

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 In no case must more serum be injected than the amount of cerebro-spinal fluid withdrawn.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.