and it is hoped to send all in turn when the hospitals are light. There is accommodation for 30 at a time, some in a house-boat in the bay, which is moored over the scene of Nelson's great victory. There are plenty of native servants, and the meals are excellent. There is another convalescent Home for nurses near Alexandria, but I did not see it.

There is also a convalescent home for soldiers maintained by the Australian Medical Service.

CAIRO. The Citadel Military Hospital established in an ancient palace is the original hospital used for the Army of Occupation. It is a very rambling building and stands very high above the city and is surrounded by the Garrison quarters, mosques, and the Barracks, in which Turkish prisoners are confined. Eight of the first contingent of nurses were here but only one now remains.

THE IMPERIAL INFECTIOUS DISEASES HOSPITAL AT SHOUBRA, near Cairo. Four of the New Zealand nurses who went with the Australian Contingent are on duty here, and Dr. Agnes Bennett is one of the two resident medical officers.

This is a hospital built for the Australian residents of Cairo, chiefly for private patients, and was taken over by the Imperial authority in August. It contains 100 beds, but this number can be increased by using corridors and tents. The staff is to be composed of English, Australian and New Zealand doctors and nurses.

THE HELIOPOLIS PALACE HOSPITAL which is occupied by the No. 1 Australian General Hospital contains 1,000 beds. A great many New Zealanders have been treated in this Hospital which is a very fine building. There are very comfortable private and semi-private wards for officers and sisters. Several of the 12 New Zealand nurses sent by Australia have been on the staff of this Hospital and its auxiliaries. Sister Turnbull is X-ray Sister.

hospital. In one hall, the skating rink, there are 500 beds. It is usually filled by the overflow of less serious cases from the main hospital.

No. 2 AUXILIARY, THE ATELIER, is a huge workshop as its name implies, and contains over 400 beds in one large hall. In some respects it is better than No. 1 Auxiliary and has been made as comfortable as possible under the circumstances. Operations are performed in a screened-off corner.

No. 3 AUXILIARY is established in the Heliopolis Sporting Club Buildings Grounds, and the patients are accommodated in open-air lightly covered-in spaces which were tennis and bowls courts, and to which the necessary lavatories and bathrooms have been added. The beds to the number of 300 and over are placed on the bare ground and are of cane and ratten. The sides are not covered in, and the light roof covering is of matting. As rain is not anticipated, and these places are cool the patients usually do well and like the comparative open after their life in the trenches. Very serious cases are not supposed to be sent here. Besides these great open-air wards there are 9 or 10 long wooden pavilions erected to contain 50 beds and these can easily be added to. There is a mess and recreation pavilion, and cook sheds. All cooking and provisioning in this and the other Australian Hospitals is done by contract with Cairo firms. In the Sporting Club Building a theatre with annexes had been improvised in the kitchen, and administration offices were also here.

There were no New Zealand nurses on the staff of this hospital, but usually several New Zealand patients. This large temporary place was opened early in August to meet the expected large influx of wounded.

THE NO. 2 AUSTRALIAN GENERAL HOSPITAL is established in the Regina Palace Hotel, a very fine building on the banks of the Nile. From 800 to 1,000 patients can be taken here. The large halls make fine wards, and the many smaller rooms opening from one into another along the corridors are also well adapted for hospital purposes. There are plenty of very fine bathrooms and lavatories, well equipped

theatres, etc. There are fine grounds and the patients also have access to the adjoining public gardens. On my visit I found many New Zealanders here and they all appeared very happy and comfortable. From the staff of this hospital our own hospital at Abassieh was nursed for some time. Miss Gould is the Matron.

THE RED CROSS HOSPITAL AT GIZEH. This hospital of 300 beds is established in a large Government School, and has been excellently fitted up and equipped. The building is very well adapted for the purpose of a hospital and appeared to be under excellent management. The Matron, a fully trained nurse of experience, is the wife of a leading medical practitioner in Cairo, who was acting as medical superintendent. At the time of my visit there were on the staff 9 trained nurses and more were expected. The remainder of the staff were voluntary aid workers and probationers who had been working when it was impossible to obtain the services of sufficient trained nurses. All the work other than nursing is performed by Arab servants.

At the time of my visit two New Zealand officers were in the very comfortable officers' quarters. I saw the well-cooked and appetising meal which was being served to both officers and privates. The patients of this Hospital have a free pass to the beautiful grounds of the Zoo which adjoin. At the time of my leaving Egypt another large building had been taken to add to this hospital.

THE ANGLO-AMERICAN HOSPITAL. This hospital at Cairo is mainly a private hospital of about 40 beds and is very comfortable, standing in beautiful grounds. New Zealand officers were sent here, but now our own officers' quarters will probably be sufficient.

THE EGYPTIAN GOVERNMENT HOSPITAL, CAIRO. This is a hospital established in an old barrack building, and intended for the native population. Arrangements had been made to reserve it mainly for the reception of wounded. One New Zealand nurse not of the Defence Forces was working here.

HAZAREA SCHOOLS, CAIRO. This building was recently taken over by the Military authorities as an adjunct to the Citadel Hospital. Two New Zealand nurses, Sisters Nixon and Curties, were sent in charge of large divisions. At the time of my visit

it was in course of transformation and would make a very good hospital of about 800 beds. It was in three blocks of two stories each. Theatres, sterilising rooms, dressing rooms and other necessary offices were being prepared, and there were then about 300 patients in.

Besides these Hospitals I visited a convalescent hospital at Helouan. There were at the time no New Zealand patients but one New Zealander not attached to the forces was nursing there. The large Helouan Hotel was also opened for convalescents and Mena House had been re-opened.

At the time I left Egypt a Canadian Stationary Hospital with 20 sisters, which had just arrived, was in course of establishment in a large building at Abassieh.

The above outline gives some idea of the provision for the sick and wounded in Egypt.

PORT SAID.

THE EGYPTIAN GOVERNMENT HOSPITAL which was mainly for native patients is now reserved almost exclusively for the troops. When I visited the hospital, before our own hospital was opened, there were only a few New Zealanders there, but they may at any time be admitted. It is an old hospital but quite comfortable. The nursing staff is a Religious Order, the Matron and some sisters being trained nurses. When our last contingent arrived six sisters were detailed for duty there, and live in the quarters of our own staff. Besides the hospital there is a camp hospital under canvas for the more convalescent soldiers.

SCHOOLS HOSPITAL. This hospital of 300 beds is mostly under canvas and is under the control of Captain Heron, the Government Health Officer, and of his wife, a trained nurse. There are two other trained nurses on the staff and some voluntary aid workers which just before I left six New Zealand sisters of the 3rd contingent were lent and live at our own staff quarters. The rest of the work is done by native orderlies and servants.

LADY STRANGFORD HOSPITAL. This is for private patients from the British resident population. A few officers are taken. It is a very old building, but is shortly to move into a new building next to the New Zealand hospital on the sea shore.

THE CONVALESCENT HOSPITAL CAMP FOR ENTERIC PATIENTS recently opened at Port Said, I did not see.

Sketch Impression of Egypt as a Military Hospital Centre

All the way thither, war, and the results of war, were in our sight and thoughts. We were on a transport carrying troops to reinforce those fighting in the Dardanelles, and doctors and nurses to help to care for them. We were escorted out of Plymouth by two destroyers, gallant little ships bare of all but guns, and armaments, steaming along on either side. All through the night they were there, guarding us till danger was less imminent and then silently stealing away. In the morning they were gone and we steamed on through that beautiful, smiling sea, on past the great outpost, the gate to the Mediterranean, Gibraltar. There we paused an hour or two and left much needed help, doctors, nurses, orderlies. We could see the hospitals, new and old, on the hill side, where the wounded were waiting for the relief and care we had brought them. On again, and in a few days we reached Malta, and there landed more of our doctors and nurses. Then we went on shore and visited the hospitals, hearing the tales of the wounded, the great lack of nurses on Gallipoli, and in hospitals more keenly than ever we felt the waste of time in our long journey. We knew we should have been at hand long since, and regretted, that even though it was not our own fault, we should have been able to enjoy that fortnight's stay in London. We felt had we gone to Suez direct we should have been in Egypt just at the very most acute time of need. Well again we had to reassure ourselves we did not know—no one in New Zealand knew.

At Malta we saw ship after ship of troops, hospital ships, and transports with wounded, war ships belonging to our Allies, destroyers with their bare decks, and submarines above water, in harbour. A scene of activity, not to be forgotten.

On again we went to Alexandria, our port of destination. Here we lay in harbour 24 hours before landing. Two hospital ships, transports, and many other vessels made the harbour a scene of great interest, but we longed to be on shore. Next day we landed and leaving 24 of our number to reinforce the Alexandria Hospitals, the rest of us proceeded up to Cairo. We saw

but little of Alexandria on that occasion. Through the intense heat we travelled by train and in four hours arrived and here again our party divided, some to our New Zealand Hospital and others to the old Military Hospital, established in the Palace Saladin, in the ancient fortress of the Citadel.

Our own base hospital is of course the most interesting to us. It is really a hospital built for the purpose, so in that our nurses are fortunate, even if Egyptian requirements are not in all ways up to the standard we are accustomed to. It is built in pavilion style, with wide verandahs which have been very extensively used. At first there were only 250 beds; but these are now increased to 300 by the use of the verandahs, and by the addition of large hospital tents or marquees pitched on the bare desert sand of the enclosure, in which the hospital stands. In front there is a garden and shady trees, under which some of the more convalescent patients can sit. There is a separate building in isolation which is always very full. All around this hospital there is the desert and from the flat roof there is a very fine view which at sunset especially (sunrise, say the night sisters) is most beautiful. The distant hills, for there are hills in the desert, are faintly purple, and the sky lovely tones of pink and crimson, while the desert sand takes on its golden surface shades of deeper tones. In one direction also the Mosques and minarets of the Citadel make a beautiful outline against the sky, while in another, where formerly there lay nothing but the desert sand, there is now a great encampment: tents, tents, everywhere. Again to the East rise the beautiful buildings in stone of a creamy white tone, of the new city of Heliopolis. This city lies near the site of the ancient town and was only built about eight years ago. Here are Australian Hospitals for as many as 4,000 patients. Some of our own nurses who went with the Australian Contingent are nursing in these hospitals. We found one hospital staffed by a matron, Miss Michel, a sister in the Queen Alexandra Service, who in default of any New Zealand nurses had managed the hospital since first lent to us by the Egyptian Government.

It was the hospital built for the Egyptian Army. Her staff had been composed of English and Australian sisters and often they had worked long hours for lack of adequate numbers. The medical and surgical staff was partly New Zealand and partly English. Miss Michel and some of the sisters stayed on a few days to put our matron and sisters into the way of the military methods and rules, and by degrees the whole of the staff is now New Zealand, with the exception of one medical officer. Our nursing staff, when I left Egypt, was 35, and the sisters speak in good terms of the orderlies, who take an intelligent interest in their unaccustomed duties and are most helpful.

In and around Cairo there are 12 hospitals besides convalescent ones, and many of these hospitals contain 1,000 beds. Cairo however, though one sees officers and men swarming in the streets, hotels, and restaurants of Heliopolis especially, does not give one the same impression of war as does Alexandria, where besides the busy wharves, when at one time I saw as many as eight hospital ships and almost as many transports with wounded, there are hospitals and camps for men and horses all along the sea front, and on the desert sands near the city, where a number of tents are pitched.

In Alexandria there are six or seven hospitals and several convalescent ones. The largest hospital of all is here, containing 1,800 beds, a great part in tents on the sand. This is the only hospital where some of the nurses, some New Zealanders among them, are under canvas. I am not sure that some of the younger spirits among the nursing staffs were not a wee bit disappointed to find that in most cases they were housed under prosaic roofs and not dependent on their camp equipment! One must not, however, run away with the idea that nurses' homes in Egypt are quite on the comfortable lines of the permanent nurses' homes attached to our modern hospitals. No, there are usually as many nurses sharing a room as can be fitted in. Those who have them use their canvas stretchers which make quite comfortable beds. Canvas chairs are in evidence; but so far I do not think that the canvas baths and buckets have been brought into use. There are nurses sleeping in corridors and

on balconies and in one of our New Zealand nurses' homes the favourite place for the night nurses to sleep is on the flat roof, where a temporary shelter of matting has been erected. In spite of the sunlight filtering through, they say it is cool and quiet.

This is at Port Said, where we have a hospital established in a Mission School, and where nearly all the patients are under canvas. When this hospital was first opened it was intended only to take convalescent cases, and six of our second contingent of nurses, under Miss Cameron, as matron, were considered sufficient with orderlies, to staff it. Then a ship load of sick and wounded to the number of 400 arrived direct from Gallipoli, and for a few days until reinforced by some Canadian nurses, it was night and day work. Now there are 30 of our own nurses there so they are well off—if indeed the hospital has not already moved on nearer the front as was hoped by the staff. There is a lovely view of the sea from this hospital and the staff, also the convalescent patients, bathe here. The sisters have a nice bathing shed and generally run down in the evening for a dip.

At Port Said the great interest is the Canal, which is guarded by French war ships. All along the Canal one sees evidence of the fight there. There are the trenches and dug-outs which can be seen from the Canal itself, and from the rail way line. There are camps in various places, of Indian soldiers mainly. Staying in Port Said one is awakened at day break by the tramp of horses and waggons passing through the main street and looking down from one's balcony one sees long lines of troops bringing their horses up from their morning dip in the sea.

The lighter side of a nurse's life is not absent in Egypt. In ordinary times they have very fair hours off duty. Owing to the climate the matrons have mostly arranged that instead of a short time off each day the sisters on day duty should all be on in the morning from 7 a.m. till luncheon-time (dinner is always at night about 8 p.m.) that half should then remain on till 8 p.m., and half go off for the remainder of the day. This all the sisters like as they can, on the alternate half-day off, rest and go out in the cooler part of the day. At times when a fresh convoy of wounded comes in some

of the staff must return to duty and remain on longer at night, and as a rule the sisters are far too eager to do all they can for the poor men to mind this extra work in the least. When a convoy is in it is all hands to work!

From this arrangement of hours alone it can be seen that of late months the shortage of nurses is not so serious and that they can all have a reasonable time for recreation.

The chief amusements are of course the excursion to the Pyramids and Sphinx, which is usually made soon after arriving, very often the nurses can be taken out in motor ambulances which have intervals between convoys when they can be used in this way and so help to keep the nurses in good form. Dinner at the hotels in Cairo, Shepherd's and the Continental, is another recreation, and as it is in the open-air, is very pleasant, though rather expensive, being 5s. for nursing sisters. Tea or cool drinks, at Groppy's is another amusement. Trips up the Nile are delightful. One was arranged during my stay, for the sisters and doctors of the N.Z. Hospital, and was an excursion not to be forgotten. It was a lovely day—hot, but under the awning quite bearable, and the scenery all along the banks of the river made one

forget heat. The picturesque dahabeyahs with their lantern sails and pointed prows loaded with hay or melons were constantly passing us. We halted for an hour or so at the landing for Memphis, and some of the men got donkeys and rode to see the Colossal statues. A flock of sheep came down for water and Arab shepherds and children came to see us and made a delightful picture with their bright blue, green and yellow garments. The women with all black draperies, but rows and rows of bright coloured iridescent bead necklaces.

The return trip in the fast-fading Eastern sunset was lovely, cameras and one paint-box endeavouring to seize the quickly changing effects.

In another place I mention the rest home for nurses at Aboukir Bay, a truly delightful place. So, as the nurses went away thinking of hard work and probable hardships one can but feel that so far their lines have fallen in pleasant places. Notwithstanding if they can leave their comparative ease and comfort, they are ready, and many have their names down for transport duty to the Dardanelles which involves both risk and hard work. Some of our sisters have already gone on this duty and all I think are eagerly anticipating their turn.

Christmas Presents for Nurses

With Christmas only two months away, the spirit of giving to those who are doing such good service for the Dominion and the Empire is much in evidence. It is not alone those who are in the fighting line that are being remembered. There are nurses and hospital orderlies in Egypt who have done and are doing noble self-sacrificing work, striving through long hours in a torrid climate to make the lot of the wounded at least endurable. In the rush of Christmas-giving the nurses are not being forgotten. A number of ladies have been engaged in the City Council Chambers par-

celling up goods in brown paper—one each for every New Zealand nurse who is employed in Egypt. The articles included in each parcel do not represent much in intrinsic value, but they will demonstrate to the recipients that they are far from being forgotten. Each parcel contains writing-blocks, cards of darning wool, packets of chocolate, and other trifles that are sure to be appreciated. They are not being addressed personally, but are merely inscribed—"To a New Zealand Nurse, Egypt."

(Extract from the "Dominion," Wellington.)

Marvels of Surgery

Soldiers' Lives Saved

The most astounding thing about modern science is the fact that as fast as it invents new and ingenious methods of destruction it provides new and equally ingenious means of restoration. It restores no less quickly than it destroys.

The present war has furnished at once a test and a triumph for the science of healing (writes a "Daily Chronicle" representative). Within a few hours of receiving their wounds on the field of battle the soldiers of to-day are being cared for, and in many cases cured, in the most elaborately equipped of English hospitals. In its physical sense the process of restoration has become hardly less mechanical—and happily hardly less certain—than the process of destruction.

"If you want to see miracles," said the chief medical officer of a large London hospital yesterday, "I can show you some here—miracles of modern surgery." And he was as good as his word.

Hobbling along one of the wide corridors of the hospital came a soldier. Private Robert T——, who had "got it badly," as he expressed it, at the storming of Hill 60. The doctor stopped to tell me about his case. He had been hurried over from France in a dying condition, with the abdomen and intestines terribly shattered by a shell. By all the tenets of surgery he had not half an hour to live. But within twenty minutes of his arrival at the hospital he had been operated upon. A new bladder and other organs were actually made for him, and from that moment his progress was slow but sure. He will be ready for discharge within a week.

Most wonderful of all, however—and my doctor-guide was quick to admit it—were the cases of natural healing. I saw several men—two of them just back from the Dardanelles—whom a bullet had completely traversed and yet left organically unharmed. In one instance the bullet had entered through the neck, missed the main carotid arteries, pierced both lungs, escaped the aorta, and emerged under the arm. With the exception of the trifling flesh wounds, and of the punctured lungs (of which a

little care had naturally to be taken at first), the patient was undamaged. A week or so at the outside saw him well again. The astonishing feature of this case, as the medical officer remarked to me, was the fact that the bullet had, as it seemed, deliberately described a curve round the danger zone. No surgeon in the world, he declared, could have directed a curette along the course taken by this bullet.

(Extract from T.P.'s Weekly.)

"I was in Heliopolis for a fortnight," writes a lady in Egypt, "and took the opportunity to visit Luna Park Hospital, and two other auxiliary hospitals. All of these, together with the Palace Hotel, are used to accommodate both wounded Australians and New Zealanders. The trains conveying the wounded passed direct to the Palace Hotel, where the men are divided, and each is sent to the hospital best suited to deal with his wounds. The town has a very quaint appearance. One sees scarcely anybody but khaki-clad soldiers, unless it be the convalescent wounded, who limp about the town in their pyjamas.

"About halfway between Heliopolis and Cairo lies the Abbassia Hospital, which is devoted solely to the accommodation of wounded New Zealanders. I made a point of visiting this place, being especially interested in the men from my native country. The building is a large square grey stone one, with a balcony running right round it. A garden surrounds the hospital, but outside the gates the sand stretches away into the distance on either side. The building is well suited for the purposes of a hospital, and the long halls have been turned into wards, accommodating perhaps 1,000 men. The place was so filled at the time of my visit that beds had been placed in the corridors. The men are extremely well attended to, and receive many dainties in the way of grapes and other fruit, poultry, etc. In fact, I cannot say too much in praise of the excellent food provided. The nurses are New Zealanders, and have endeared themselves to all the

men by their consistently kind and considerate treatment. The only thing which troubled the men was the heat, which was extremely trying, and the ever-present fly and insect pests. Each of the soldiers is provided with a switch made of split cane, and this is very active especially at meal times."

Dr. Emily Siedeberg, of Dunedin, who a few months ago offered her services to the Home authorities, is now stationed at the Royal Infirmary, Sheffield. She writes as follows to a friend in Wellington: "I am one of the house surgeons. There are two other lady residents (a surgeon and a physician), and three gentlemen besides the superintendent surgeon. There are 100

beds for military and 136 civil, so I am seeing a good deal of military surgery. The wounded are brought from Southampton, and there are a great many fractures brought in from various factories and collieries. When I had been three days here my turn came to attend to the out-patient casualties. I set four fractures—an arm, a collar-bone, a wrist, and an elbow—and also fixed up two broken noses on drunk men, several cut heads with gaping wounds, cut faces, cut legs, stabbed arms, etc. I am beginning to wonder if there are any whole people in Sheffield. All the doctors work amicably together, and the men are very decent about taking the night work. They never ask the lady doctors to take any cases after 12 at night."

Private Effort for Our Soldiers

There are many in New Zealand who will be glad to hear of the departure of eight ladies for Sydney en route for Cairo, where they will form the staff of a Convalescent Home for New Zealand wounded soldiers, situated at Helouan, some distance from Cairo. These ladies are Sister Early (matron-in-charge), Nurses Kate Booth, and Hughes, and Misses Lena M'Laren, M'Donald, M'Donnell, Ruth Cameron, and another (Miss M'Donnell), who joins the party at Cairo. With them left also Sergt. Sleigh, who went through the Boer war in connection with the Red Cross, and will prove of valuable assistance in regard to the work which they will undertake in Egypt. These ladies are all paying their own expenses, passages and all, and they expect to be able to keep themselves for at least a year while attending to the needs of our convalescent soldiers. The home will be splendidly equipped, about £4,000 having been subscribed for that purpose, the syndicate that had matters in hand having been formed by residents of the Wairarapa, Wanganui, and Feilding districts. As a matter of fact, the Convalescent Home, although organised to a large extent by private effort, will be to some degree assisted by the Government, and yesterday the three nurses were sworn in as all the nurses who previously

left New Zealand were sworn in. Mr. Guy Williams, Mr. Hugh Morrison, Mr. M'Donald, of the Wairarapa, and Mr. James M'Intosh, of Wellington, have most materially assisted with the success of the movement, Mr. M'Intosh acting as treasurer. Although equipped for a year, it is likely that should the war continue and the need for the work grow even more absolutely necessary than now that further efforts will be made to increase staff and hospital. The uniform is of fawn gaberdine, with panama hats swathed with grey veils, very servicable and trim looking. Miss M'Donnell and Miss M'Donald will manage the home, while the others will form the nursing staff.

Mr. James M'Intosh was presented with a handsome gold watch as a mark of the appreciation with which his whole-hearted enthusiasm for the movement has been regarded. Miss Duncan made the presentation.

The staff had a very hearty send-off, many friends and relatives of the nurses from Feilding, Wanganui, and the Wairarapa having come to Wellington to see them away, and to wish them God-speed in their splendid voluntary efforts for the men who are giving up so much for their country. The Convalescent Home staff joins the Arabia in Sydney for Egypt.

Menstruation and Its Disorders

A Lecture given by Dr. J. McNaughton Christie at the Nurses' Club, Wellington

I have chosen this subject for two reasons. Firstly, because there are so many "old wives'" tales related about it, and, secondly, because nurses are frequently asked for advice on the subject, and ought to know something definite. The great difficulty is studying the subject experimentally in that it only occurs in women and some of the higher apes.

Menstruation is a complex process whose most obvious sign is a periodic discharge of blood from the uterus. It only occurs during the reproductive period, and its onset and cessation mark the beginning and end of this part of a woman's life.

There are two opposing theories of menstruation; one is that menstruation is dependent upon ovulation and coincident with it. Ovulation is the escape and discharge of the ripe ovum from the ovary. In this view the graafian follicle, by its swelling during its development excites nerve impulses, which, being reflected on the vaso-motor system, give rise to local congestion. This view has, however, been corrected by modern operative work, which has proved that ovulation occurs at times which are quite independent of menstruation. Ripe or ruptured follicles are found at all times of the menstrual cycle. The other theory is that menstruation is governed by the corpus luteum, i.e., the yellow substance which fills up the cavity in the ovary from which a ripe ovum has escaped. It has been proved that destruction of the corpus luteum with the cautery delayed the appearance of the next menstrual period, and in some cases suppressed it altogether. This rather tends to prove that the corpus luteum is the part of the ovary which directly excites the menstrual period, probably through the medium of an internal secretion which is absorbed from it into the blood.

The age of puberty is influenced by climate, race, social position, and mode of life. It used to be believed that it started very early in the tropics and very late in the far north. Such is not the case. Its onset is really as early among the Esquimaux as it is amongst the inhabitants of tropical countries. The negro girl develops at sixteen, just as late as the Laplander or the Samoyed; and Esquimaux women may

become mothers at twelve, just as early as the Hindu women. While high temperatures favour early menstruation and lower temperatures tend to retard it, this is more seen in different parts of the same zone, than in the extreme zones like the tropical and the Arctic. Thus it starts somewhat earlier in the South of Europe than in the North.

Engelmann, who has made a very exhaustive study of the subject in America, states that the age of first menstruation in America is 14.3 for the labouring classes, and 14.2 for the educated classes. He concludes by saying, "Climate has practically no influence; race very little; mentality, surroundings, education, and nerve stimulation stand out prominently as the factors which determine precocity."

An important predisposing factor in fixing the age in any given case, however, is the customary time for the family. Anything below ten or above twenty must be considered abnormal. Cases of precocious menstruation are constantly being reported. Strausmann has collected fifteen cases where it appears during the first year of life. Frequently cases of precocious menstruation are a manifestation of some morbid condition of the uterus and appendages, such as ovarian tumours, myomata, and affections of the endometrium.

THE LENGTH OF THE PERIOD varies considerably in different persons. When once the individual standard has been established it should remain fixed, and any marked or prolonged variation from it is generally associated with a failure of general health, although it does not necessarily imply the presence of a local lesion. It may last from two to eight days, four or five being the average, and anything over a week being usually regarded as abnormal.

THE AMOUNT OF BLOOD LOST is very difficult to estimate. Different authorities give it as varying from two to eight ounces. The amount which is normal for one woman may be excess for another. Most of the blood is lost during the first two days of menstruation, whatever may be the length of the period. For the first few menstrual periods, before the function is well established, the amount often varies

considerably, being excessive one period and scanty at another. As a rule a standard will be fixed in a few months, and this should remain fixed during the remainder of menstrual life. Any increase or diminution from what is normal in any individual is of more importance than the actual quantity lost. Should this deviation last for a short time it ought to be carefully enquired into and the cause found and rectified. It is not infrequent for menstruation to become suspended for twenty-four hours or more, after which the flow returns and pursues its normal course. The interval between the periods averages twenty-eight days; but here again variation is encountered. In many healthy women it may be twenty-one days only; in others it may be five weeks. Twenty-eight days being usual, one is not surprised to find that among uncivilised people the belief is held that the periodicity of menstruation depends upon the phases of the moon.

THE MENOPAUSE is the term used to denote the end of the period of reproductive activity and the cessation of menstruation. It generally ceases between 45 and 50. It may be delayed to 55 and occur earlier—even at 40. There are three modes in which it may come to an end:—(a) It may terminate suddenly and finally without any preceding changes being observed; (b) the period may occur at irregular and increasing intervals with gradual reduction in the amount of bleeding, for some time, until it finally disappears; (c) during the period of irregularity occasional profuse or prolonged losses of blood may occur. The duration of the period of irregularity is variable, and may extend over several years. Accompanying these changes in the menstrual function, certain general disturbances connected chiefly with the nervous system are commonly met with. These are occasionally absent, but to the majority of women the climacteric is a time of more or less prolonged ill-health. The most characteristic and at the same time most troublesome symptom consists in attacks of "flushing." The patient has waves of heat passing over the body, accompanied by visible congestion of the neck and face, and followed in severe cases with profuse sweating. They vary greatly in duration, sometimes only momentarily, in others lasting 10 to 30 minutes. Head-

aches and neuralgia are not uncommon; tingling and numbness in hands and feet or other parts are often complained of. Increased excitability or depression and distaste for mental or bodily exercise are often met with. Many women show a well-marked tendency to obesity at that time.

The artificial menopause which follows removal of both ovaries during the sexually active period of life, closely resembles the natural process, and the attendant symptoms are often unusually severe. Arrest of menstruation by the removal of the uterus, if one or both ovaries are retained, is usually almost entirely free from the attendant symptoms just described; but when both ovaries have also been removed these symptoms, as a rule, are unusually severe. These clinical facts seem to indicate that these symptoms are induced by loss of the internal ovarian secretion rather than by arrest of the monthly hæmorrhage from the uterus.

Sometimes a premature menopause occurs apart altogether from operative interference, and a recent case has been recorded in which menstruation ceased naturally at the age of 23, having begun at the age of eleven. A severe illness or mental shock seems in some cases to have been the exciting cause in others it has been due to lactational atrophy of the uterus; in others no cause can be discovered. It is accompanied by the usual symptoms, but does not lead to premature senility, or to atrophic changes in the genital organs.

We will now consider some of the disorders of menstruation. Amenorrhœa, absence of the menstrual function, is a natural condition of puberty, after the menopause, during pregnancy, and also frequently during lactation. This may be called physiological amenorrhœa. Under all other circumstances amenorrhœa is abnormal, and the causes which produce it are various. Pathological amenorrhœa may be divided into two classes, namely: Primary and Secondary; the former class consists of cases in which the menstrual function has never been established, the latter includes all cases in which it is suppressed under abnormal conditions. Amenorrhœa is said to be COMPLETE when several months, or perhaps years, elapse without the occurrence of a menstrual period; it is INCOMPLETE when the intervals are prolonged, it may

be to 8 or 10 weeks, and the amount of the bleeding is scanty. Amenorrhoea may be brought about by a variety of different conditions, which can be classified most conveniently as causes of primary and secondary amenorrhoea respectively.

Causes of Primary amenorrhoea are:—

1. Anaemia and other general disorders, e.g., advanced tuberculosis.
2. Delayed puberty.
3. Developmental faults: (a) Of the uterus—Rudimentary uterus—Infantile uterus.
- (b) Of the cervix and vagina—Atresia, imperforate hymen.
- (c) Of the ovaries—Imperfect formation or complete absence of the ovaries.

Causes of secondary amenorrhoea:—

1. General debility from: (a) Acute illness.
- (b) During convalescence from illness, or surgical operation.
- (c) In the late stages of chronic disease, e.g., diabetes, chronic nephritis, tuberculosis, malaria, cancer.
2. Severe forms of anaemia.
3. Certain forms of chronic poisoning, e.g., alcohol, lead, morphine, other varieties of the drug habit.
4. Disorders of the nervous system, e.g., nervous shock, overwork, hysteria, certain forms of insanity.
5. General conditions such as change of climate, imprisonment.
6. Obesity.
7. Local pelvic conditions:—
- (a) Obliteration of the uterine cavity from sloughing.
- (b) Atrophy of the uterus, e.g., lactational atrophy.
- (c) Acquired stenosis of the cervix or vagina.
- (d) Bilateral ovarian tumours, especially when solid or malignant.
- (e) Surgical removal of the uterus, or of both ovaries.

Dysmenorrhoea, or painful menstruation, is very hard to define. The great majority of women experience pain, more or less severe, when they menstruate. Pain is in all cases an imponderable symptom, and some women tolerate pain better than others; it is therefore impossible to define the boundary between what is normal and what constitutes a departure from the normal.

Cases are fairly frequent in which menstruation is accompanied by pain so intense as to interfere with the occupation or pursuits of the patient, or even to compel her to stay in bed. Such as these must be accepted as cases of dysmenorrhoea. Two varieties occur, one being due mostly to the general pelvic congestion and the other to the contractions of the uterine muscle which dilate the cervix and expel the menstrual fluid. We may have both factors acting in the one case. These are named Congestive and Spasmodic Dysmenorrhoea respectively. Other varieties have been described. Thus certain writers classify dysmenorrhoea as uterine and ovarian. There is no such thing as ovarian dysmenorrhoea, as we have seen that menstruation and ovulation do not coincide. Many writers have described an obstructive form of dysmenorrhoea, said to be due to a flexion of the uterus, or a small external os (pinhole os). No flexion, however acute, can obstruct the uterine canal, as the walls are so thick. Further, narrowness of the os externum or os internum will not prevent the passage of menstrual blood through it in more or less rapid drops; also a certain amount of dilatation of the cervix always occurs during menstruation and this facilitates the flow. Another variety of dysmenorrhoea frequently described is Membranous Dysmenorrhoea. This condition is characterized by the discharge during menstruation of pieces of membrane, usually in strips, more rarely as a complete cast of the uterine cavity. This is not a disturbance of the menstrual process but a disease of the endometrium or lining membrane of the uterus.

Spasmodic dysmenorrhoea usually occurs in young women, and the greater number of cases are cured by child-bearing. It may begin with the first onset of menstruation; but often it does not appear until some years later. Women who suffer from this disease may be otherwise in good health. More frequently they are either overworked or of a pronounced neurotic temperament. It has, however, no definite association with disease in any other part of the body. The pain begins either some hours before or at about the same time as the haemorrhage. It is in the hypogastric abdominal zone that the pain is chiefly felt, and often it radiates into the back and down the thighs.

The pain may be most intense and agonising, and after some hours may lead to fainting and collapse. It is often attended by severe headache and vomiting. It is usually spasmodic in character; but sometimes it continues without any remission for several hours. While the severity of the pain is great the hæmorrhage is scanty; when the pain eases down the flow becomes freer. Women of gouty tendencies are said to be more liable than others to this disease. Clinical experience has shown that it is usually associated with a low degree of fertility, or with sterility.

Congestive Dysmenorrhœa generally speaking is a symptom of some other morbid condition and not a disease of itself, like Spasmodic Dysmenorrhœa. It is met with in cases of chronic pelvic inflammation affecting the tubes and ovaries, and the pelvic peritoneum and cellular tissue; in cases of interstitial and submucous fibroid tumours; in some cases of backward displacement of the uterus, especially when complicated by adhesions or by subinvolutions. All these conditions lead to chronic local congestion, so that when the premenstrual congestion occurs the already congested pelvic vessels become overdistended and cause pain. After the menstrual flow has been in progress for some time, varying with its amount, relief occurs by depletion of the congested vessels, and diminution in tension. In congestive dysmenorrhœa the pain is never of that acute or agonising character often met with in the spasmodic form. It is continuous and open, relieved by rest in bed, the horizontal position helping the pelvic circulation. This form seldom, if ever, begins with the first onset of menstruation. Often one gets a history of some preceding pelvic trouble, with which the onset of the dysmenorrhœa is connected. The amount of the bleeding is as a rule profuse, scanty bleeding is very rarely met with. Often the period is prolonged. The pain is usually referred to the back, thighs, and both iliac regions. Headache and vomiting are usually absent.

Menorrhagia is the name given to an excessive loss of blood at the menstrual periods, Metrorrhagia to an excessive loss at irregular intervals. They are not really diseases *per se*, but only symptoms of some of the following, and may be classed under Local, Constitutional, and Vascular.

LOCAL CAUSES, due to condition present within the pelvis are:—Abortion, polypi, submucous myomata, malignant disease, retro-displacements of the uterus, subinvolution of the uterus, inversion of uterus, endometritis acute and chronic, tuberculosis of the endometrium, cystic disease of the ovaries, inflammation of the tubes and ovaries, ectopic gestation, scleroma or atheroma of the uterine blood-vessels, calcification of the uterine blood-vessels.

CONSTITUTIONAL CAUSES are: Anaemia, especially pernicious anaemia, rheumatic diathesis, scurvy, phthisis, infectious diseases.

VASCULAR CAUSES: Cardiac disease with a vascular stasis, especially mitral regurgitation, hepatic diseases with a portal stasis, as in cirrhosis.

I might say a word or two about the hygiene of menstruation. The periods of menstrual flow in the healthy girl require no marked deviation from her normal hygienic habits. Great cleanliness of person and of clothing should be enjoined, in opposition to a prevalent idea that bathing and changing underclothing must be avoided. The daily bath must not be intermitted; a cold sponge bath may be substituted for a cold plunge; but there is no necessity for changing the habit of daily bathing. Girls should not be taught to use a vaginal douche after each menstrual period. Diet such as is suitable at any time should be taken. There is no evidence that, in the normal girl, the function is affected by using any particular article of diet. Excessive exercise should be avoided. Many women take the same amount of exercise as usual. Unless there is marked dysmenorrhœa it is not necessary to rest.

There is only one word more I would like to say, and it is with regard to hæmorrhage after the menopause. If, after the menopause, a woman has any hæmorrhage she ought to seek medical advice at once. Thousands of women lose their lives by neglecting this. A careful systematic examination ought to be made, as this is one of the earliest and often the only symptom of malignant disease of the uterus. She should not wait until she gets pain or an offensive discharge. Often that is too late. Here you, as nurses, can be of great service to the community, and may be the means of saving many lives and much suffering.

Soldiers' Hospital in Auckland

EXTRACT FROM THE NEW ZEALAND HERALD, OCTOBER 28TH, 1915.

In about a week's time, between forty and fifty invalided soldiers will be receiving hospital treatment in a specially-prepared corner of the large building in the Domain, which, nearly two years ago, housed the Government section of the Auckland Exhibition. For about five weeks workmen have been engaged in making alterations to the building, and carrying out such improvements as the installation of hot and cold water and steam service, and of electric light.

A fairly large section of the corner of the very extensive hall nearest the Domain drive has been divided off by walls of white asbestos 8ft. high. Two large, airy wards, each containing 30 beds, have been provided, and adjoining them are smaller wards for special cases, and all the necessary offices, such as bathrooms and lavatories, sterilising rooms, and washing rooms, linen cupboards, and clerk's room. The floors are covered with tan linoleum over tarred felt, and the prevailing colour of the walls and furniture is white.

On the opposite side of the hall accommodation is provided for 12 nurses and two sisters in a series of bright, well-furnished bedrooms looking out over the Exhibition gardens.

Although it is a long way from the front gates of the hospital to the new annexe, the latter building is really only just across the Domain Drive from the main hospital buildings, and advantage has been taken of this to construct a path, only a few yards long, from the back of the hospital across the drive to the front door of the hall. All food required in the new institution will be brought along this path from the main hospital kitchen, and received and arranged in a specially prepared room in the annexe. Pipes carrying steam and hot water have been laid under the drive from the kitchen at the main hospital.

The Hospital Board has provided all possible conveniences for the comfort of the sick soldiers. Two rooms, carrying a large number of lockers, have been set

aside as "kit rooms." Each soldier will have a locker in which to keep his kit. The ventilation appears good. The building is buried among trees, in a pleasant situation, but it is of corrugated iron, and if it becomes uncomfortably hot in summer electric fans may be installed. This annexe is for "bad cases," but if it is found necessary a further portion of the hall may be partitioned off as a dining-room.

There are about 15 soldiers now receiving treatment in the hospital. A few more, from the Tofua, will arrive to-morrow, and about 25 from the Willochra are due from Port Chalmers next week. All these men will be accommodated in the new annexe. Convalescent soldiers, of course, will go on to the convalescent home.

The Hospital Board is spending something over £2,000 in providing this special accommodation for soldiers, and the maintenance of the institution and the staff of two sisters and 12 nurses represents an expense additional to that of the general hospital. The accommodation and staff at the soldiers' annexe will be increased if required.

The external appearance of the building has not been greatly altered. A patch of rough and unsightly ground in front has been noticed by the city gardener, Mr. Pearson, and he has suggested an arrangement with the Hospital Board which, if given effect to, will make the area a little more pleasant to look upon.

This is an excellent description of the military wards which are just being opened as an annexe to the Auckland Hospital.

It will simplify the administration for soldier patients greatly to have them all together in separate wards instead of scattered about the general hospital wards.

The old Exhibition building has proved wonderfully adaptable, and could if necessary, accommodate nearly three hundred patients. When we looked through it a few days ago, it was beginning to take the comfortable ward work look about it, and the sister to have charge of the first ward to be opened (thirty beds)—Sister

Minall—was seeing to all her finishing touches, and making sure that she had the right number of shelves and cupboards, which necessity no "mere man" be he architect or builder, ever does adequately

provide for. Where they expect us to put things is a perpetual mystery. At any rate not one desirable shelf or cupboard is missing in this cheerful, bright abode for our returned incapacitated heroes.

Cerebro-Spinal Meningitis

Lecture by Captain Garfield Crawford to the Nursing Staff, New Zealand Military Base Hospital, Trentham, 17th August, 1915

In his opening remarks the lecturer stated that the subject of Cerebro-Spinal-Meningitis was indeed a very important one, and that it was impossible for him to deal with it fully during the short time at his disposal. He would, however, endeavour to put before his audience the most interesting aspects of the disease.

DEFINITION: Cerebro-Spinal-Meningitis is a disease caused by a certain organism or germ called *Diplococcus Intracellularis Meningitidis*, which disease is characterized by inflammation of the membranes of the brain and spine.

CAUSATION: *Diplococcus Intracellularis Meningitidis*. This is the germ which causes the disease. It is "D" shaped, occurs in pairs and found most commonly within the cells which form part of the cerebro-spinal fluid. These germs are found in the cerebro-spinal fluid, in the throat, back of the nose, stomach and intestines, tissues of the brain and in the blood.

PREDISPOSING CAUSES: (1) **CLIMATE:**—The disease occurs chiefly in the winter months.

(2) **OVERCROWDING:**—In France thirty-nine epidemics out of fifty occurred in barracks.

(3) **YOUTH:**—Seventy-five per cent. of cases occur in people under twenty years of age, though, of course, in the Service, the age average is necessarily higher.

(4) **EXERTION AND FATIGUE:**—Many cases occur after patient has been subjected to severe exertion or fatigue.

(5) **INJURY TO THE HEAD:**—In many cases some recent injury to the head has been sustained.

MEANS OF INFECTION: Cerebro-Spinal-Meningitis is seldom spread by direct infection, but nearly always by means of "carriers," i.e., by a third person, who,

strange to say, does not, as a rule, become affected by the disease, but is the means of carrying it to someone else. As an example of this the lecturer quoted an instance where five men were working in a dock-yard on a certain ship, from the hold of which pure cultures of the germ were obtained. Not one of these men became affected with Cerebro-Spinal-Meningitis, but they all "carried" it from the hold of the ship to their children, seventy-five per cent. of whom died.

HOW THE GERMS GET INTO THE BLOOD: (1) The germs get into the blood either from the back of the throat, or from the intestines.

(2) From excoriation of the skin, by scratch, or mosquito bites, etc. Having got into the blood the system generally shows signs of infection, but more particularly the membranes of the spinal cord and brain.

PERIOD OF INCUBATION: Period indefinite—usually from two to ten days. Sometimes the period is of shorter duration, and, again, cases have been recorded where there has been an interval of from three to four weeks, or even longer, before the patient has shewn symptoms of the disease.

SYMPTOMS: (1) **Invasion:** Suddenness of attack; often preceded by a headache, feverishness, feeling of nausea and vomiting. Tenderness and stiffness in back of neck. Epistaxis. Patient often becomes unconscious.

(2) **Acute Stage:** The acute stage of the disease may last only for a few hours, or for two or three weeks. The longer the patient remains in this condition, the worse the prognosis. The patient becomes flushed, usually lies on his side, coiled up in bed with bedclothes drawn over him, and resents being moved. Eyes usually closed, intol-

erant to light, with pink, steamy conjunctivae. He frequently moans and calls out. Mania and delirium are often present. Headache is intense, usually at back of head, but sometimes confined to frontal region. Infection, in latter case, has then spread up through nose. Rash appears on third or fourth day, and varies in character. Commonest type of rash occurring at Trentham is the purpuric or port wine (spotted) rash. Scattered over various parts of body, usually commencing on upper arms, and spreading to lower limbs and body; size varying from typhoid spot to an area the size of a hazel nut; in most serious cases rash more extensive and, in fatal cases, has been the size of a large orange or even larger. Herpes is present in thirty per cent. of cases, usually on upper lip, and, in some cases, it was present on left ear. Broncho-pneumonia often sets in. Kernig's sign nearly always present. Incontinence of urine and faeces common. Termination by death may be very rapid, sometimes in two, three or four days. These are the chief symptoms in the acute stage. The end of the acute stage is either death or chronic stage.

CHRONIC STAGE: May last from three to four months, or longer. Emaciation (though greedy for food, loss of flesh is appalling). This is due to the upsetting of the nervous digestive centre. Temperature irregular—for three or four days more or less normal, then suddenly may rise to 102 or more. Mental condition varies, sometimes the disease leaves mental weakness. Vomiting very troublesome at times, and is not a good symptom when it comes to prognosis. Contraction of muscles of the face, *risus sardonicus* is often present. Convalescence usually very slow, with common tendency to relapse. Kernig's sign the last to go.

WHOLE DURATION OF DISEASE IN NON-FATAL CASES: This varies according to the severity of cases from three weeks to three or four months, or even longer.

COMPLICATIONS: (1) Broncho-pneumonia, often fatal (as in case "G").

(2) Deafness: due to inflammation or affection of the auditory nerve (as in case "W").

(3) Eye: Ulceration, with possible loss of sight (as in case "P").

(4) Trophic sores: usually on lower

limbs or back (as in cases "P" or "W").

(5) Inflammation of joints which may result in formation of pus (as in case "D").

(6) Relapse: already referred to, (as in cases "R" and "M").

(7) Paralysis—of different muscles, e.g., of face, arms, legs (as in cases "D" and "M").

MORTALITY OF DISEASE: This varies according to virulence of attack. Fifty per cent., since treatment by serum and vaccine has come into vogue, is not a high estimate.

PROGNOSIS OR OUTLOOK: Is worse the more abrupt or severe the onset. Persistent vomiting in the chronic stage is a bad sign, as are also continued drowsiness and relapses.

TREATMENT OF CASES: (1) History: The lecturer dealt with one or two special points. It is highly important that all information regarding the patient be obtained as soon as possible—the history of case, from patient himself (if able to give it) or from relatives, or those who brought him in; his next of kin and their address, the exact hut or tent from which he came, also his regiment.

(2) Isolation: Nurse-in-charge to insist on observation of rules for isolation. Practically the same as are enforced at Trentham—the wearing of mask, overalls, noiseless slippers; use of nasal douche and gargling of throat by nurses and orderlies, and also the taking of formamint tabloids.

(3) General: Mouth, teeth, nose, throat and eyes must be thoroughly cleansed at regular intervals throughout the day. The tongue must be kept thoroughly clean. Skin bathed and washed twice daily, special care being taken with regard to the back to guard against bed sores. Care with regard to urine and motions. Sanitary precautions must be strictly enforced with regard to all excreta. The lecturer particularly referred to care in direct application of hot water bottles, as the skin is very sensitive and can easily be injured.

(4) Serum and Vaccine Treatment: (a) The Serum used is obtained from an originally healthy animal, usually a horse, which has been gradually poisoned with the meningitis poison and then bled. The serum is collected from the blood, and put up in sterilised bottles. This serum is then

infected, after lumbar puncture, directly into the spinal canal, and its action depends on the fact that it endeavours to break up the germs of meningitis and thereby destroy or kill them.

(b) Vaccine is obtained from the patient himself. The meningitis germ having been isolated from the patient's nose or throat, or from his cerebro-spinal fluid, is grown upon a suitable medium and emulsified into vaccine; these vaccines are then, in certain doses, injected subcutaneously into the patient, and their action depends upon the fact that they help to strengthen the patient's blood in its fight with the meningitis poison.

(5) Lumbar Puncture: Lumbar puncture is, in almost all cases, essential, and always

when the pressure signs are present. (The lecturer here showed three bottles containing fluid, taken by means of recent lumbar puncture of three separate cases. He explained the method used, and showed needles employed. The needles are inserted between 4th and 5th lumbar vertebrae. After the fluid is taken away the serum is injected. Before this injection is performed the spinal canal is often washed out with saline. In no case must more serum be injected than the amount of cerebro-spinal fluid withdrawn.

(6) Electricity and Massage: It is advisable to tone up the muscles of the patient by means of massage and electricity. If paralysis is threatening, the treatment is very helpful.

The Nurses' Protection and Savings Bank Fund

Endorsement re Risk for Nurses intending to go to Base Hospital

It is hereby stipulated and agreed that the Member shall not proceed to any Field Hospital or near the Firing Line during the progress of the War in which the British Empire is involved without first having paid to The Colonial Mutual Life Assurance Society Limited in advance an extra premium of Five pounds per centum per annum. Failure to comply with this condition will render this Policy void and of no effect. This extra premium shall be payable only for the period dating from the departure of the Member from a Base Hospital or otherwise entering the arena of warfare for the purpose of proceeding to a Field Hospital or near the Firing Line, and shall cease on return to a Base Hospital, or on the termination of war-like operations whichever shall first occur. The extra premium for War Risk if the War continues for over a year shall be payable on the anniversaries of the date upon which the first payment of such extra premium became due under the above conditions, and it is further agreed that subject to survivance and proof satisfactory to the Directors a refund will be made of any due

proportion of such extra premium paid as circumstances may require. It is further stipulated that should the Member engage in Active Army Service without paying an extra premium evidence satisfactory to the Directors must be produced after the cessation of such engagement to show that no extra premium shall have become exigible under the above conditions. Anything contained in the within Policy to the contrary notwithstanding. In order to make it clear to you from what date the War extra premium will become due, we will quote a specific instance for illustration. Supposing a nurse proceeds, in the first place, to a Base Hospital in Egypt; there will be no extra premium payable while working under conditions similar to those existing at the present time; but should she be ordered to proceed to the Aegean or Gallipoli, the date of embarkation at Alexandria would be deemed the commencement of the extra risk, seeing that the vessel upon which she was travelling would be subject to submarine risk or shell fire from aeroplanes, etc.—STRINGER AND BRIDGE, Trustees.

Midwifery in India

Extract from letter written by one of our Missionary Nurses in an outlying district.

"We have not had a great many confinement cases this year; but those we did have were interesting, for we are not generally called till the native midwives have done all they can. In one case of a hand and shoulder presentation the infant's arm was twisted right off in their attempts at delivery, and in two other similar cases the poor arms were frightfully swollen and bruised. In the latter case they said the patient had been six and eight hours in labour. As soon as we arrived we knew that to be untrue, and later they admitted that one woman had been in labour three days, the other two days. In both cases the doctor had to decapitate, and the mothers made a good recovery.

"Can you picture the smallest, darkest room in the house—no light—no air; but a charcoal fire burning under the bed, the fumes of which make one's eyes smart and throat tingle. On the rope bed lies the patient, with the oldest, dirtiest rags in the house for bedding. Along one end of the room are piles of earthen water-pots stacked in columns to the roof and covered with dust and cobwebs. Our basins have to be placed on the uneven mud floor and are in constant danger of being tipped over. We have brought with us a small portable steriliser, washhand basins, and soap; but being a bright, moonlight night, did not think of a lantern, and the only light avail-

able is that shed from a wick floating in a saucerful of oil. This is placed in a niche in the wall, but, later on, we put it beside the bed on top of a reversed water-pot, but, alas! the doctor suddenly takes a step to one side, and over it goes. We are left in darkness till some more oil is brought. It is a very difficult case, and the perspiration streams down our faces. Every time the doctor moves I think these piles of water-pots are going to fall with a crash on top of us. Two women relatives squat on the bed at the patient's head, and when one of them sees instruments being introduced, she rushes yelling from the room and tells some awful tale to all those sitting outside. For a few minutes it sounds as if there is going to be a riot; but we continue working and perspiring. Then a man comes into the room and orders us out; but the doctor calmly states he is determined to save the woman's life if at all possible (the child being dead on our arrival), and asks the man to kindly withdraw and give us room to work. He goes out and there is more talking, but we are not disturbed again.

When we finally picked our way out among the cattle in the outer room and reach the courtyard we find quite a different state of things. On being assured that with care the woman will live, they cling to our feet and their flattery is enough to puff us out like balloons."

In the Future

SCENE: A school in the year 1950.

TEACHER: (to new boy): "John, have you got your certificate of vaccination against small pox?"

"Yes, sir."

"Have you been inoculated for croup?"

"Yes, sir."

"Have you had an injection of cholera bacillus?"

"Yes, sir."

"Have you a written guarantee that you are proof against whooping-cough, measles, and scarlet fever?"

"Yes, sir."

"Are you provided with your own drinking cup?"

"Yes, sir."

"Will you make a solemn promise never to exchange sponges with the other boys, and never to use any other pencil but your own?"

"Yes, sir."

"Do you agree to have your books fumigated with sulphur, and your clothes sprinkled with chloride of lime once a week?"

"Yes, sir."

"I see that you fulfil all the requirements of modern hygienics. Now you can climb over that wire, place yourself on an isolated aluminium seat, and commence your arithmetic."

G.F.J.

(With apologies to the "Optimist,"
16/10/15.)

Field Hospital and Flying Column

BY MISS VIOLETTA THURSTON.

(Member of Matrons' Council, and National Council of Nurses of Great Britain and Ireland.)

This tale of "High Adventure" is told in simple language—the only language in which it could possibly be clothed—and in a pleasant conversational style.

Unlike many stories, it begins at the *beginning*, and not in the *middle*. The obvious reason is that it is a record of daily events—a journal. Not a hum-drum diary, which always faithfully records the weather. The events that this journal records and which follow each other, in such rapid succession, reminding us of the rapidly changing colours of a kaleidoscope, are too stirring and too important to admit of such commonplaces as the mention of the weather. It is written in a way that makes a short story arresting, namely, nothing of interest is excluded, while verbosity is carefully avoided. It will repay anyone the time spent in reading it, but all nurses will read it with very special interest, particularly those who have done similar work at the front. The book is in some measure, an elaboration of some letters of the writer, which all diligent readers of *The British Journal of Nursing* will have read in its columns from time to time. With regard to the work of Nurses, the writer's opportunities and experiences have been almost unique and as she has both seen and heard and taken part in all she describes, we can depend upon the truth of it, which is what we cannot always get from newspapers, however "Official" the report may be.

The one proclamation that is reproduced in these pages, issued by the Germans in Brussels is sufficient to show how pitiless and cruel they have been. People are to be punished whether they are guilty or not of offences committed! and Von der Goltz, the Governor, who issued this proclamation, was recalled on account of his LENIENCY!! Miss Thurston has been in the fortunate position of having missed many things that might have been very unpleasant. Had the effect of the inoculation been a little worse, she MIGHT have been left in Brussels, a prisoner in the

hands of the Germans; inactive, disappointed; and her interesting story would not have been told. She MIGHT have been caught with contraband of war, and been interned in Cologne. We have read or heard of an Englishman being shot who was found in possession of a camera! She MIGHT have been killed by the bomb thrown from the Taube. Her illness MIGHT have had a much more serious result. These might-have-beens were not chance occurrences, of course. We can fully enter into the feelings of the writer when she entered Cologne a prisoner and was treated with indignity and incivility, where only 2½ years previously the Germans had gone out of their way to shower kindnesses upon Englishwomen. The contrast must have been sharp and painful. The whole adventure in fact is a study in contrasts. The most striking having been the journey through the enemy's country, with the accompanying discomforts and incivilities, and the arrival in Copenhagen as free women, recipients of the most generous hospitality, and kindness. "A peaceful interlude" indeed! We dwell for a moment, as we read and reflect, upon the mutual advantage, the joy, the beauty, of the spirit of internationalism, in other words, brotherly love. The Danish Nurses welcomed the English Nurses as confederates of the same profession—the highest of all professions for women. We can well believe that the welcome was one of special warmth, because our compatriots had been engaged in relieving the greatest of all suffering, the sufferings of the battle field. The journey into Russia, and the work done in the hospitals when attached to the Flying Column is all charmingly told. The whole story is a revelation of splendid courage, heroism and unselfish devotion to duty on the part of all those doing any kind of duty in warfare. What the men and women of the Flying Column endured and achieved would appear under ordinary circumstances, physical and moral impossibilities, and yet the things were done.

The story is also a forceful commentary on a system of military nursing entirely inadequate and insufficient in time of war, making ample allowance for the unprecedented nature of the war. We feel grateful to the young German Officer in Hamburg who showed such marked courtesy and kindness to our compatriots; acknowledging generously at the time, that it was a return for much kindness received in England. It will keep us from becoming

bitter and indulging in generalities wholly to the disadvantage of the Germans. Yes, the history of the great war must be studied from many aspects and we are glad that this little story of the work of nurses should enter into it, as a not insignificant stone of the great mosaic.—B.K.

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The Backblocks Nurse

Devotion to Duty

An idea of the trials nurses working in the backblocks have to undergo may be gained from a letter written by Nurse Silvester, a midwifery nurse, engaged in the Kawhia district, under the Waikato Hospital Board, to her parents in Hamilton, and published in an Auckland exchange.

"I have been busy lately," she writes, "and have had no time for anything but work. Last Sunday I was called out to a confinement case at Oparau. I journeyed out by launch, and on arrival at the house found that the boy, one of twins, required medical attention. I got into communication with Dr. Hall, of Te Awamutu, over 30 miles away. He ordered the infant to be conveyed to Te Awamutu. With a neighbour, I started off in a sulky, at 2 p.m., in teeming rain, which continued throughout the greater part of the journey. We arrived at Te Rau-a-Moa four hours later, where we had tea, and resumed our journey with fresh horses, arriving at Pirongia about 10.30. Here I had to change vehicles again, and leaving the neighbour behind, continued my journey to Te Awamutu, arriving at the doctor's residence a few minutes before midnight. The doctor immediately commenced an operation on the child, at which I assisted. I looked after the baby during the night, and at 4.30 a.m., breakfast was

prepared, and, catching the coach, the baby and I set off back. I was dreadfully sick in the coach until we reached Te Rau-a-Moa. Here we transferred to the sulky, and wasn't I glad? After a dreadful journey over terrible roads, we got back to Kawhia again late in the day. I had scarcely been in the house ten minutes when along came a man with a request that I should go out and see his wife, who had been ill all day. So I changed my clothes, and off again, and brought another little soldier into the world at 2.30 next morning. Goodness, wasn't I glad when night came, and, knowing the mother was safe, I got some sleep. I rode through from Marakopa on Tuesday, and the roads—well, it is impossible for one not having traversed them to imagine what they are like. They told me before I started that I would never get through, but I did. When the husband was coming home the other night with his pack-horses two of them went through the fascines. They had an awful job with them, and at last had to abandon one of them. That is the road I have to travel over. Don't you envy me? When I arrived here I was like a block of mud."

We doubt if any story from the trenches can surpass this for stoicism and devotion to duty.

Obituary

By MISS A. WINTER, Matron Mena House Private Hospital, Auckland.



**Major T. C. Savage, M.B., B.S., London,
F.R.C.S., England.**

It is with great sorrow and deep regret that we have to record the death, while on Active Service in Egypt, of Major T. Copeland Savage, N.Z.M.C., at the early age of 41 years. The late Mr. Savage—as we all best knew him—for health reasons came to New Zealand in 1902, after a most brilliant student's career in England. From the time of his arrival in the Dominion, he practised in Auckland, confining himself to consulting and operative work, and it was not long before he proved himself one of the most brilliant surgeons in the Dominion. In 1905 he was appointed an Honorary Surgeon to the Auckland Hospital, and he held that position until 1913, when he became Consulting Surgeon to that Institution. While acting in those capacities, he gave lectures to the Nurses of the Hospital, and at times acted as Examiner in their final examinations.

Upon the outbreak of War, Mr. Savage was most anxious to give his services for

the benefit of our wounded New Zealanders. Although bound by family ties, and of a physique none too robust, he volunteered, and was accepted for service as Chief Operation Surgeon to the No. 2 Stationary Hospital, stationed at Port Koumba in Egypt. Leaving in the Troopship "Maunganui" on the 12th June, 1915 with 1,200 troops besides officers and medical staff, he arrived in Egypt on 22nd July, having performed several operations on the voyage. Prior to reaching Egypt, he had contracted Cerebro-Spinal-Meningitis, and to this dread disease he succumbed on 14th August, with the work for which he had sacrificed so much still undone.

Those nurses who were fortunate in knowing Mr. Savage as an operating surgeon, and were privileged to see his work, can the more fully realise the irreparable loss this country has sustained by his untimely death. The surgical work he did in Auckland—patients coming from all parts of the Dominion—was not to be bettered in the whole of Australasia. Indeed some four years ago while on a visit to Sydney, he was asked to perform a certain operation which he did in the presence of some of the leading Sydney Surgeons, who expressed themselves amazed at his work. For the past six years the writer has had many opportunities of witnessing most of his difficult and serious cases, and his results have been a revelation of modern surgery. His wonderful and charming personality endeared him to all, and his kindness and sympathy to those in trouble, will ever be remembered by hundreds of patients. Only the Nursing Homes know how much work he did gratis; he was particularly charitable, and did much for the poor of the Dominion. He made no distinction between rich and poor patients; those who most urgently required his attention came first.

The late surgeon took a great interest in nurses and nursing generally, and he was always quick to appreciate a capable and good nurse. Truth always appealed to him. It mattered not in what difficulties a nurse found herself with regard to

her nursing, an honest confession forthcoming, no one could be more humane than Mr. Savage, and at the same time, he would point out the seriousness of any mistake. But a confession once made, he had one of those wonderful forgiving natures that never caused him to speak again of the incident. While nursing a case for Mr. Savage, one always had that feeling of confidence that, night or day, whenever told that a patient needed his care, he would come at once, never questioning a nurse's judgment.

He had few recreations, his home life absorbing what little leisure time his practice gave him. Those of us who were privileged to know him intimately know how much he appreciated that haven of rest after his long and strenuous hours of work. He leaves a widow and five children, the youngest born shortly after his death. Our hearts go out to Mrs. Savage, in her great sadness and loss. We know she made the tremendous unselfish sacrifice for our Dominion soldiers in parting with her husband, when the separation meant so much for them both. Patients and friends over the whole Dominion mourn with her in this her great hour of sorrow. We trust that the Hand that gave to her so much happiness in the past will liberally bestow upon her and hers in the future all comforts and happiness in the knowledge that Mr. Savage died in the great cause of succouring our wounded soldiers.

DR. BATCHELOR

Nurses will regret exceedingly the sad and sudden death of Dr. Batchelor, of Dunedin. He was one who always took a keen interest in the progress of the nursing profession; was a medical member of the N.Z.T.N.A., and in every way encouraged the nurses to aim at improvement in their knowledge of their profession. It was largely owing to him that the second Training School for Midwives was established in Dunedin, chiefly for Medical Students; but allowing facilities for nurses also. His gynaecological wards at the general hospital gave the nurses the opportunity of first-class experience in that branch of work. In every way his influence had the effect of raising the standard of nursing for all those nurses who were fortunate enough to come under it.

SISTER A. G. HAWKEN.

Our readers will regret to learn that a cable has been received from her fellow-worker, Sister E. Martin, announcing that Sister A. G. Hawken died at Alexandria, of enteric fever, on October 28th. No further details are yet to hand.

Miss Hawken was trained at the Auckland Hospital and was Gold-Medallist for her year. She was for a short while district nurse to Natives for Bay of Islands; but resigned because she could not manage the constant riding over rough country that the position entailed. She was almost immediately afterwards appointed Matron of the Kawakawa Hospital, which position she very capably filled, gaining the regard and respect of all those with whom she came in contact; this was amply demonstrated by the enthusiastic send-off accorded to her by the Hospital Board and residents when she accepted the call for active service, and left on leave from the hospital in June last to join the "Mahene," all looking forward to her return to resume her position again.

We sympathise deeply with her parents and relatives in their sad loss, which we also mourn, for such as she can ill be spared from the ranks of our profession. We must never the less feel proud that she has died nobly in the execution of her duty.

NURSE FINNERTY

It is with deep regret our readers will learn that Nurse Finnerty, of the Wellington Hospital staff, died at the Otaki Hospital on Saturday last, of cerebro-spinal meningitis. Nurse Finnerty received her training at the Wellington Hospital, with which institution she had been connected for over four years. She was on six months leave of absence through ill-health when she died. Her home was in Stratford, but the interment took place in Patea, where Nurse Finnerty was very well known.

Many nurses throughout the Dominion will be grieved to learn of the death of Mrs. George Moon (late Sister Davis), who was trained in the Christchurch Hospital, and was Sister in Charge of the men's medical ward of that institution, for nine years. Mrs. Moon died on Aug. 20th, at Sister Beck and Welsman's Private Hospital, after months of extreme suffering.

The Nurses on the Marquette

As we go to Press we learn with the deepest regret that the names of at least ten New Zealand nurses have been added to the Roll of Honour. No. 1 New Zealand Stationary Hospital, under Colonel McGavin was aboard the British transport Marquette, which was torpedoed and sunk in the Aegean Sea, on October 23rd. Full details are not yet to hand; but it is known that ten of our nurses and a certain number of the male members of the Hospital personnel are among the missing. The disaster brings home to us the risks and dangers which surround our nurses abroad, and the gravity of the times in which we are living. Deeply as we mourn the loss of so many members of our profession, we are proud to remember that they were New Zealanders, and that they gave their lives for their King and their Country. The calamity inspires us with awe; but we know that it will not influence the readiness of any nurse to offer her services for the East, or for any other field in which she may be needed.

LIST OF NURSES ON THE MARQUETTE:—

DROWNED—

Margaret Rogers, trained Christchurch Hospital. Recently District Nurse with Nurse Maude, Christchurch; Miss Rogers had offered her services as a trained nurse for foreign mission work, and was going to Ambrym, New Hebrides, but the hospital was destroyed by an earthquake, and her plans were changed. Her parents live on Banks' Peninsula.

MISSING, BELIEVED TO BE DROWNED.

Marion Brown, trained at Riverton Hospital, was for some time on the staff of Palmerston North Hospital; later was in charge of Dr. Barclay's Private Hospital, Waimate.

Isabel Clark, trained Oamaru Hospital.

Catherine Fox, trained Dunedin Hospital, belonged to South Canterbury.

Mary Gorman, trained Waimate Hospital, for over four years Sister in Wellington Hospital.

Nora Hildyard, trained Christchurch Hospital, belonged to Lyttelton.

Helena Isdell, trained Kumara and Napier Hospitals. Matron of Kumara Hospital since 1912.

Mabel Jamieson, trained Palmerston North Hospital. Sister in Greymouth Hospital.

Mary Rae, trained Dunedin Hospital, belonged to Christchurch.

Lorna Rattray, trained Christchurch Hospital, belonged to Dunedin.

NURSES SAVED.

Acting-Matron M. M. Cameron (seriously ill with broncho pneumonia and paralysed on left side).

Nurse Mabel Wright (slightly sick)

Nurse E. Wilkin

Nurse Hodges

Nurse Nicoll

Nurse Erwin

Nurse Grigor

Nurse M'Leod

Nurse M'Cosh-Smith

Nurse M'Kay

Nurse Popplewell

Nurse Abbott

Nurse Gould

Nurse Wilson (slightly sick)

Nurse Young

Nurse Jeannie Sinclair

Nurse Mary B. Beswick

Nurse Mary L. Christmass

Nurse Ina Coster

Nurse Gladys Metherell

Nurse Winifred Anstey

Nurse Maude Haste

Nurse Catherine Blackie

Nurse Hilda Hooker

Nurse Looney

Nurse M. Walker

Miss Cameron is an Australian nurse; but has been in New Zealand for some years. She was Matron of St. Helen's Hospital, Christchurch, for the past five years, and secured leave of absence last May to go on active service.

Instructions have been sent to Colonel Charters, Officer Commanding the New Zealand Base in Alexandria, to see that all the immediate wants of the surviving nurses are supplied. He will furnish them with new kit and equipment.

The dependents of those nurses who have lost their lives are provided for under the War Pensions Act. Under this Act nurses may receive pensions, as may also their dependents, exactly in

the same way as soldiers and their dependents. The only difference is that contained in the phrase: "on the recommendation of the Minister" for the recommendation of the Minister of Defence is necessary before the Pensions Board may consider applications of nurses or their dependents for pensions. There is no schedule of the Act fixing maximum rates of pensions for nurses, but provision is made for the fixing of the rates by regulation. No such regulation, has however, yet been made. The Defence Minister says he would most certainly recommend the Pensions Board to consider any applications from dependents of any of the nurses drowned. He thought it probable that in the meantime, pending the hearing of these applications, any allotments of pay to dependents made by those nurses who have lost their lives would be continued.

A very impressive service was held on November 9th, in St. Michael's Church, Christchurch, in memory of the New Zealand nurses who have recently lost their lives while on active service. His Lordship the Bishop of Christchurch, addressed the large congregation which included 200 nurses in uniform.

It was fitting that this service should be held in the Cathedral City of the South

Island, seeing that almost all the nurses whose loss we mourn belonged to that island.

—
"TAKE THE FIGHTING MEN FIRST!"

HEROIC NURSES' SPLENDID SACRIFICE.

(Rec. November 12, 1.15 a.m.).

LONDON, November 11.

The "Morning Post," on the authority of the captain of a French cruiser, narrates an incident which is 'worthy to live in the history of our Empire,' as illustrating the capable part our women are playing. It was when the cruiser recently was assisting in saving life after an unnamed transport had been torpedoed in the Aegean Sea.

There were thirty-six nursing sisters on board, of whom ten were drowned. When the French boats arrived the nurses with one accord, called out: "Take the fighting men on first!"

—
(Rec. November 12, 1.15 a.m.).

LONDON, November 11.

The newspapers give prominence to a casualty list containing the names of ten New Zealand Staff nurses who are reported missing. It is believed that they were drowned in the transport *Marquette*.

—"Dominion."

Smallpox Vaccine

(Air: *The Rosary*.)

The scratches on my arm, dear sir,
Like burning coals of fire, they seem.
How many microbes did you there inter?
Small pox vaccine! Small pox vaccine!
Each, prick a scratch; each, scratch an itch
To add to sea-sick maiden's woe,
I ask each friend if hers has took,
But each one answers: "No."
Oh, little bugs that course and run!
Oh, itchy skin! Oh, swollen scar!
I rub each scratch and strive in vain to
think

The stuff has took, dear sir:
The stuff has took!

—By a Nurse in Isolation (E.W.)

—
These original verses were made up for the weekly concerts on the Hospital Ship "Maheno." They are the concoctions of the nurses' brains, and all relate to doings on the ship. They made great fun as you can guess. We drawled out the vaccine one in the most doleful way. (Extract from nurse's letter).

Natives District Nursing

The enteric outbreak in the North still continues, Nurse Fergusson seems to have barely overcome the difficulties in one corner than she must hurry to begin the same in another. Extra assistance has been provided both at Whangape and on the Eastern side, near Kaeo. A partially trained nurse sent to assist Nurse Naera, at Whangapi, developed typhoid in a mild form, and had to be sent to Rawene Hospital. She had not unfortunately been inoculated. All Natives District Nurses must now be inoculated for their own protection. There have been nearly fifty cases of typhoid since February, at Whangape, while in the Kaingas near Kaeo, forty-six have been reported since August. Nurse Oakden, of the Waikato district, is assisting Nurse Fergusson at present on the Eastern side, while it has been necessary to send Nurse McKinven from Thames to Hokianga, where there is yet another outbreak—twelve cases so far having been reported. There were many deaths before the nurses appeared on the scene, the operations of tohungas no doubt contributing largely to this, while a few have died in the tem-

porary hospitals. Typhoid is indeed the scourge of the Maori Kaingas, and the necessity for the district nurses to concentrate on this strenuous nursing, when they are handicapped by the disorganisation of so many Maori homes, does not permit of our nurses doing so much in other directions, where they could teach that prevention is better than cure.

Nurse Bertram of Hawera, has been busy with enterics in her district also; Nurse Naera has now relieved her for her annual holiday.

Nurse Te Au who went to assist Nurse Beetham from Otaki, is at present recovering from typhoid contracted while assisting at Normanby.

Nurse J. Robinson, trained in England, where she was a Queen's Nurse for many years, has been appointed to the Rotorua position.

We hope shortly to have on our staff as Assistant District Nurse, Nurse Ngaro Ngapo, who qualified at Hamilton Hospital last June. Nurse Naera will then enter St. Helens Hospital, for her midwifery training.

Bugle Calls

("Jingle Bells.")

Dashing thro' the spray in the ship
"Maheno,"

O'er the waves we go, rolling all the way!
Sometimes on the deck, sometimes in our
berths,

For we're all the way from 'ome, just to
show our worth.

Bugle calls! bugle calls! sounding all the
way;

Oh, what fun to ride the seas at 5/6 a day!
(Repeat).

Just a month ago we started on our trip,
We left an hour too soon, and gave our
friends the slip.

The day was dark and damp, misfortune
seemed our lot,

They took us out into the stream, and there
we had to stop.

Bugle calls! bugle calls! leading us astray,
Bravely facing dinner, just to run away.

(Repeat).

The time is slipping by, Colombo's out of
sight;

We had four baths on shore and one nice
cool night.

Now we're sick again, our faces green and
white,

But still will make the best of things and
sing our songs to-night.

Bugle calls! bugle calls! open port-holes
pray.

Rushing down for ices; sadly turned away

Bugle calls! bugle calls! sounding all the
way;

Oh, what fun to ride the seas at 5/6 a day.

Heroes in New Zealand

("Marching thro' Georgia.")

Carry out the piano boys--put it on the deck,
Let's forget we're seasick and feeling like
a wreck!

Soon we'll be on land again working for
our chance;
But it won't be in our own New Zealand.

Hurrah! Hurrah! we're leaving old
Ward "B."

Hurrah! Hurrah! we're turning out of
"C."

And when they see the last of us
How very pleased they'll be;
But we'll all meet some day in New Zealand.

Do you know the barber came last Sunday
afternoon?

Do you know he cut the hair of nearly all
the men?

Perhaps their heads are cooler now; their
strength the strength of ten;

But who would know them in New Zealand?
Hurrah! Hurrah! no barber, thanks, for me!

Hurrah! Hurrah! he takes too much you
see!

For when I reach my home again across
the South Sea,

My friends SHALL know ME in New Zealand.

Every boy on board the ship is learning
what to do,

When they bring the wounded in,—and he
will do it too.

Lectures morning; lectures noon—and in
the evening too,

And they think they're heroes in New Zea-
land!

Hurrah! Hurrah! it's not all fun you
see!

Hurrah! Hurrah! Hard work you'll all
agree;

But whether scrubbing floors, or making
beds at sea,

We'll all be heroes in New Zealand.

Opportunity

"All the world cries, 'Where is the man
who will save us? We want a man!'
Don't look so far for this man. You have
him at hand. This man—it is you, it is

I, it is each one of us! How to constitute
oneself a man? Nothing harder, if one
knows not how to WILL it; nothing easier
if one wills it."—ALEXANDRE DUMAS.



Notes from the Hospitals and Personal Items

Birth

On August 22nd, at Thames, to Dr. and Mrs. Walshe, a son (Terence Owen).

Wedding Bells

Miss Mary Purcell was recently married to Lieut. Morris Maeples, of the Army Service Corps. She writes from the Red Cross Hospital, Northcote, Sussex, where she is nursing during her husband's absence on service.

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At the Church of the Holy Sepulchre, on the 22nd of September, by the Rev. Canon Richards, Sister Lilian Dunbar (Woods) to Mr. Bosson, Hauraki Plains.

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On September 24th, at Edinburgh, Scotland, by the Rev. Mr. Mackay, Captain J. J. Robertson, Seaforth Highlanders, to Elizabeth Buick Reid, late Sister in Napier Hospital, third daughter of Mr. J. T. Reid, Mt. Eden, Auckland.

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Engagement: Miss Eleanor Child, Napier Hospital to Mr. Lawlor, of Hastings.

On severing her connection with the Wellington Hospital, on the eve of her marriage, Miss Broadbent, the matron of the Victoria Hospital, was the recipient of presentations from both the women and men patients of that institution, the patients of the Seddon Annexe, and the nursing staff of the Wellington Hospital. The kindest wishes were expressed for her future, and were feelingly replied to by the recipient.

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Two Napier nurses, Nurse Murray and Nurse McBeth, recently on the hospital staff, left last Saturday for England, where they intend undertaking nursing of wounded soldiers. Prior to their departure a "gift" afternoon was tendered to them by Mrs. Tattersall and Miss Waller.

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We publish in this issue an account of Miss Maclean's work while abroad, which will prove most interesting to the nurses who remain here, as well as to the friends of those who have gone.

Miss K. E. Benjamin (Christchurch) has been accepted by the War Office for home nursing service and has been appointed to the Beaufort War Hospital at Bristol. She took up her duties on June 5. Later she may be transferred for service at the front.

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Miss L. Miller, Pahiatua, left Aug. 19th for Egypt.

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Nurse Wright is visiting the Hot Lakes district just now in company with Miss Hay, of Prospect House Private Hospital.

Mrs. Wm. Ewing (Sister Young) asked some Dunedin nurses to meet Sister Moore who returned from Egypt recently, on one of the troopships with invalided soldiers; she gave a most interesting account of nursing conditions there, and hopes to return shortly; she and the other sisters are awaiting orders.

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Nurse Nellie Scott at present on the staff of Stratford Hospital, is leaving soon to take up work in Timaru Hospital, as Sister.

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The building known as the National Reserve Drill Hall, close to the Hospital, in the Auckland Domain, has been handed over to the Hospital Board for a military block, it is being rapidly transformed into two wards with twenty-nine beds in each. There will also be accommodation for nine extra nurses. It is expected that the building will shortly be ready for use. We hope to give a fuller account of it and its working in our next issue.

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Sister Ella Cooke has been sent to Egypt from Aldershot.

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Mrs. Grace Neill, well-known a few years ago as Assistant Inspector of Hospitals, offered her services to the Wellington Hospital Board when so many senior nurses were leaving for service abroad. Mrs. Neill was for three years Lady Superintendent of the Children's Hospital, Pendlebury, for the last five months she has been in charge of the Children's Hospital, Wellington.

Mrs. Holgate has been at Hopital Rebeval 1, Neufchateau, Vosges, where she says there is much enteric. Unfortunately the bad air of the wards had proved too much for her and she had been off duty for a month; but was at time of writing, sufficiently convalescent to go for a short walk.

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Miss E. Peter, who spent some time earlier in the year nursing in Serbia with different British Red Cross units, has now left for Egypt, where she will do further military nursing. Miss Peter was in rather indifferent health when she returned from Serbia, but has quite recovered during her stay in England.

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Miss Murie, trained in Dunedin Hospital, who has been nursing in Australia for some years, has returned to Wellington and hopes to join the New Zealand Nursing Service.

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Miss Polden for several years Matron of the Fever Hospital, Wellington, has been appointed Matron of Te Waikato Sanatorium, Cambridge.

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The nursing world of New Zealand extends a hearty welcome to Miss Maclean on her return from Egypt. Miss Maclean left here last April with the first contingent of nurses accepted by the War Office. Since then many more have been sent and the greater number, including those who travelled by the Hospital Ship, were settled in Egypt before Miss Maclean left.

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On October 21st a party of volunteer women left New Zealand for work in Egypt. These are members of the so-called "Volunteer Sisterhood," organised by Miss Rout, of Christchurch, who has been collecting funds for their expenses for some months. In spite of protests, and in defiance of the Health Department, Miss Rout has carried out her plans, and finally despatched these women to Egypt.

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Mrs. Green who was appointed acting matron in place of Miss Hawken, at Kawakawa Hospital, has now resigned the position which is being advertised; maternity cases are taken here, so that a matron with both certificates is required.

During the last three or four months twenty nurses have left New Zealand with the transports; thirteen others have arrived here with wounded soldiers and have returned or are shortly returning to Egypt. Their names are: Misses L. Newell, E. McAllum, M. Anderson, J. Naismith, Gordon Boyd, Mrs. Brooke-Leers, Misses A. K. Stevenson, M. Affleck, and M. Boyd, Mrs. Fulton, Misses Douglas, Cumberworth, Stronach, Keith, Crispin, Scott, Jessop, Goldsmith, Brown, and Burnett.

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Sister Tilly, Auckland Hospital, has left for military duty. Nurse Mildred Jackson has been appointed Sister (pro tem).

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Miss M. Walshe, sister of Dr. D. B. Walshe, Thames, has been appointed to the position of Army Nursing Sister at the Clearing Hospital, Military Camp, Seymoure, Victoria. Miss Walshe was recently nursing in Miss Robey's Private Hospital, Gisborne.

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Mrs. Kidd tendered her resignation as President of the Auckland branch owing to ill health, it was accepted with much regret.

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Nurse Lee who had nursed privately in Auckland, for some time, went to England last July by the same steamer as Sister Reed—the "Corinthic"; she was married just before her departure, to Mr. Fowler.

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We are glad to note that our President of the Central Council of the N.Z.T.N.A., Miss Foote, has recovered from her recent illness which necessitated a major operation. Miss Foote is looking vastly better.

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Miss K. Stephenson, late Acting-Matron of the Cambridge Sanatorium has been called on active service and went in charge of the nurses who sailed with the troopships, in September.

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Sister Lilly of the Auckland Hospital has been enrolled in the N.Z.A.N.S., and called up for military duty in Wellington. Her position has been filled temporarily by Nurse M. Jackson. Nurses Sutherland, Auckland Hospital, and Woodward, Dunedin trained, have also been called up.

