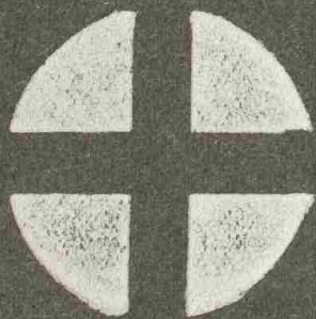


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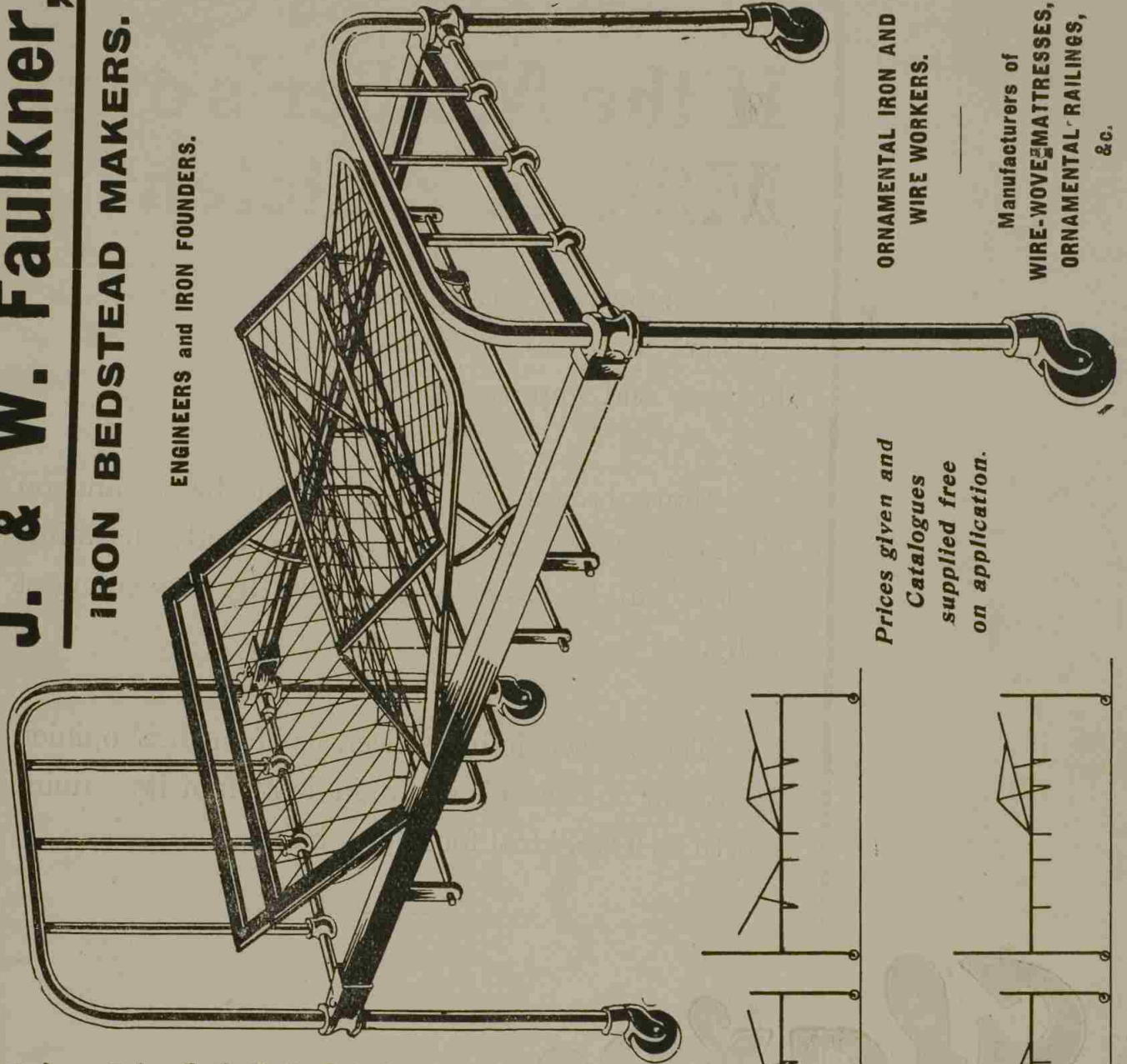
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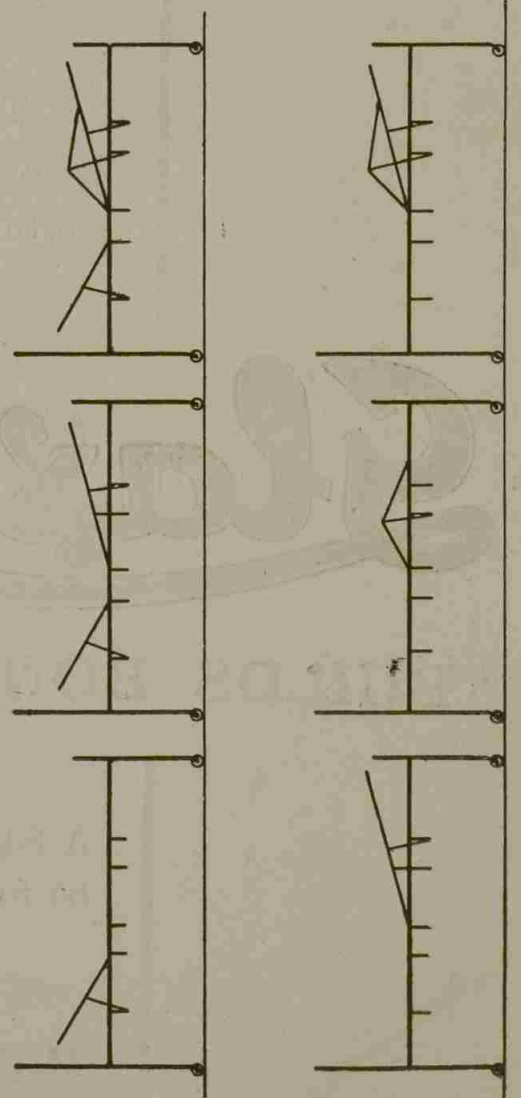
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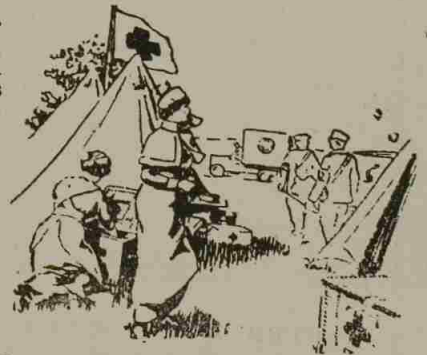
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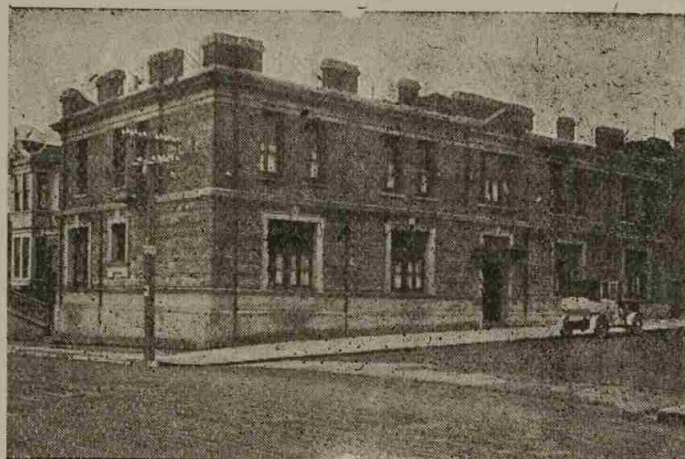
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(THE WATCHER—THE GUARDIAN)

The Journal of the Nurses of New Zealand

VOL. X. No. 4.

OCTOBER, 1917.

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New Zealand Trained Nurses' Association

During the last two or three years we fear the Association as a united body has rather lost the place which had been attained before the war. Owing to so many of the more prominent members either being away or taken up by increased work, it has been found practically impossible to hold the usual social meetings, and the lectures so generously given, by members of the Medical profession have been almost entirely suspended.

The triennial meeting of the Central Council which last took place at Auckland, was entirely local. Delegates from the other centres could not easily attend and in view of the need for economy and of saving money for the many patriotic funds needed by the condition of the war, the expense of the journey to Auckland from the other centres was not thought to be justified.

At present the President of the Central Council is on war service in England, and no one has been elected to take her place.

The date of the next triennial meeting should be the end of next year, but it is probable under the circumstances that the meeting will not be held.

In spite of all, however, we would urge the various Branches to keep alive the united association and in each centre to enlist the interest of the young nurses qualifying each half-year and urge them to become members and by every means now possible to endeavour to spread the influence of the spirit of unity which is so great an influence in the power of good of a professional association.

We deplore the apathy of the nurses as a whole to the events which are passing around them. Little effort is made to discuss any of the problems which constantly arise. Even the return of members from abroad when they have been serving their King and Country is scarcely noticed. No welcome is given, no interest shown in what these returned nurses may have to

tell of their experiences. We fear we are too self-centred.

When we read the accounts of the recent proceedings of the Twelfth Annual Meeting of the American Nurses Association, with the many thoughtful and well-written papers on subjects such as "Educational Obligations," "The Prevention of Diseases of Infants and Children," "The Demands which Mental Hygiene makes upon the Graduate Nurse," "Problems of the Small Hospital," Papers on Maternity Service, Pre-Natal Work, etc., we feel that our nurses do not think sufficiently about the many phases of their work which constantly present features calling for thought and comment.

Practical work and practical nurses no doubt are the ones who are of most direct service, but to ensure that this practical work will continue always to be done in the most enlightened way and the service of nurses be made of its full use and effect, there must be those who think out and formulate theories and scientific methods. There is no progress without the thinker and the thinkers to cause and advance progress must give out their thoughts.

The New Zealand Trained Nurses Association was formed so that nurses might

meet, exchange views, and, as stated in the objects:—

- (A) To promote the interests professionally and socially of all trained nurses.
- (B) To afford opportunities for discussing subjects bearing on nursing.
- (C) To encourage a post graduate course of study.
- (D) To encourage the discussion of subjects of general interest apart from nursing.

Has it, we ask, been carrying out the objects with which its founders so hopefully inaugurated it?

Auckland Branch

The usual monthly meetings of Council have been held during the last half year, and were all well attended. A general meeting of the Association will be held on October 10th, when the matter of the Nurses' Memorial will be brought before the members, and arrangements made to assist. It is intended to have a "Gift Afternoon" at the Club. Miss Lita Jones was appointed Hon. Treasurer for the fund.

Current Nursing Papers

There is very much of great nursing interest in the various nursing journals we have received during the past quarter, but owing to lack of space we must reluctantly limit our quotations and reprints. We advise our readers to subscribe to one or more of the principal journals, more especially those conducted by nurse Editors, such as the "British Journal of Nursing," or the "American Journal of Nursing." An exceedingly interesting paper of past times we miss very much, "La Garde Malade," but after the war we hope it will again be issued.

Nurses interested in their profession can learn very much of new treatments through the medium of these papers. They can learn what new publications are worth having, and they can keep themselves up to the burning questions of the day regarding their profession. The movements on foot at present in England and in Australia with regard to State recognition of the profession should be known and sympathised with. Apart from all this the history of the war and the part taken in it by nurses is of the greatest interest.

Annual Report to Inspector-General of Hospitals

On The Nurses' Registration Act, 1908; The Midwives' Act, 1908; and Part III, Hospitals and Charitable Institutions Act, 1908.

NURSES' REGISTRATION ACT.

I have the honour to report as follows:—

During the year 1916-1917 two examinations were held by the State. 196 candidates sat for examination of whom 166 were successful in passing and their names were placed on the Register. 38 nurses were registered from overseas.

No large contingents of nurses have left New Zealand for War Service since last report; but some nurses have been sent with each reinforcement, and a contingent of 25 nurses was sent in response to a request from Headquarters, London, in January, 1917.

There are now 430 nurses on the Army List of whom 13 have been enrolled in England, and it has been found necessary to have a Matron in charge of all these nurses at Headquarters, London. Miss Thurston, Matron of Christchurch Hospital, who was on leave from that Hospital in order to take charge of the Walton-on-Thames Hospital for New Zealanders, was appointed to that position. All the New Zealand Army Nurses, many of whom for the first two years of the War worked under the War Office in Imperial Hospitals and Ships, have now been called to join their own service, and it is unlikely that very many more will be required to staff the New Zealand Hospitals in England and France. Since my last report ten more nurses have been awarded the Royal Red Cross: Misses Price, and Thurston, 1st Class; Misses Annie Buckley, Fanny Speedy, Kathleen Davies, Emily Hodges, Elizabeth Nixon, Fanny Wilson, Marie Wilkie, and Jean Gilmer, 2nd Class. Besides these, Sisters Cora Anderson, Vida MacLean, Mary Beswick, Jean Haste, Annie Mackay, Isabel McRae, Gladys, Metherell, Edith Popplewell, Edith Wilkin, Margaret Tucker, and Agnes Wood have been mentioned in despatches.

I regret to record the death of a New Zealand Nurse, Sister Lind, who, being in England when the war broke out, was very early sent to France under the French Flag Nursing Corps organised in England for the service of our brave Allies. Sister

Lind contracted phthisis on barge duty in France and died on the voyage home in the "Maheno." Apart from this sad loss, no New Zealand nurses have lost their lives on Active Service since my last report.

The two hospital ships, "Maheno," and "Marama" have been recommissioned. The Matron of the "Maheno" 2nd commission, Miss Bicknell, having returned to her work in this Department, Miss Bagley has taken her place with a fresh staff of sisters. The "Marama" staff with Miss Brooke, first matron of the "Maheno" was composed of some members of the first commission of the "Maheno" supplemented by newly-enrolled sisters.

The various military hospitals in the Dominion have been staffed by returned sisters and during the early part of the year, owing to sickness in the Camps, absorbed also some private nurses. In the latter part of the year the work in these hospitals was greatly decreased.

With regard to work in Civil Hospitals: the nursing staffs have been fairly adequate and there has been less urgent call for staff-nurses and sisters. The War has brought forward many young women of a desirable class for training as nurses who had otherwise not thought of this career. The tendency of the Hospital Boards to increase the salaries offered, and the many avenues of work now opening out before trained nurses has also improved the future prospects of the profession.

Owing to the shortage of Medical Practitioners, nurses have been called upon in country districts to do much on their own responsibility with regard to the treatment of the sick, which formerly lay outside the scope of their work. For this work it has, unfortunately, been very difficult to obtain suitable women, and many country districts are now without either doctor or nurse.

During the year, there has been established under the Education Department, a system of school nurses on the lines of the London County Council. Five nurses have been appointed at present to initiate

the work and are stationed at Wellington, Wanganui, Auckland, Christchurch and Invercargill.

NATIVE HEALTH WORK AND MAORI NURSES.

The development of this work has been retarded through so many nurses being away on account of the war. A nurse was appointed to the Wairoa District, and a Native Nurse has been sent to the Rawene District, and one to relieve the District Nurse in the Waikato District while she goes through her midwifery training. Three Maori pupils have entered for training at the Auckland and Napier Hospitals respectively. The Maori Native Health Nurse at Otaki resigned her position when Nurse Ethel Lewis returned to that District after nursing service in Serbia, where she did very special service and received a decoration from King Peter. Nurse Lewis has again been granted leave for Active Service.

DISTRICT NURSES.

During the last year in the hospital districts in remote parts it has been realised how valuable a service of District Nurses, fully qualified in general and midwifery nursing, may be. Owing to the shortage of doctors, there have been many calls for well-qualified and experienced nurses with which it has been impossible to comply. Such nurses need experience beyond their ordinary training, and are very hard to find. After the war, there will be many returning from Active Service with the requisite experience and it is hoped to largely extend this branch of nursing work. It will be necessary to make the position more attractive to nurses by offering larger salaries, and by providing comfortable accommodation. A district started during the year is Warkworth where a small cottage hospital has been built and a well-qualified nurse established. In South Westland, where there has been no doctor for a considerable period, a nurse was appointed but she found the conditions of life very difficult.

PLUNKET NURSES.

This branch of Health work remains much as last year with the addition of two nurses and the opening of two new branches at Masterton and Hamilton. To help the

nurses established at Nelson and Wanganui and at Timaru, which are large districts, a Karitane baby's nurse has been posted as assistant to the Plunket Nurse. This work is also hampered by the scarcity of the right kind of fully-qualified nurses, and during the war many nurses with midwifery training only have been appointed to positions. It is found that with the year's training at St. Helens or other maternity Hospitals, and six months at Karitane, these nurses make excellent Plunket Nurses. Useful observations have been made by the nurses on the conditions of health and provision for maternity nursing in some of the country towns.

The Society is endeavouring to largely extend its activities and to appoint a well-qualified nurse to superintend the work generally.

MIDWIVES ACT, 1908.

During the year there have been two examinations of midwives. 66 candidates sat for examination. 62 passed and are now registered. 15 were registered from overseas. The lack of a high standard of training under the Midwives' Acts for England and Scotland points to the necessity of amendments to the New Zealand Act, which allows a too open door for the admission of midwives to the register whose course of training is far below the standard imposed on the midwives trained in the Dominion and in Australia. This is an injustice to the New Zealand midwives, which should be rectified as soon as possible. When the Midwives' Act was first passed in 1904 it was, owing to the shortage of midwives, inadvisable to shut out any women from the Register who could show even fairly satisfactory training, but with the ever increasing number of pupils being turned out year by year from the State Maternity and other training schools this is no longer necessary.

STATE MATERNITY HOSPITALS.

In the St. Helens Hospitals, Auckland, Wellington, Christchurch, Dunedin, and Gisborne, 1,072 cases were confined during the year; 1,046 children were born alive, and 44 still-births. There were 8 maternal deaths, and 28 deaths of infants.

There were also attended 519 outdoor cases. No deaths of mothers, and no deaths of infants.

Sixty-five pupils have been trained during the year, and 61 registered; 48 are now in training.

With the exception of the Townley St. Helens, Gisborne, the personnel of the hospital staffs remains as last year, and continues to give the utmost satisfaction to the Department.

At Townley St. Helens, the Matron, Miss Logan, was obliged to resign on account of ill-health, the sub-matron carrying on, pending the appointment of a new matron.

The Medical Officer, Dr. Williams, left on Active Service, and Dr. Reeve is now in charge.

A property was recently purchased in Invercargill for the purposes of establishing a St. Helens Hospital for that district, and, as soon as some necessary additions are made, will be opened.

A property adjoining the St. Helens Hospital, Auckland, has been purchased, and this addition to the site will allow of the erection of a new hospital and the conversion of the present hospital into a Nurses' Home.

The building of the new hospital at Christchurch which was deferred on account of the war is again under consideration. The present building is quite inadequate for the increasing work and the lack of suitable accommodation for the nursing staff renders administration exceedingly difficult.

The St. Helens Hospital in Dunedin, while owing to the existence of the Medical School Maternity Hospital in the same town, its accommodation has not been seriously overtaxed, still is greatly in need of improvement, especially in regard to convenient and suitable sanitary arrangements. A new hospital should be erected and the present building used as a Nurses' Home.

In connection with the work of the St. Helens Hospitals which is of so much value in the saving of maternal and infant life, an attempt has been made to extend the benefits of the hospitals to more than those who actually enter for treatment or are attended in their homes by St. Helens nurses. Arrangements were made during the year and widely and continuously advertised that advice would be given to expectant mothers at certain hours at the hospitals by the medical officers and trained staff. Circulars were sent to the

members of the medical profession in all centres, inviting them to send their patients to have those observations made regarding their state and fitness for the trial before them, which, by timely treatment, would save so many lives.

It was recognised that frequently symptoms were overlooked by private practitioners owing to lack of time (especially during the war) and opportunity to observe their patients during pregnancy. Patients sent by doctors for such examination and advice were not to be treated as hospital patients, but to continue the patients of their private medical attendants. While these ante-natal clinics have been attended by a fair number of women and undoubtedly some good has been accomplished, it is to be regretted that the medical profession has not taken advantage of this offer of help.

It is intended during the forthcoming year to take other steps to spread the benefits of these State Maternity Hospitals throughout the Dominion, and Hospital Boards which have not already done so are also being encouraged to establish maternity wards in connection with the General Hospitals.

The latest of these additions is the Wairau Maternity Hospital at Blenheim which was opened, fitted up and managed under the Board by two St. Helens Nurses in a most successful way. It already shows need of extension to meet the needs of this large district.

The Picton Hospital Maternity Ward is still doing excellent work, and additions are contemplated. A St. Helens Nurse is in charge.

The Rawene, Mangonui and Kawa Kawa Maternity Wards are doing good work.

The Hawke's Bay Hospital Board has also purchased a property and the necessary additions and alterations are being made.

Another means of extending these benefits is by those nurses who go out and establish private maternity hospitals. (Some particulars are given below).

PRIVATE HOSPITALS.

There is not much to report concerning the private hospitals of the Dominion since last year. No new ones of any importance have been established.

Some interesting returns have been obtained from those nurses who have established private maternity hospitals. There are now 35 of these hospitals in centres and in country districts, conducted by nurses trained in the State Maternity Hospitals. Their average has been 58 confinements per annum, and these range from 178 in one hospital to 3 and 4 in small ones which are not entirely for midwifery cases.

General enquiries as to the work of infant life-saving apart from actual midwifery elicited some interesting replies. Most of the nurses seem to have the opportunity of giving useful ante-natal advice and securing medical treatment, if necessary, for their intending patients. This undoubtedly is one reason of the few serious cases and very few deaths in private maternity hospitals conducted by well-trained nurses, who quickly recognise the signs that without treatment or early assistance in labour would lead to trouble.

The after-work of the nurses in connection with the babies born in their establishments is of great value in the saving of infant life, as the majority encourage the mothers to bring the babies periodically for advice regarding feeding and general treatment or recommend them to get the Plunket nurses to give them the same advice.

The chief bar to the success of the private maternity hospitals owned by nurses is the lack of capital to enable them to make a good start in building or renting of suitable houses, in which the cost of adding necessary sanitary appliances is very high. The cost of living having gone up, the usual fee, three or four guineas, does not give much profit for the arduous work, often without sufficient help.

The competition of unqualified women, who, to add to their husbands' earnings, like to take in a few cases, is also a detriment to qualified maternity nurses settling in country districts. An amendment of the law, allowing anyone to receive one case at a time without a license, is necessary to protect the interests of the trained midwife and ensure to the expectant mother, not always alive to her own interests, the best attention at this period, so important to herself and her child. Reports show how appallingly ignorant many women are of what they need, and their willingness to pay for and put up with attendance and surroundings far from what they should have. To assist qualified midwives willing to start maternity homes in such country districts, Hospital Boards, and through them the Government, should be prepared to give subsidies when necessary.

MASSAGE.

The Bill for Registration of Masseuses has not yet been made law, but the establishment of a recognised course of training by the Dunedin School of Massage is having the good effect of providing a number of well-trained masseuses and a few masseurs for the work in the Dominion. When the Bill does become law, these will be ready for registration.

A few of these trained masseuses have been taken on for service during the war, on the hospital ships and at military hospitals. As more of our wounded and disabled soldiers return there will be much need for this branch of work.

H. MACLEAN,

Assistant Inspector and Matron-in-Chief, N.Z.A.N.S.

From a Correspondent

Recently I heard of a remark on nurses being passed to a patient by one of the Dunedin doctors, which I thought very gratifying to the New Zealand and Australian system of training. He said he had been in most countries in the world, and in his opinion the New Zealand trained

nurses are second to none. "And let me tell you," he added, "the Australians don't stand behind them either."

We are always pleased to hear such opinion expressed about our nurses. They must live up to this high encomium.

Letters from Our Nurses Abroad and at Sea

Again we must thank the nurses who have devoted some of their leisure hours to writing to the Editor the very interesting letters from which she is enabled to cull so much that goes to make the journal a record of the work of our nurses on active service during the war. Those who cannot go to the front are keenly interested in hearing what their sisters are doing, and although many of the letters are not written with a view to publication, we feel their writers will forgive us for using them to give pleasure to so many.

Later on our journal will be a history of some of the nursing in these stirring times. We regret that it can only be through the medium of the "KAI TIAKI" that we can acknowledge the many letters we receive, but we beg the nurses to know that we very much prize the thoughtfulness and remembrance of those belonging to the service of which we have the honour to be the head.

Sister Jean Cormack writes from H.M.H.S. Oxfordshire, that although the sisters were ordered to go on shore when other hospital ships lost their sisters, the powers that be decided to keep the sisters on the ships on that run. Sister remarks that it was very necessary as their patients were mostly malaria and black-water fever, and needed a lot of nursing. They also had some returning Anzacs from Egypt and much enjoyed seeing some of their own brave, cheerful boys. She wished they were taking them all the way home, as the ship from which they transhipped had no sisters, and they appreciate the difference. They had had a trip to Zanzibar to pick up patients. The sisters went on shore for a little while, but did not like the place. The streets were too narrow and dirty, and they had not time to go out into the country.

Sister Stokes wrote from Bombay in June from the Colaba Hospital. She and Sisters Wilson and Rhind were about to return to Egypt. They had been very happy at the Colaba Hospital, where Miss Knapp, the matron, had been most kind to them.

Nurse Ivy Johnson (Nurse Birdling) writes from Shrewsbury, where she is working under the British Red Cross as a V.A.D. No. 1 Auxiliary Hospital of forty-five beds, with a convalescent hospital attached, of twenty-three beds. There is a commandant and quarter-master, but Nurse Johnson is in charge of the patients, with two trained nurses and twenty V.A.D's, some of whom have been there nearly three years and are very good. They receive patients straight from the front, the journey from Boulogne taking twenty-four hours. Nurse Johnson had six weeks with her husband in London after arrival on transport. The spring was well advanced, and the lillies of the valley, blue bells, and primroses growing in the woods were very lovely.

Sister Mary Collins wrote that she and Sister Higginson had been sent by Miss Beecher to King George Hospital for three months, where they had splendid experience, only special cases being sent there, and all its chief specialists visiting twice a week for operations, etc. The work was very, very hard, but most interesting. After that they were transferred to a new hospital, which had been a workhouse for Germans, and the place being the prisoners of war Hospital. They felt it rather hard having to do that work, but hoped they would not be kept at it longer than six months. The matron was Miss Fairchild, a New Zealander trained at Home.

"The Germans make good patients, but are great babies; they don't seem able to bear pain like our own boys. I am glad to say their food is just enough, but not too much. The patients who are well enough must work in the wards, and also in the garden. When their wounds are quite healed, they are sent to internment camps. We have room for about 1200, but at present have only 400, and also eighteen officers. The hospital is in Surrey, a most delightful part of England, one hour's ride from London."

They had paid a visit to Walton where everyone seemed so happy and as if they were one big family, they felt homesick when they left.

Sister Lloyd writes from "At Sea." (The transport has since arrived, and Sister Metge wrote from Codford.) They had been quite busy during the long voyage vaccinating all the men at the rate of 200 per morning, and looking after their arms afterwards. And they had had a good many cases of illness more or less serious. The weather had been very rough and wet. The sisters pay a tribute to the Sydney Red Cross, which sent them cases of goods exactly like they send on their own transports for the use of their patients and during the long voyage they found these most useful. It will be remembered that the transport on which these sisters left was detained for weeks in Sydney.

The Wellington Red Cross and Canterbury Red Cross send cases of novels to all the transports in use by the sisters.

They met the Maheno at Sierra Leone, and were disappointed on going on board to find no New Zealand sisters, but English sisters returning from Mesopotamia. After landing in England, Sister Metge had the great joy of having her brother on leave from France. They had not met for over two years.

Sister Hodges, A.R.R.C., wrote from the 27th General Hospital, Cairo. They had been very busy indeed, and she had quite a number of New Zealand boys in her ward. They were happy and doing well, and as keen as ever to get back to the firing line. Sisters in Egypt now had permission to wear white for the summer. The matron, Miss Mitchell, under whom so many of our New Zealand sisters had worked, had left 27th General to open a stationary hospital in the desert in a very lonely spot. She wanted very much to take some of her old New Zealand staff with her, but as it was likely they might have to go to England to join their own unit at any time, it was thought best for them to stay in Cairo. As so many New Zealand men are still there everyone is very pleased to stay when they can nurse them. Sister Hodges mentions Mrs. Whyte (Nurse Dorothy Rose, who went out with the Australians in April, 1915, and married Major Whyte). She was still in Cairo, and was busily working at no 27, in Red Cross room and in Sister Hodges ward.

Sister Clare Jordan writes from France. She is attached to a stationary hospital from which, when sisters are transferred north, they all report at the N.Z. Stationary Hospital at A— (from which town the hospital has now moved), and stay the night there. They all speak in glowing terms of the welcome they get, and the kindness shown them there. Sisters says it is rather curious, but one is not certain of a welcome when arriving at a new hospital, and the cordiality seems to strike everyone who goes to the New Zealand Hospital.

(Certainly from many things one hears, the colonial heart seems more ready to welcome strangers and to extend hospitality; perhaps a lingering reminiscence of pioneer days!)

Sister was expecting a move shortly, and hoped to go that way. The Americans were near neighbours, having taken over two of the big general hospitals of 1,500 beds from the Imperial staffs. The sisters wore white for ward work, and their only outdoor uniform was a blue cape, half length, with a red cross on its left side. It was said they were going to adopt a uniform, but had not time before leaving.

(As will be seen in the photograph published of their reception at Walton, they have adopted a uniform).

Sister Cutforth writes from Walton on Thames, where she is very happy working with sister Morgan on night duty in a ward of seventy-one, with a tent for extra beds. These are all cot cases so they keep the two nurses and a probationer very busy. Like all our sisters, Miss Cutforth is much struck with the beauty of the summer in England, and the beautiful roses.

Sister Violet Barker writes from Barnstaple, Devon, where she was having a rest and change after the strenuous work at the time of the Somme rush. Her description of Pilland, the house lent for New Zealand sisters, and the surrounding country is very graphic:—"This house, lent us by Lady Williams, is an ideal holiday home. It is two miles out of Barnstaple town, quite in the country, surrounded by gloriously green fields and rolling downs. We are high up and have a lovely view across the taw and out towards Appledore and Bideford. The trees all round are so huge

and beautiful and the hedges along all the roads are a mass of green and wild flowers, with, in many places, trees meeting



Pilland Rest Home for N.Z. Sisters

overhead. The primroses and violets are just over, but there are still a lot of blue bells, orchids, butter-cups, etc., and wild strawberries, besides many flowers new to us coming out among the ferns or greenery. Later the honeysuckle will be beautiful. The lovely red Devon cows abound in all the fields and behind the home are sheep and biggish lambs. We get lots of Devonshire cream! There is one enormous chestnut tree here, whose branches form a summer-house, and it has seats and a table under it, and on fine days we have afternoon tea under it. I took a photo there, and hope to get the negative to-morrow and later will send copies of it if good, and views of this house and surrounding country. Just now the chestnuts, pink and white, are in full bloom, and lovely. The lilac and laburnum and clematis are beautiful here, and roses just beginning; but the weather is very unsettled and disappointing. We expected a hot, dry summer after this long winter, but though we have had short spell of hot muggy days, we still get a lot of rain and wind and chilly ones still. This is the fourth bad day running.

Sisters Hart, Morris, Gordon, Boyd, Drummond, Erwin, Afflick, and Rose and Bayley are here. The air here is so lovely and fresh after Walton—it is so low and enervating there in warm weather.

We expect very shortly now to have news of the doings of our boys in France, and to be very busy, and I want to make the most of my time here before it begins, as the summer is bound to be most trying. We spend most of our fine days lying on rugs under the trees on the grass, sleeping or reading; and go for strolls in the lanes after 4 o'clock. Occasionally we drive into Barnstaple to shop and see the potteries. We have a trap and horse for our own use, and a married couple and maid, besides Miss Hewitt and Miss Williams, who are both very good to us. Miss Williams feeds us up and keeps an eye on our looks and appetites, and we are not allowed to go about too much if on sick leave. We one day motored to Clovelly, via Bideford (which reminds one of 'Westward Ho'). Seven of us went; we left at 10 a.m. on a perfect morning. It was foggy along the coast till midday, but lifted and was bright and hot as we got to Hobby Drive

Do you know Clovelly, I wonder? and that perfect three-mile walk down to it along the forest-clad hillside overlooking the sea. One winds round gullies down and down. Here and there in more open parts were lilac trees, lily of the valley, or masses of blue bells, rhododendrons, etc, and perfect peeps of sea and coast or Clovelly ahead and below.



Under the Chestnut Tree.

We had lunch in Clovelly, and spent till 3 o'clock on the pier drinking in the beauty of the place and the sea-air, and chatting to the old fishermen. Then we returned

to Bideford for afternoon tea, and a stroll about it. Everywhere the roads were beautiful with their hedges and picturesque little villages and thatched cottages. We got back at six o'clock. Some wanted to motor next day while it was fine, but to please Miss Williams we chose two days later for a trip to Lynmouth and Lynton, via Ilfracombe—and rested on the grass all next day. It rained on Thursday, Friday, Saturday, and to-day. Now we hope to go to-morrow or Tuesday, if only it will be fine. Clovelly is too lovely to attempt to describe! How I longed for a paint box and the skill to paint. I came here via Bath, Bristol, and Taunton. Bath looks charming; I should love to spend a night there on my way back.

Sister Cherry wrote from Codford, where she was in charge of isolation, where she had eighty-six patients. They had felt the bitterly cold winter recently, but when she wrote it was summer, and she says: "The little village is looking quite pretty. We are able to wander miles over the hills and along the country lanes, and for a while lose sight of the little 'tin huts.' Cowslips, primroses, blue bells, and lilac have in turn decorated our huts." Sister was hoping later to be transferred to France.

Sister Mary Muir, late of the staff of the Hospital Ship "Marama," writes from Walton-on-Thames, to which hospital she was detailed when sisters were taken off the hospital ships. Sister Muir and Sister Hawkins were both on duty at Oatlands Park, and enjoying it very much, though at first they were very disappointed and upset at not returning on the "Marama." She writes to the Matron-in-Chief: "You, I know, will understand that we were not afraid of any danger there may be on the ship."

Matron Cora Anderson wrote from Hornchurch. She was busy installing general service women in the kitchen and mess rooms in the camp. They had also lady ambulance drivers.

Miss Gubbins (masseuse) writes from "At Sea." The six masseuses were well and happy, and having a very pleasant voyage. Miss Gubbins was cooking invalid food for some men sick with measles. These were nursed by the orderlies, as there were no sisters on board. The Canterbury Red Cross had sent a box of comforts on board to Miss Gubbins, which was most useful.

Sister Nicholson also wrote from "At Sea." They had had a rough trip, and much seasickness, otherwise good health among the troops with the exception of two cases of pneumonia.

Matron Vida MacLean, A.R.R.C., wrote from Brockenhurst. She and all the New Zealand matrons had met at Walton on the occasion of the visit of the American Medical Unit; the first time they had all met together.

Miss M. G. Brown (late of Kensington St. Private Hospital) writes that she was taken off hospital ship Formosa at Marseilles with other sisters, and is now in a Home hospital at Canterbury. No. 1 Military Hospital is a very old place, built in the reign of George IV, and used at the time of Waterloo, and during the present war has been much engaged.

Sister Margaret Nixon, who has been since the beginning of the war working in the Queen Alexandra Reserve, has now become attached to the N.Z.A.N.S., and writes from Brockenhurst. She had gone to England with the sisters taken off the Marama at Suez and was very tired and worn out after her hard work in Egypt and Mesopotamia. Sister had a delightful visit to Lady Desborough's place in Buckinghamshire, where tired nurses are entertained and there she spent every minute in the garden and on the river. She was very happy to be with the New Zealanders again. She had spent some days with her sister at Codford, and Mrs. Plowman was then having leave for a month before coming out to New Zealand.

Military Nurses at Home and Abroad

Miss Morley, late Matron Ashburton Hospital, who went on active service last December, unfortunately had a fall from her bicycle and broke her collar bone.

Sister McNie is now in charge of Codford Hospital, and Mrs. Plowman (Sister Nixon) is shortly returning to the Dominion.

Sister MacIntyre; Staff Nurses C. Campbell, M. Campbell, J. Mercer, M. Watt, J. P. Arnold, and A. Kenny have recently been detailed for duty in France as extra staff; the hospital having increased to 1,040 beds.

Sister J. Gilmer had been over in England on leave and was invested by His Majesty, King George, with her decoration of the Royal Red Cross 2nd Class, at Aldershot, on July 28th.

Staff Nurse G. M. Reynolds has resigned to be married; we have not yet heard of her marriage taking place.

Staff Nurse Beattie, late Matron of the Knox Home, Auckland, is engaged to Corporal Ross.

Sisters recently returned to New Zealand are: Mrs. Coates (Nurse Illingworth of Auckland Hospital); Mrs. Coates has retired and intends to settle with her husband, a returned soldier, on the land somewhere in the Hawke's Bay district.

Staff Nurse D. Anderson, invalided, but much improved by the voyage. Sister McShie also invalided after a severe operation.

Sister Bird who requires a rest after her long service in Egypt and England. Sister Dorothy Moore of the staff of the Marama has also returned owing to loss of health in the tropics.

Sister Nellie Grant came back in charge of these sisters and will remain on Home Service for the present, at first at the Devonport Home for Convalescent Soldiers, during the leave of Sister Parkinson.

Staff Nurse Herbert of staff of Marama has returned and will take up her duties as Matron of Kawa Kawa Hospital till again called up.

Sister Smith (Edith Harris) has resigned.

Sister Brooke-Lees, at her own request, has been granted leave for twelve months without pay.

Staff Nurse Donald (late Plunket Nurse at Napier) returned for massage duty on transport. She hopes to return to England where her future home will be.

Staff Nurse Stronach has also returned on transport and is on leave; and Sister Gill, of Marama staff, has returned for Home Service.

Sister Elsie Stronach, who recently returned to New Zealand, has been released at her own request for family reasons, on leave without pay till again required.

Sister Hilda Hooker, who has been acting as matron at Trentham Hospital for the last eight months, has retired owing to ill-health. She has been granted a military pension, and is shortly going to Ashburton to visit her sister.

Sister Catherine Blackie, has retired from the N.Z.A.N.S., and has been granted a military pension for six months. She hopes later to take her midwifery training and resume her district nursing of natives.

Sister Ibbetson has retired from the Army Nursing Service on account of ill-health. She has been granted a military pension.

Sister Eagle is still on leave. Her health not being entirely re-established, she has been granted a pension for six months, when she hopes to be able to resume her service.

Before leaving on active service, Miss Webster, matron of the Bowen St. Hospital, was the recipient of many useful and handsome gifts from her staff and friends, including a suit case, electric torch, travelling rug, deck chair and pillow, books etc. Miss Webster was also entertained at one or two enjoyable functions, such as an 'Home,' given by the Bowen St. staff; also a dinner and a farewell tea at Kircaldies

NURSES FOR THE FRONT.

A small contingent of nurses was sent Home with the 30th Reinforcements, five in each of two ocean liners which are acting as transports. The nurses selected are from among those who have been in camp hospitals waiting, for some months, and one or two newly enrolled ones.

The names are as follow:—Sisters Marshall, Hitchcock, Burke, Ausenne, Dawson, Edgerley, Webster, Garner, Delugar, Dickens.

It is intended, as instructions at present stand, to send reinforcements of about five staff nurses each month or so. A good many of our nurses now need relieving, and it is intended to send only staff nurses, so that those who have been on service for some time may receive promotion to sisters.

The thirty five nurses in Egypt and on Imperial ships need relief, and it is intended to bring them to England to take the place of retiring sisters, and of others to be sent from England, while staff nurses may be replaced from Egypt.

Our nurses are disappointed that there have been so few chances of getting to the front of late. The change of work of the hospital ships and consequent reduction of

the nursing staffs is partly responsible for this, but if reinforcements of five per month are kept up a good many will get their chance during the forthcoming year.

NURSES RECENTLY CALLED UP FOR MILITARY SERVICE.

To take the places of nurses leaving on transports and hospital ships the following nurses have been enrolled:

Miss Nora Dempsey, Auckland Hospital, posted Featherston Hospital; Susan F. Crompton, Invercargill, posted at Trentham; Gertrude Barker, Nelson Hospital, posted at Featherston; Frances Taylor, Dunedin, stationed at Cambridge; Alice Rhind; Charlotte McIntyre, Dunedin, stationed at Trentham; Amy Harris, Christchurch, stationed at Trentham; Emily Douglas, Wellington Hospital, stationed at Trentham.

To proceed on transports, also recently called up:—

Miss Delugar, Thames Hospital; Miss Webster, Wellington Hospital; Vera Dawson, Napier Hospital; Isobel McLennan, Wellington Hospital.

Promotions in the N.Z.E.F.

The following staff-nurses, some of whom were previously promoted to sisterships in the N.Z.A.N.S., have now received their promotion in the N.Z.E.F.:—

E.J. Austin, L. A. Burke, K. Carter, S. L. Clarke, C. E. Cherry, I. N. Coster, M. Crook, C. M. Doneghue, A. C. Douglass,

M. E. Gould, B. Keyte, M. F. Looney, J. E. Lewis, J. Miller, V. McCosh Smith, J. Naismith, S. L. Nicoll, A. M. Paterson, A. L. Philpotts, E. A. Porteous, E. Stokes, I. Stewart, Flora Smith, W. M. Stronach, K. Welch, E. A. Wilson.

Roll of Honour for Nurses

The Thames Hospital Board has established a roll of honour to Thames nurses who have gone on active service. There was a large gathering of townfolk to witness the unveiling of the roll, which was placed in the main entrance of the hospital. Regret was expressed that Miss Stewart was unable to attend. Speeches were made paying a high tribute to the nurses and the noble work they were doing. Some speakers took the opportunity of saying that not

only those who had gone to the front, but those who remained at home were all doing their duty, and of urging that recreation should be provided for the latter. A new nurses' home is to be built, and a tennis court would be a good addition.

The roll of honour contained the names of Miss Cora Anderson, now matron of Hornchurch Hospital; Sisters Mandeno, Hawkins, Eddy, Campbell, and Carruth.

Royal Red Cross

Since our last issue there have been some further honours bestowed on New Zealand nurses.

Miss Evelyn Brooke, R.R.C., was a Wellington Hospital trained nurse, and at the commencement of the war was a sister in that hospital. She was sent with the Advance Expeditionary Force to Samoa, when, after Miss Bertha Nurse left to go with the first contingent of nurses to England, she acted as matron. She was later matron of the first commission of the "Maheno" during the most strenuous period of service of that ship to the Dardanelles. After that matron of Trentham Military Hospital.

Miss Brooke left New Zealand again as matron of the second commission of the "Marama," and on sisters being taken off the hospital ships, became matron of the New Zealand Hospital for officers at Brighton.

Miss Jessie Bicknell, A.R.R.C., who has been a member of the staff of the Public Health Department as an assistant Inspector of Hospitals, was trained at Nelson Hospital and St. Helens, Dunedin. After the war broke out she acted as deputy-matron-in-chief during the absence of Miss Maclean with the first contingent, and on the return of the matron-in-chief to New Zealand, went as matron of the second commission of the "Maheno," when this ship was on the Channel run, and carried a record number of patients. Miss Bicknell has now resumed her position in the Public Health Department.

Miss Beatrice Brooks, A.R.R.C., was trained at the Melbourne Hospital, but has been for nine years in New Zealand, first as a sister at Wanganui Hospital, and later as proprietress of a private hospital in Wanganui. She was one of the second commission of the Hospital Ship "Maheno."

Miss Winifred White, A.R.R.C., was trained at Auckland Hospital. She was a sister on the first commission of the Hospital Ship "Marama," and on her return to New Zealand was appointed matron of the Military Hospital, Featherston. Sister White has again left New Zealand on the third commission of the "Marama."

Miss Louie McNie, A.R.R.C., trained at Christchurch Hospital, was a member of the Advance Expeditionary Force, and was for about eight months at the Samoa Hospital. She was then theatre sister on the first commission of the "Maheno," and on return to New Zealand was matron of Featherston Military Hospital until she again joined the staff of the "Marama" on her second commission. Miss McNie is now matron of Codford Hospital in succession to Miss Nixon, A.R.R.C. (Mrs. Plowman).

Miss Louise de Bath Brandon, A.R.R.C., was also a member of the Advance Expeditionary Force to Samoa, and later belonged to the first commission of the "Maheno." On return to New Zealand Miss Brandon was matron of the Military Hospital, Rotorua, until rejoining the Hospital Ship "Marama" on her second commission. Miss Brandon is now sister in charge of the auxiliary branch of the officers' hospital at Brighton.

Note—R.R.C. means Royal Red Cross first class, and A.R.R.C. means Associate of the Royal Red Cross.

Among the honours for New Zealand nurses cabled out in September was Miss Alice Read, Royal Red Cross, 1st Class. As this name is not on the register of New Zealand nurses, the Editor would be glad of any information regarding the lady

Mentioned in Dispatches

In recent cables we read that Sisters Condick, Jacobsen, McCosh, Smith, and Early were mentioned in dispatches by General Sir Archibald Murray.

Miss Ettie Rout and Miss M. Higgins of the New Zealand Volunteer Sisterhood, who have been engaged in canteen and cooking work, were also mentioned.

Women and the Army

The Constitution of the Auxiliary Corps

When the war is over and the history of woman's part in it comes to be written, three things will stand out very strongly: admittance to the franchise; the right to receive honours at the Sovereign's hands; and, last but not least, the right to join the Army in the defence of the country, state a writer in "The Queen."

For although the Women's Army Auxiliary Corps is not a fighting division, the members are placed on the strength of the unit to which they are attached, and so are officially recognised as part of the British Expeditionary Force in France.

Needless to say, there have had to be certain readjustments in order that women might be admitted to the ranks. For instance, the disciplinary methods have had to be modified, and in place of a court-martial—which cannot impose any penalty lighter than imprisonment—a court of summary jurisdiction has been appointed which can, for lighter offences, impose a fine. Obviously, however, in the interests of the Army, discipline cannot be entirely abolished, because the offending recruit happens to be a woman. Should a woman, after having taken the military oath of allegiance, leave the corps, she would be treated as a deserter and would be liable to imprisonment. Happily no such case has occurred. Such small offences as do occur are punished by fines or by "fatigues," which consist in any unpleasant little task that may be going. In France the women are treated as privates, and are subject to the Army officers and n.c.o.'s. In addition, however, they have their own officers and n.c.o.'s. These do not rank in quite the same way as the ordinary Army officers, and in place of captains, lieutenants, etc., there are controllers—of which there are only two, one in France and one in England—administrators, deputy administrators, and assistant administrators. These wear an officer's coat and tie, whilst the private—or "member," as she is called—wears a coat-frock fastened up to the neck.

The woman n.c.o., who is promoted from the ranks, may belong either to the "lower" or "higher" grade. If to the former, she wears a distinguishing badge—a simple wreath on both arms. If she belongs to the higher grade she will wear a rose in the centre of the wreath.

This, then, is the constitution of the Women's Army Auxiliary Corps, and although the disciplinary measures may sound somewhat alarming to the outsider, they are not regarded in that light by the girls themselves, who are thoroughly enthusiastic about their corps. Everything that can be done for their welfare and comfort is done, and the girls are very appreciative of the fact.

The restrictions do not prevent the girls in France having a really good time when working hours are over, and they write home of picnics, garden parties, cricket matches, and races in so breezy a way as to make the recipients of the letters thoroughly envious.

The girls are housed in comfortable huts and hostels at a safe distance from the firing line. The majority of the girls are engaged on clerical work; others are employed as cooks, housemaids, laundresses, etc., in the hostels where the girls are housed.

The domestic workers receive rations and quarters, and £26 per annum, whilst the clerks receive from 23s to 32s per week, out of which they have to pay 14s for their board and lodgings. They also receive a bonus of £5 at the end of each year's service as well as an allowance of £4 for uniform.

Some of the girls in the W.A.A.C. wonder why these terms have not attracted larger numbers to their ranks.

The above interesting account shows the opportunities offered to women at Home. Many of our New Zealand women would like to be offered the chance of joining this Auxiliary Corps. We think if their doing so would release men of our Expeditionary Force for service in the fighting line, they should have this opportunity. We would be glad to learn the conditions of the officers of this corps, and how their pay and allowances compare with those of the trained professional workers, the nurses, who in courtesy at all events, take the rank of officers.

Miss Mary Marshall, staff nurse at No. 37 British Hospital, has received posthumous honour in French Army Orders:—"A brave nurse, who was the victim of her devotion to duty during an aerial bombardment of her hospital. When the enemy aeroplane was signalled she went at once to the operating room, and made all the needful

preparations. She continued her work during the intense bombardment, and was killed at her post."

A simple marble cross marks the grave of Miss Marshall, bearing the inscription, "In Arduis Fidelis," which was erected by her comrades at the hospital.

The Hospital Ships

Since our last issue in which we gave the new staffs of the New Zealand Hospital Ships, there have been many events in which our nurses are specially interested. First, just as the "Maheno" returned from the first part of her fifth commission, we heard the news that all the sisters were taken off the "Marama" at Suez by order of the Admiralty. We gathered that this was on account of the submarines and the late torpedoing of the "Salta," and we knew that it was by no wish of the sisters themselves that they were thus removed from danger.

We hoped that the embargo would be merely temporary, and the staff of the "Maheno" proceeded to Port Chalmers to rejoin the ship, when at the last moment they were recalled and the ship sailed without them, to their bitter disappointment.

The sisters were then scattered about, some back to their own hospitals, some to the military camps, and waited patiently or impatiently the return of the ship.

The sisters of the "Marama" were sent through the Mediterranean and across France and the Channel together with the nursing staffs of some of the Australian ships, and were there placed on duty in the hospitals, and when later the ship was about to come back with convalescent sick and wounded to New Zealand, it was alleged that they could not be got together again and the ship sailed without them. (At the same time, owing to the determination of the O.C. of the Australian Hospital Ship, the "Kanowna," who refused to leave England without the sisters, the embargo was lifted for the long voyage ships, when the really sick men so sorely need trained nursing.)

The medical officers of the ship reported very favourably of the way the orderlies, who by that time had had the advantage of some training under the sisters, carried out their duties, and no doubt the majority of the men did very well without the nurses, but not so the minority who suffered considerably from lack of the special attention the trained nurse alone can give.

We are glad to report that the ship again left New Zealand shores with a staff of sisters. Miss Bagley, matron of third commission of the "Maheno," went in charge, with Sisters W. E. White,

A.R.R.C., Ruth Gilmer, A. Pattrick, E. Swayne, B. M. Tilly, G. W. Richardson, E. J. Young, and K. G. McKay. All these, except Miss Bagley and Sister McKay, were members of the first commission of the "Marama."

Owing to the fact that the hospital ships are now chiefly acting as transports to evacuate the convalescent and those who will not be returning to the fighting line from England, the nursing staffs have been considerably reduced, and the staff of orderlies increased. The sisters will have more strictly supervising work.

The medical staff of the "Marama's" third commission are Lieut.-Col. Cook, O.C. of the first commission; Captain Dudley, Captain Hardwicke Smith, both with temporary rank of major, Captain Leeper MacDiarmid, and Lieutenant Vivian.

The Hospital Ship "Maheno" arrived back again without sisters, though a staff was shipped from one port with a large number of wounded being transferred to England. These were English sisters under their matron, Miss Conway-Jones, R.R.C. This staff was lost again when they reached England, and apparently when it was time again to return, our nurses were all so busy with the Messines rush that again they could not be spared to staff the ship, and the sick and wounded had only the ministrations of the orderlies. Apparently they were not very serious cases, and arrived in a satisfactory condition; but one medical officer at least, declared he hoped never to sail again without sisters.

The fourth commission is now formed, and will probably leave at an early date. The nursing staff is much reduced, to just half its previous number. Sister E. H. Grant, of Dunedin Hospital, is to act as matron; Sister Maxfield to act as sister, and staff nurses are, all except the last belonging to the fifth commission and disappointed of the second part, Sisters Jackson, McIlwraith, MacFarlane, Cameron, McLennan.

We hope that no further disappointment will occur, and sisters be again ordered off the ships.

As one sister writes: "It is to be hoped that in the future it will not be said that nurses were afraid to go!"

It is stated that, as a result of the intervention of the Spanish Government, the German Government has agreed to give hospital ships a safe passage provided that each carries a Spanish naval officer, who guarantees that the ship is used

only for the transport of the sick and wounded.

Let us hope that trained nurses will be reinstated in the positions which they would never have vacated had they not been under orders.

Marquette Day and Nurses' Memorial

The 23rd of October is a sad anniversary for New Zealand. It has been chosen for the occasion of a grand concert, got up in aid of the Memorial Fund for Nurses, which has been established in New Zealand to the memory of those who lost their lives in that disaster.

As before explained in these columns, the form of memorial is to be not a statue or window or home, but one which may benefit any trained nurse, general or midwifery, who may through sickness or misfortune need help. The Fund is gradually growing, and it will be possible ere long to utilise annual subscriptions and income from the money invested in the war loan in giving a few small grants and annuities to nurses needing such assistance.

It is desirable that all parts of the Do-

minion should make an effort to add to such available funds, so that nurses from all parts may have a claim for assistance. So far the Wellington district has been most successful, and the Dunedin district has also made a good commencement.

Our readers will, we are sure, be glad to learn that this little journal, "KAI TIAKI" now nearly ten years old, has become a subscriber to the Fund, and has donated £50 from the savings of its short life. The Editor hopes each year to pay something to the Fund, but as from a limited circulation profits are not high (averaging about £10 per annum) and especially at present a reserve fund must be retained, it cannot be a large amount. Nurses must remember that in helping the journal they will help the Fund.

The German "Red Cross"

A correspondent of the "Times" states "one of the saddest fruits of the war has been the revelation it has produced of the nature of German women. Allied to this has been the disclosure of the character of the German Red Cross. German women have behaved to British wounded—not in isolated cases, but in many hundreds of cases, systematically and of set purpose—brutality which a few years ago we would have thought incredible in any women with white skins." When the testimony of men released from German prison camps has been properly compiled and sifted it will make a monument of German shame which will stand as a warning to the world for generations.

"It was the common amusement of these Red Cross women to tempt our men, who were in the last extremity of hunger and thirst, by holding food and drink out to

them to try to make them snatch at it, and then drawing it away. Men who begged for a drink had it tendered to them, and then, at the last minute, the 'nurse' would spit in it, and laughed aloud when in their extremity the men drank the defiled stuff. The equally common entertainment with these women was to offer a wounded man a glass, perhaps of water, then standing just outside his reach pour it slowly on the ground.

The essential fact about the German Red Cross is that it is the Red Cross only in name. In reality it is nothing more or less than a branch of the German military organisation for the glorification of German arms. . . . The German Red Cross has prostituted the sacred sign and shamed its name. It has forfeited all right to be regarded as an organisation of humanity."

N.Z. Military Hospitals in England and France

We hear that recently all orderlies have been sent away from the wards in our hospitals, and have been replaced by women. This is as it should be, and will, of course, make the hospitals more like civil ones. The V.A.D.'s, who by the bye, are not entirely voluntary helpers as they receive a salary more than equal to that given to nurses in their first year of training, taking the place of probationers. The matrons and nurses find the change quite satisfactory, as one matron remarks: "It seems strange to have women doing farming and carpentering, and men doing the work that is so much more efficiently done by the women in civil life."

So many women are going to France now, that it is difficult to meet the needs of our hospitals; for not only are the women needed in the wards, but as cooks, women dispensers, clerks, transport drivers, for work in the nurses homes of which there are five connected with Walton alone. These are staffed with a housekeeper and a housemaid, mostly New Zealanders. The homes are scattered in the village within a radius of about one and a half miles. Accommodation is a somewhat difficult problem, so the nurses are rather crowded, but quite comfortable, and far more so than they were in Egypt.

Iverwood, the new nurses' home at Walton, is a charming spot. The house is so comfortably furnished, and the garden is so lovely. We have a sweet little bit of pine wood. We are two miles from hospital, and really in Weybridge. The sisters are taken backwards and forwards by ambulance, but some had bicycles and cycle up and down in preference.

The auxiliary hospital to Walton, Oaklands Park, is one and a quarter miles away. It looks very beautiful, the park is full of old trees, and is very picturesque, and is a sunny site. Sister Chalmers manages here, and the boys are very happy.

The matron writes: "War economy is now a hospital art, and I do not think a crust or crumb is wasted here. Every scrap is put through a mincer and converted into some kind of a pie. Each ward kitchen is fitted with a small gas stove, and the V.A.D's on kitchen duty take great in-

terest in concocting some kind of a pie or dish for their patients' tea. The cooking is, of course, done in the big main kitchen (where a New Zealand lady has for two or more years cooked with a few assistants for this big hospital), but hot dishes for tea are not supplied."

Devonshire House is the headquarters of the committee for supplying hospitals with helpers during the war, and the matron adds that she has had several employed, and they had been most satisfactory, but unfortunately their stock had run down, as naturally everybody wants to go to France, and hundreds of splendid women have gone there. So that getting a probationer from Devonshire House was now rather a lottery, and there are many disappointments.

Miss Wilson wishes that they were not so far away, so that it might have been possible to get some of our own women for the next great push. However, by the time they could arrive the emergency would be over. At the time of writing, Walton Hospital was to be extended to 1600 beds. Many of these are in hutments, which are considered rather wonderful and much admired by professional visitors, for apart from their pretty aspect, they are very serviceably built and have every convenience.

At the conclusion of the letter from which these notes are taken the matron adds: "We are now exceedingly busy, tents everywhere. Yesterday we had a convoy of 172 patients straight over from France at 3 a.m., so had to have some of the day staff called. Six of us went to the station and stayed till 4 a.m. giving drinks, etc. The men looked so strange with unshaven faces, but I am glad to say not very seriously wounded with the exception of a few."

The New Zealand Hospital for officers at Brighton seems a popular place. Forty can be taken in all, and the matron says quite a lot of entertaining has been done. The residents make calls on the officers, which have to be returned by the sisters. Miss Brooke is in charge, and Sister Brandon is her second-in-command. At one house all the staff of V.A.D's are New Zealanders.

Mrs. Inwood, Misses Lutter and Middleton, Mrs. Page, and Mrs. Shepherd, Mrs. Welsey, A group having tea in the garden look very happy.

A visit to the New Zealand Hospital at Walton-on-Thames was recently made by H.R.H. the Duke of Connaught (states a London correspondent). Colonel T. Mill, N.Z.M.C., and his staff received the visitor and those present included Colonel Parkes and Miss Thurston, who had travelled from London. The Duke was shown over Mount Felix and the hutments, and he stopped at intervals to chat with the patients. He displayed great interest in the work which is being done for jaw cases. The beauty of the hospital surroundings charmed him, and he remarked that such conditions should surely tend to help the sufferers to recovery. At Oatlands Park the Duke of Connaught was impressed with the revolving shelters, of which there are now a number. The utilisation of hitherto

unused patches of ground for the growing of vegetables did not escape his attention. After seeing Oatlands the party returned to Mount Felix, where the visitors' book was signed.

The No. 1 N. Z. Stationary Hospital in France has now been increased to 1,040 beds. The Matron in Charge of the Expeditionary Force had been over on a short visit of inspection and found that the Hospital and the Nurses' Home was in every way better than the one vacated at Armiens. It is now so much nearer the line that many more of the New Zealand wounded can be taken in.

The house used as a Nurses' Home is an old residence, and can accommodate a staff of 43. It has a very nice garden and lawn at the back which is a great boon to the nurses when off duty. Their food and cooking is good and they are now collecting quite a number of little extra things for their comfort in the Home.

American Nurses and Medical Officers visit N.Z. Hospitals

On the second of June the first representatives of our new allies in the form of the medical contingents were entertained at Walton on Thames by the New Zealand medical officers and nurses, Col. Parkes and Miss Thurston escorting them to Walton where they much admired the hutments and other arrangements, and afterwards to Oatlands Park, where they had tea.

The matrons as well as the P.M.O. of the New Zealand Hospitals in England were all present to greet the visitors, and the Matron-in Chief of the Canadian Nursing Service, and of the Australian Nursing Service, Miss Macdonald, R.R.C., and Miss Conyers, R.R.C., were also invited. In the large group illustrated may be seen Sir Thomas Mackenzie, who has always taken so much interest in the New Zealand nurses and who was photographed with our first contingent under the chestnut trees at Bushy Park.

The New Zealand matrons present were, besides Miss Thurston R.R.C., Miss Fanny

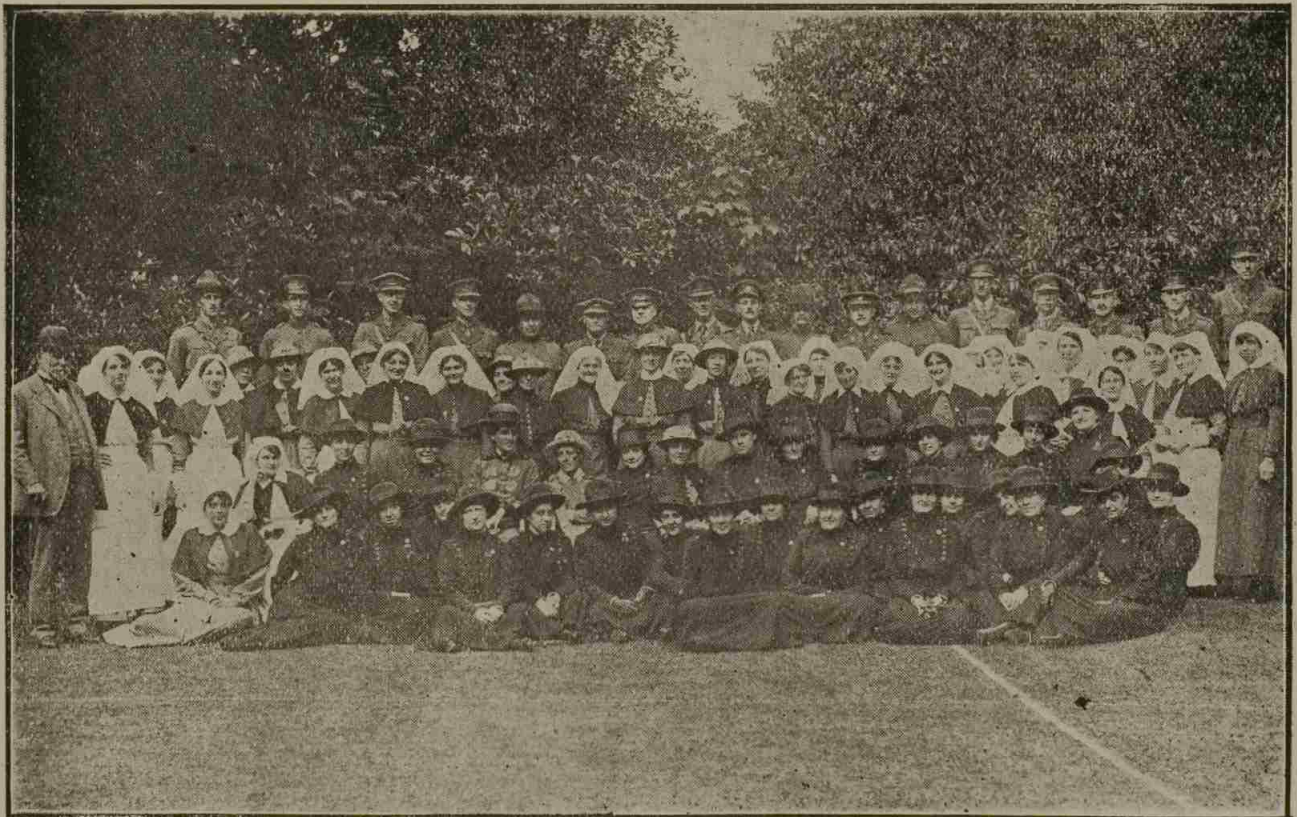
Wilson, A.R.R.C., Matron of Walton, Miss Vida MacLean, A.R.R.C., Matron of Brockenhurst, Miss Cora Anderson, Matron of Hornchurch, Mrs. Plowman, A.R.R.C. (Sister Elizabeth Nixon) Matron of Codford, and Miss Chalmers, Sister-in charge of Oatlands Park. Among the medical officers were Col. Parkes, Col. Mill, Col. Fenwick Col. Wylie, Col. Myers.

The American principal matrons were Miss Dunlop, Miss Stimson, and Miss Urch, all in charge of nursing units in the United States Army. Col. Bradley was in charge of the American units.

The uniform of the American nurses is dark blue with black buttons; two rows on the plain, rather full bodices, plain skirts, and dark blue hats. One of the photographs of this gathering is produced in the British "Journal of Nursing," and the editor remarks that "It is an historical picture, which, in days to come will be treasured by those who were present on that memorable occasion.



New Zealand Headquarters Medical Staff in England;—Matron-in-Chief and Matrons, Commanding Officers (medical), Australian Matron-in-Chief, American Matron-in-Chief, Canadian Matron-in-Chief, American principal matrons, American Commanding Officer and other officers.



Group taken at Walton-on-Thames Hospital on the occasion of an entertainment given to American Medical Officers, Matrons, and Nursing Sisters.

The Matrons-in-Chief at the Lyceum

British Journal of Nursing, July 28, 1917.

A very successful dinner convened by the Women's Medical Service was given at the Lyceum Club, 128 Piccadilly, W., on Monday, July 23rd, when the Matrons-in-Chief of the Canadian, Australian, and New Zealand Army Nursing Services, upon whom, on the proposition of Mrs Bedford Fenwick, chairman of the executive committee, the Hon. Membership of the Club has been conferred—were the guests of honour.

Dr. Florence Stoney, of the Fulham Military Hospital, presided, and gave a very interesting account of her work from the outbreak of war. She humorously described the difficulty she and her colleagues had in obtaining work in this country, and how, after being informed by Sir Frederick Treves that "radiography never was and never would be any use in warfare," she and her colleagues went to France and Belgium to prove that the care of the sick in all its branches can be successfully undertaken by women. She very much resented the fact that British medical women had not got army rank, whereas any medical man took his place in the nation's Army, and was given the rank which was his due. In the absence of Surgeon-General Sir Neville Howse, K.C.B., V.C., Colonel Parkes of New Zealand, C.M.G., D.D.M.S., proposed the toast of the "Women's Medical Service," and said what a revelation it had been to the whole world to at last realise "the great capacity of women." He hoped when the honours were distributed to women, those who had taken part in the war nursing and medical work would be very highly rewarded.

"The Nursing Service" was proposed by Colonel Adams, D.D.M.S., Canada, who took up vigorous defence of the V.A.D.s and deplored the amount of "charing they had to do," to which Miss Macdonald, R.R.C., Matron-in-Chief of the Canadian Nursing Service, very wittily replied, "As

we employ no V.A.D.s," she said, "we are fully qualified to hope they will have all the recognition they deserve when war is over. She was glad the V.A.D.s had such powerful champions as Colonel Adams, and surmised that he and their other supporters would take them into their own homes and place all the confidence in them that they would place in a fully-trained nurse." Replying also to the Colonel's demand for exemption from "charing" for nurses, Miss Macdonald said that anyone who was not "capable of charing" had no business in a hospital.

Miss Thurston, R.R.C., stated how willingly New Zealand had come to help the Mother Country, and that all the nurses of their Service were not only fully qualified, but State Registered.

Miss Conyers, R.R.C., gave similar testimony as to nursing qualifications for Australia. The system of registration in Australia has not yet got the imprimatur of the State.

"Our latest Ally" was proposed by Mrs. Parker, sister of the late Lord Kitchener, and responded to by Captain Rogers, A.L.O. (America).

A very distinguished company of medical and nursing representatives were present, including Miss Mary Henderson, an organiser of the Scottish Women's Hospitals who has just returned from Russia; and Miss Grace Ellison, the founder of the French Flag Nursing Corps, who has just returned from France. Owing to their absence on duty at the front, Mrs. Creagh, R.R.C., Matron-in-Chief, South African Nursing Service; and Miss E. V. Hasson—Matron-in-Chief of the Nursing Units of the United States Army—were unable to be present, much to the regret of their colleagues.

Mrs. Bedford Fenwick deeply regretted her unavoidable absence upon so memorable an occasion.

American Nurses in London

Very neat, but very distinctive, is the dark blue uniform with red facings worn by the American nurses who came over with the U.S.A. Medical Unit, states the "Queen" of June 2. The few days they were in London before going to France they spent busily and happily in seeing the sights and in being entertained by many well-known people. Mrs. Page, the wife of the American Ambassador, welcomed them to tea; Sir Thomas Lipton to lunch; a great divine personally showed them over St. Paul's Cathedral; whilst visits were made to St. Bartholomew's Hospital and the London Hospital.

At present their destination is unknown, but one of the nurses thought that they would not be far from the firing line, because amongst their medical staff is a great brain specialist, and in order that his skill should gain the best results he would have to operate on his patients as soon as possible after the injury is inflicted. This nurse has braved the crossing of the Atlantic three times since 1914, as she came

over in the very early days and worked in a French hospital, where they had many Algerians and Turcos as well as Frenchmen as patients.

"Americans are very keen on the war," she said enthusiastically, "and they are just going to do everything they can to help." Then she went on to praise the fine spirit which pervades the young men of the States who have joined the "Roosevelt" army.

This American Medical Unit is complete, having about twenty doctors, sixty-five nurses, a large number of orderlies, and splendid equipment, and there is no doubt that it will do magnificent service for the Americans' sake, of course, exceedingly up to date in their methods, and a chat with these high-spirited women, of just the right age and imbued with the one great desire to be of use to the Allies, made one realise more than ever how much we have gained and how much Germany has lost by the entry of our American cousins into our side of the war.

Skin Grafting Operation

Patient's right hand was crushed and burnt between the hot rollers of a mangling machine. She entered hospital four days later; hand was much swollen, painful, fingers stiff, but could be moved with difficulty; the palm was not injured, back of the hand to first joint of fingers severely burnt, a large greyish slough, with inflamed edges.

Treated with antiseptic baths and fomentations; twelve days later a large granulating area remained, suitable for skin grafting.

1ST OPERATION (WOLFFE'S METHOD).—Skin edges on back of hand prepared and a flap of skin, shaped to suit and lift attached at two ends, prepared from lower abdomen. Hand was slipped underneath, and sutured in place, hand and arm was then strapped to body. On return to ward, elbow rested on a pillow, no dressing over hand, a cage, covered with guards was placed

over abdomen for protection. There was no discharge, wound appeared to be sealed by blood clot, the flap over hand became slightly oedematous, later a little offensive discharge appeared between abdomen and hand, but flap remained aseptic.

2ND OPERATION.—On the 12th day an incision was made through each end of abdominal flap, severing it from abdominal wall. The cut ends of flap on the back of the hand were sutured to margins of wound on hand, after freshening these margins. Edges of wound on abdomen were undermined and drawn together with sutures.

After ten days the abdominal sutures were removed, a little pus removed from upper end of graft, circulation appeared in graft gradually. The abdominal wound soon healed, and after the stitches were taken out of hand, it remained in good condition, and movement gradually returned to fingers assisted by the massage treatment carried out.

Barge duty in France

The cold weather being practically over this means of moving patients is again in demand, and it really is a splendid way. The barges hold thirty patients each. They are gay with lovely flowers, and we keep them all arranged between trips, as when patients are on there is no time.

Two barges are run together, with two sisters on each, and one medical officer for the two. The sisters share a cabin, rather close quarters, but as the hatch is almost always off we can get on very well. We have a very light time on the whole; on an average we make one trip a week, that is up and down. We can take the patients from here, where we arrived this morning (no names allowed) to the base in thirty-six hours, occasionally it is longer, as we fail to arrive in time to evacuate, which means they remain all night with us instead of being taken off at 8.30 p.m. As soon as the patients are off we have perhaps an hour or more to go into town or to the sea, and then return for another load. On the way back to reload we have to get stores, also report to our headquarters. The M.O. sees the officer in charge, and we report to our matron, who is the matron at 10 Stationary. Sometimes there are repairs or alterations to be done, so that it takes more than twice the time to come back. Going down everything has to give way to the hospital barges. You can hardly imagine how beautiful the whole trip is. When I started there was hardly a leaf out, the trees I thought beautiful in their wintry bareness, now in four weeks they are just a dream. The country is the most lovely picture, we go through long avenues of glorious trees and sweet little villages. The French barges, too, are a great interest; the families on them have lived for generations, such dear children sometimes, and picturesque old women and girls. The fields are perfect, golden with buttercups. There are lovely oxeyed daisies out, and beautiful old white horses on the tow path; the dark ones have gone to the front. We have had the most glorious weather, some days rather hot, but after the winter I feel we must never say it is too hot. We have most exciting times,

too. We were in a town the other day when the enemy started to shell it; the town folk were all down in the cellars in a few minutes. They pulled down the shutters of their shops and the streets were cleared at once. They invited us (four sisters) to go to the cellars, but we preferred to hurry back to our barges. However, when we started to cross the square a shell came on to a three-storey building right in front of us, and we were covered with dust. It was alarming for a few seconds; one could hear the whizz of the shell, it gives a horrible shriek and then explodes. This town was shelled this morning, but very little damage done. The people all flock along the canal banks with their bundles and families. Moving backwards and forwards, we stay at different spots almost every trip. We never get away exactly at the same time, and it brings us to different mooring places. We generally have a walk when we tie up for the night. we can sometimes get out and walk along the banks in the day time, but it is rather hard walking to keep up to the barge. We have a powerful little tug to take us along.

We went a lovely walk this afternoon, the crops about are a picture, everything is so luxuriant, flowers in profusion, and the country is so picturesque. I love the village people, and the bargees. I have just been on an ordinary barge. We met a girl—a Belgian—on the side of the canal, she could talk a little English, and invited us to come and see her barge on which she lives with her parents. There were three nice little rooms, two bedrooms and a living room, everything was spotless, lots of brass, all most beautifully kept. A beautiful crocheted quilt on the parents' bed and nice pillow shams, everything spotlessly clean, woodwork polished. She was such a nice mannered girl, a black handkerchief tied round her head. We all sat in the little living room (four sisters), and she, after some persuasion, got out her mandoline and played quite nicely. Then we brought her to see our barges, and got her to put her name in our visitors book, in which we have many interesting names.

St. John Ambulance District Nursing

We are often asked what the District Nurses do. In this paper I have tried to give you some idea of their work.

The description of our daily rounds may not appeal to many nurses, to those in the vanguard of surgical nursing it may even seem contemptible, but any work whose object is:

“To help to lift the weight of care,

That crushes into dumb despair

One half the human race,”

more than justifies its existence. All the great souls in all ages have acclaimed this to be the highest duty of man. This work then follows on the loftiest ideals presented to the world. One point in its favour is this: that whereas, in a hospital ward, the case is apt to fill the foreground and the individual be but a shadow behind it, in our work the individual looms large, and claims our chief attention.

There are always a number of people who cannot afford to pay for a nurse, and who for various reasons do not want to go to hospital. The District Nurse is called in and does what she can, according to the nature of the case.

Not the least part of our work is giving those in charge of the patient a little instruction in nursing; how to change a sheet, give an enema, bath a patient, prepare a foment, etc.

Some call us in to say whether or not a doctor should be consulted. Last week one of our patients suffering from diabetes, fell in the street and hurt her knee. A message was brought to us and the nurse went to investigate, and found that she had fractured her patella. At our request a student was sent out from hospital, who confirmed the fact and ordered that her leg be put into a splint, which was done. As she has five little children she prefers to be nursed at home.

There are tubercular dressings which have gone on for years; psoas abscesses, hip abscesses and others. One patient suffering from tubercular hip disease has been under the St. John Ambulance Nurses' care for three years. Every day this dressing has been done, for a long time on Sundays also. This boy has three abscess outlets on his hip, one under his thigh

and an abdominal one. Sometimes the discharge from all these is sickeningly copious and offensive. He is skin and bone, has lain on his back all these years, and moves with pain and difficulty. He has frequent attacks of diarrhoea which prostrate him, but he has no bed-sores, which the doctor thinks an astonishing fact. The District Nurse is indispensable to this boy.

We sometimes get patients with bed-sores, but if it is within the bounds of possibility we soon cut the life of these short. At the Ambulance rooms we keep a stock of all we require in the way of dressings, ointments, lotions, etc.

An old man was allowed to lie on his back for months with no precaution taken to keep his back whole. Bed-sores ate into the flesh and when finally the district nurse was called she found great holes, living with vermin. The nurse was able to relieve him greatly, but he died before his sores were healed.

Occasionally we have cancer wounds to dress, also old hydatid cyst wounds to syringe out and clean up daily. There are chronic cystitis patients to be attended to, also prostatectomy and colotomy patients. One of the latter was under the District Nurse for years and took an hour to dress daily; the case was full of complications and difficulties. Lately we had two old ladies with gangrenous feet and legs, for whom we did the dressings. The flesh from one of the limbs fell away bit by bit, until little was left, but the bone on the lower part of the leg. Death was a great release to both patients.

For months we have been dressing an old empyema wound, which continually and profusely discharged. This patient on the oft-repeated advice of the District Nurse, went to be thoroughly examined again with the result that she was at once put into hospital and operated on. In this capacity of giving advice the nurse can do a good deal.

We have hopeless rheumatic people who rely on us for bed-making and cleanliness. One of these was so crippled and twisted and full of pain, that only one half of her could be sponged at one time. To do

that, and get off and on her bed-clothes took an hour. Latterly she had a stroke and was a great tax on the nurse.

Another patient we had of like nature, whose feet and legs were covered with an unwholesome skin growth like the blighty excrescence that grows on fruit trees, was a mass of pain, and could only be moved by half inches, and only one part at a time; his head first, then shoulders, hips, one leg, then another leg, and so on; the process went on every time he was moved over the bed, which had to be done every time we washed and attended to his back. This he would have done exactly in his own way. His little rolls of flannel and small pillows had to be put back into exact given spots; his limbs and this skin growth had to be rubbed all over with ointment. Taken away from his body, you would never have recognized his feet as feet. To give this patient an enema was quite a work, if not of art, of resourcefulness; but it was given three times a week according to his own wish. This poor man's temper was as distorted as his body. We forgave him a good deal, but it was always a nurse with a flushed tired face that went out of that house.

Another chronic rheumatic case we have is that of an English woman, the wife of a Chinaman. Whatever she was once, she seems a good little soul now, but perhaps the reason is she is tethered to her bed. Her limbs are so twisted that they will not uphold her, and her knees give her much agony. She says the only relief she can give herself is to yell, and yell she does, as the neighbours can testify. We have often tried to persuade her to go into hospital, as her heart is bad also, but she refuses on the plea that she was there once before, and the nurses objected to her yelling; as her pains are worse at night, one quite believes her story. Tommy, her husband, is wonderfully patient, and would put many a British husband to shame under the same circumstances. We asked that a masseuse might attend her, and one was sent from the hospital, who gives her some relief. When not in pain she is quite merry, and she and her canaries sing together. Tommy does the work. Lately he had a recurrent attack of jaundice, and lay prostrate beside his partner. To wash his hands and face the nurse had to mount on the bed and

manage the best she could, as he lay on the wall side. To make the bed required an original plan, but for a District Nurse resourcefulness and originality are a necessity. Until a neighbour came to the rescue, the nurse had to give breakfast to Tommy, his wife, the hens, cat, and two canaries.

A family of Assyrians gave us a back-breaking task. There are thirteen children, and the mother is only thirty-eight years old. All the family live at home. Sores broke out amongst them, and the younger members were pretty well covered with them. The hospital would not take them in, so the District Nurse was sent. Every day for months we bathed four to six children in Jeye's, rubbed ointment over them, bandaged and put butter muslin garments next them. These the nurses made. This was always the last port of call for the day, and the nurse went straight home to a bath. We got them better for the time being, but the cause of the trouble, whatever it is, is still active, for there is frequently a mild recurrence. They are a shiftless race. These people, with their Oriental fiery natures and love of bright colours, are a source of interest to us. A group of them in the street on Sunday is like a walking rainbow. The family look upon us as bosom friends.

There are always varicose ulcers to dress that will not respond to treatment. When the District Nurse starts this work the instinct to cure is strong within her; but she soon finds herself up against a stone wall. She tries all sorts of treatment, but there the stubborn things stay. She may discover later that the patient drinks, or has other evil habits, so she gives up and is content to keep the ulcer clean. On occasions, though, we do heal them and rejoice. Nearly always a loathsome eczema surrounds these ulcers, and the smell is dreadful. If the nurse is off her guard when doing the dressings and gets a big whiff, she feels as if her olfactory nerves had got down into the pit of her stomach. In one instance days elapse before an ulcer of this kind is dressed, as the patient is at the beer shop when the nurse calls. A long flight of steps is between this woman and the hotel, and to these and drink she owes a fractured arm and leg. For the present the hotel knows her no more.

There are enemas to be given at regular intervals through the week. Occasionally a patient is having morphia injected, and relies on us to do it. We have chronic bronchitis patients who go up and down. They often need attention and sometimes a mustard and flour plaster to relieve them. Others we call to see now and then and keep an eye on, as sooner or later we know they will need us. Ingrowing toe-nails and painful corns come in for their share of attention. All this may not sound very lofty or scientific; but, when judged by the sum of relief given, it is worth a good deal.

Some of the houses we go to are not by any means spotless, but we pick our way through. Only in one house have we found objectionable small company, and we would not have objected so much if a number had not come away with us. The next door neighbour told me there were "thousands of them." After this knowledge it took some courage to go, but we went. The patient was an old lady living alone. She was over eighty, nearly blind, and almost stone deaf. One has to stand up close and shout. When we were sent to her she had a scaly skin trouble, and we had to give her a Jeyes' bath in a tub every morning, to soothe the irritation. Last time I bathed her, the clothes she had taken off were lying in a heap; I went to them to find something she was looking for, but was quickly arrested when she called: "Dinna touch them; leave a' the critters together." The plague, we hope, will soon be overcome.

There are many old people to see to who struggle on for the "long last mile," subsisting on from ten to fifteen shillings a week. Many of them are old and feeble, and look to the nurse for much. Some live in one room and do for themselves. It is pitiful the number that are left in lonely old age, and the married ones seem no better off than the unmarried. Their children are in homes of their own, and cannot, or will not, attend to them. We bath them and make their beds where necessary, and do endless queer tasks that could never be put under the heading of nursing.

One old lady living alone had to be given breakfast for a time. She had a son who went to the war; I do not know whether the country gained by him, but his mother lost nothing by his absence—but worry. While we washed, did her hair,

and dressed her (she was pretty helpless) the kettle was set to boil on a smoky Beatrice stove. By the time she was ready the water was boiling for her tea. She had bread and butter we took from a cupboard none of you would eat out of, if you went without food for a week. While she breakfasted the nurse made her bed. The dishes washed, she put a chair outside the door and helped the old body into it. There the old body sat all day, unless a neighbour came to help her in and give her another cup of tea. As she sat, she faced down a lane opening into the street. She was quite happy watching the people in the street bobbing past the small space at the foot of the lane. When she got settled she would say in her Irish brogue: "I wouldn't call the queen me mother." As the nurse went down the lane she was often followed by the words, "May the good God spare you for many a long day." The words, "God bless you," and "What would I do without you?" fall frequently on the District Nurse's ears.

Dear old folks some of these people are. One old Highland lady with a bad leg and many internal complaints does her own cooking mostly, on a spirit-lamp, while lying in bed. She lives mainly on potatoes and grated cheese, and eggs when able to get them. Everything she wants is within reach—in a cupboard beside her, under her bed, and on top of it. She hangs out of bed to reach what she wants, or hitches it up on a crooked stick. When out of pain she is contented and happy, very independent, and always grateful. We make her bed (and it takes some making), sponge her, and relieve her many ailments as far as possible.

One could go on for a long time reciting different cases, but this is sufficient to show you the nature of our work.

We are also an old clothes and old washed linen agency. We find the latter so useful and necessary. The clothes also are a great benefit to the poor families we come in contact with.

We find the sympathy of people easily roused, and this sympathy often takes tangible form and flows round our sick poor like refreshing streams. In this way many have been helped over hard places and lives made brighter.

Behind us we have a willing band of young women belonging to the St. John Ambulance Nursing Corps. These have helped with chronic ulcers and to bath and make comfortable some of our old patients. In many instances they have been the means of bringing much comfort and pleasure into these lives.

Once a week the District Nurse goes to the hospital to get the names of any out going patients who still require nursing attention. We see to these patients in their homes and

give a monthly report to the hospital. We have the privilege of asking that a student be sent to any of our cases when we deem it necessary. We find this a great help, as it lessens our responsibility and is a boon to the patients.

The work is worth while, and has many compensations. From a professional point of view we get blunted; from a humanitarian point we get sharpened. It is necessary work, and a work that brings to the nurses' heart at least much satisfaction.

A Critical Case

A midwifery nurse sends a few notes which are of interest.

The patient was one whose previous history in confinement was not reassuring. She had had retained placenta and high rise of temperature, with puerperal fever with every previous confinement, and had made very slow recovery. In this case there was also adherent placenta all round, the delivery of which was only effected after the lapse of some hours, and was followed by p.p.h., and later with threatened embolism,

The baby — barely seventh-month — weighed exactly 2lb. 7½ ounces at birth. All efforts to breast-feed were of no avail, and artificial feeding was resorted to at end of third week. At first only a teaspoonful of food could be taken at a time, but later baby took bottle with small teat very satisfactorily, half an ounce at a time. I made a few sets of cotton-wool jackets with sleeves, closed in over hands, also cotton-wool booties covered with butter muslin, and bonnets of same material. I found him much more easily managed, as the cotton-wool seemed to get lumpy in places when left plain.

At end of the fourth week baby took one or two severe heart attacks and had several convulsions, and we feared we would lose her, but she rallied, and in two days seemed to be almost herself again. At first baby did not gain weight, although no loss was indicated even from the first. Gradually weight began to increase, and when I left at the end of eight weeks baby weighed

4 lb. 2 ounces, a gain of 1 lb. 10½ ounces. She was round and well filled out, enjoying her drinks immensely, and her cry was quite vigorous, actions absolutely normal, with absolutely no return of any heart attacks or other ailment. I was so glad, for the parents' sake, for the last child was eleven years of age, and naturally this "little drop in the ocean" made quite a stir in an otherwise quiet household.

The baby was given humanized milk throughout, which was strengthened very cautiously, full strength No. 1 not being given until she was eight weeks old. At that time her digestion seemed perfect, and she was able to take as much as one and a quarter ounces at each feeding. Latterly baby was gaining six to seven ounces each week, and I heard to-day that she is still gaining and is quite well.

All the years I have been nursing I have never been asked by any doctor to supplement with any patent food; usually the doctor has given me a free hand with regard to that part of the work, and I have always used the humanized milk, with very good results. Usually I make it in the house myself, and when the mother is up and strong enough I teach her how to make and grade the milk, also how to detect by the actions when the strength is not suitable, and what to do to rectify it. Most mothers take a great interest, and in the case of this special baby the mother now tends her baby and makes the milk herself, and although baby was only 4 lb 2 oz. she is managing splendidly.

St. Helens Hospitals

EXTENSION OF THE WORK

A great deal of attention has recently been paid in New Zealand as well as in other countries to the problem of repairing the waste of human life caused by the world wide war. While so many of our young and splendid men are laying down their lives in the great cause, every effort must be made to encourage the birth of babies and enable them to grow up and fill the vacant places.

Great assistance can be given in this way by the provision of every possible help to mothers both in the time of confinement and before and after, in advice and help with the baby to come, and the baby which has arrived.

For the baby to come, its expectant mother's good health is one of the chief helps to the baby's health. There are many things simple in themselves, but of which, alas, many, many women are ignorant, which greatly affect this health, and here is where what is called ante-natal advice and treatment is of service. Well trained midwifery nurses can, as a general rule, do all that is necessary in this direction. They should be trained to recognise signs of impending trouble, and where this trouble is likely to be of a more serious character than the advice they can give as to general hygiene diet, etc., can prevent; to know when medical advice and treatment is needed.

To put this advice and treatment within the reach of all women the medical officers of the State Maternity Hospitals now attend at stated times to see any woman of the working class who are intending patients or not, and will be able to give private advice, to give necessary advice, and if necessary, treatment either in the hospitals or as out-patients. The nurses are there to attend to them. This provision was widely advertised throughout the Dominion, but it is not so largely availed of as was hoped. It is now proposed to have attached to each hospital one or more trained midwifery nurses to visit intending patients, and watch over their health before their time to enter hospital arrives.

It is also intended to extend this provision to country parts, and station salaried

midwives in places where there are no well qualified midwives in practice. The ante-natal work will be carried out by these nurses, and they will attend the women in confinement. This is all for the baby which is to come, and for the preservation of the mother's life and health.

For the baby which has arrived, still must be considered the preservation of the mother's health. While in hospital and during the puerperium this is carefully watched over, but after that fortnight of much needed rest and nursing up, the mother returns to her usual life and work. She forgets what she has been taught and baby soon begins to suffer. We hear of breast feeding being given up, improper diet of mother causing lessening or cessation of milk supply. It has not always been possible for the busy mother, perhaps of many, to take her baby and go back again to the hospital for advice, though very many do. Therefore it is now intended to have a nurse or nurses attached to each St. Helens for this special work of visiting ex-patients and babies. This work has to a great extent been carried out by the Plunket nurses but there is scope enough for the St. Helens nurse to go from her own hospital and so keep up the connection of the hospital with the infant born within its walls. In course of time the State midwifery of the Dominion should be on an excellent system, the one great essential being to get the women fitted to carry out this work, so important for the welfare of any country, in the most helpful and sympathetic way.

Women of refinement and the most kindly nature are required, and women who are possessed of sound knowledge of their profession, and of sound judgment in the use of this knowledge. More especially is this the case during the absence of so many medical men on active service. Many country districts are left without doctors at all, and now is the grand opportunity for nurses to show how well they can step into the breach. For this, the general trained nurse with her midwifery certificate as well as special training in infant care, is the ideal, but these are almost as difficult now to find as doctors. The trained mid-

wife must suffice for many such districts, and after all it is the emergency of womanhood and child birth which is the one most frequently calling for help. The Public Health Department is calling for midwifery nurses for country districts, and it is hoped before long to have several such nurses at work. In busy centres to aid these nurses and obtain experience a part of the term of twelve months training will be spent by some of the pupils in this outside work.

1. SUBSIDIES TO LOCAL NURSING ASSOCIATIONS.—

Experience has shown that local nursing associations might be established in many districts were it not for the initial difficulty of obtaining from philanthropic sources the money necessary to make a start. If grants were initially available from public funds to meet this difficulty, in all probability it would be found that after the first year's working contributions towards general nursing and midwifery fees, in addition to the grant per midwifery case from the Local Government Board, and payment for health visiting, etc., would nearly cover the working expenses. From what I can ascertain, a subsidy to each newly-formed association for the first year of from £30 to £40 would suffice, and the payment of this sum might be made conditional upon a like amount being forthcoming from local voluntary contribution. If a clear case should be made out that help is required beyond the first year, such would have to be forthcoming, but the gross amount would be much less than that for the first year.

There are also existing associations whose existence it is difficult to maintain, and where nurse-midwives are inadequately paid because of inadequate funds. For such, as well as for newly-formed associations, a small subsidy should be available.

2. SUBSIDIES TO TRAINED MIDWIVES TO BE PLACED IN DISTRICTS.—

In certain areas now badly supplied it might be possible for a trained midwife to start practice if she could be helped financially while she is developing a practice. This might take the form of a gratuity to cover a certain period, the payments to be properly safeguarded and to be conditional upon the midwife continuing to practise in a defined area for a specified time. Probably a subsidy of £20 per midwife to cover the first six months would meet the case, the payment to be by monthly instalments, but, in the event of it being clearly demonstrated to the Midwife Inspector that the midwife had done her best and required further help to fully establish herself, an additional subsidy in the form of a bonus of, say, 2s 6d per case might be paid.

3. SUBSIDY TO TRAINED MIDWIVES ALREADY IN PRACTICE.—To meet certain existing cases where trained midwives are struggling to get a footing in areas which are in need of such service, a small subsidy per case might be instrumental in keeping them in the districts until they had established themselves sufficiently to be able to do without outside help. The amount of subsidy in such cases would be governed by the number of midwifery cases attended and the fees paid to the midwife.

4. TRAINING IN PLACE OF SUBSIDY.—There are districts where, from one cause or another local nursing associations cannot be formed and where the population within a reasonable working radius cannot support a midwife. Such case might be met by training an intelligent and reliable woman residing in the district, who, in return for such training, would undertake to attend confinements in a defined area for such fees as could reasonably be demanded.

5. ITINERANT MIDWIVES.—In a few instances in the county there are districts where no midwifery service of any sort is available, and where, owing to the extreme sparsity of population, the difficulty cannot be met by any of the foregoing proposals. To meet such cases I would suggest that provision should be made for sending a midwife to the home of the patient to reside there or in the immediate neighbourhood during the lying-in period, giving her whole attention to the case and to other cases which might need her services in the locality. It might be arranged that such itinerant midwife while not engaged at a case would reside with some midwife in the locality working for a local nursing association. The itinerant midwife would be paid an adequate salary by the local nursing association, who would receive the fees earned by her as well as a subsidy from the County Council to cover the balance of cost of working.

The above extracts from an article in the "Nursing Times," are very interesting as comparing with what is being already done in New Zealand and what is further proposed

1. This is somewhat similar to what is done by Government subsidies to Hospital Boards on contributions by settlers towards maintenance of a district nurse.

2. This has been proposed, and in a few cases a certain sum is guaranteed, and the midwife may make as much over as she can.

3. Nothing of this nature has been done except in one or two cases in connection with the maintenance of a private maternity home in a country district.

4. This has been done for nearly ten years in the free training in the State Maternity Hospitals of women recommended by Hospital Boards who are then required to work for two years in a district.

5. This is practically what is done by a District nurse midwife.

One point we must emphasise is that the minimum salary laid down for district nurses in New Zealand for whom a Government subsidy is paid, is £150 and cottage.

“Considerable expenditure,” the Hon. Mr. Fraser reports, “is required this year in order to provide the necessary facilities at St. Helens Hospitals. Land has been purchased adjoining St. Helens Hospital, Auckland, on which it is proposed to erect new wards, utilising the present building as an administrative block and nurses’ quarters. It is proposed to proceed immediately with the erection of new buildings at Christchurch, and to erect new wards at St. Helens Hospital, Dunedin, utilising the present hospital as an administrative block and nurses’ quarters. A suitable building has been purchased for the purpose of a St. Helens Hospital at Invercargill, and provision is made for this expenditure, together with the necessary alterations thereto. Additions are also re-

quired at Townley St. Helens Hospital, Gisborne.”

This extract from the branch report of the Hon. Minister for Public Works will be read with rejoicing by the matrons of the St. Helens Hospitals, and it is to be hoped that the fulfilment of these schemes will not be long delayed.

ST. HELENS, INVERCARGILL.

Though the alterations to the hospital have not yet been completed, the matron and staff have been established there, and have carried out the furnishing under the superintendence of the officer in charge of the St. Helens Hospitals, Miss Maclean. The generous sum of £106 was subscribed by the people of Invercargill and surrounding district for this purpose of furnishing, and with a special request from the ladies who undertook the collection, that every comfort should be provided for the nurses.

The furnishing is now complete, and there is a reserve fund for replenishing and furnishing future additions. The hospital is not yet formally opened, but there have already been several babies born within its walls.

In a future issue, when the opening takes place, we will give a description of a very charming maternity hospital.

Grand Pere

From “RHYMES OF A RED CROSS MAN,” by ROBERT W. SERVICE (The Canadian Kipling).

And so when he reached my bed,
The General made a stand.
“My brave young fellow,” he said,
“I would shake your hand.”

So I lifted my arm, the right,
With never a hand at all;
Only a stump, a sight
Fit to appal.

“Well, well. Now that’s too bad!
That’s sorrowful luck,” he said;
“But there! You give me, my lad,
The left instead.”

So from under the blanket’s rim
I raised and showed him the other,
A snag as ugly and grim
As its ugly brother.

He looked at each jagged wrist;
He looked but he did not speak;
And then he bent down and kissed
Me on either cheek.

You wonder now I don’t mind,
I hadn’t a hand to offer.
They tell me (you know I’m blind)
’Twas Grand-pere Joffre.

The Carrel-Dakin Treatment

Notes from a Lecture by Col. Acland delivered to the Sisters at Walton-on-Thames, July 22nd, 1917

I am afraid that I can only give a sketchy report of this very interesting lecture as it was difficult to keep pace with the speaker and not meantime miss any remarks. As Col. Acland had no notes or written lecture prepared, I am unable to give it verbatim, but will do my best, hoping it may be of interest to the readers of "KAI TIAKI."

VIOLET G. BARKER.

Col. Acland began by apologising for not having had time to prepare notes, and begged to be excused if he were disjointed in his remarks. He would just like, he said, to talk about a few interesting points concerning war wounds and modern surgery. In war surgery and treatment of war wounds the first object was to get the wound healed and to restore function. That is to say, to get fit for early use those slightly wounded; and to sufficiently restore function to those badly wounded and unfit for active service, to enable them to undertake civil work. The chief aim, therefore, was to suture as soon as possible, and to restore function.

The great trouble in bone injury, as one knows, is sepsis. One has (1st) to aim to prevent or minimise sepsis, or when established, to overcome it. In cases where infection is not severe, it can be got rid of by excision—early radical treatment has been in great success—damaged parts are removed, the wound sutured, and given absolute rest.

The trouble is, that in many cases dirt is carried by the missile deeply into the tissues—extraordinarily deeply, it has been proved by experimental bacteriological examination. Clean excision and thorough cleansing—early—has given good results.

The second aim is to combat successfully sepsis when established. The leucocytes and serum greatly assist to overcome the bacterial infection if given good opportunity. Leucocytes swarm to the site of injury and the flow of serum greatly helps them. Rest is of vast importance. If the wound is cleaned up and the patient given rest, nature greatly overcomes sepsis.

Drains are another use, though a much discussed question. For instance, in peritonitis, once it was greatly advocated, then some had bad results, and it gradually fell into disuse. It was found that nature managed by itself. The old form of drainage has been much discarded during the war. In diffuse infection it is no good draining—in some cases it is of great value. Knee joint injuries have been very successfully treated lately. Before the war they were drained and often just went from bad to worse. Now it is found that in the early stages restoring the synovial cavity has given surprisingly good results.

Before the war head wounds were drained, usually, now the tendency is to close all except the surface. Another means of combatting sepsis is by antiseptics. The old systems were good because the wounds we were used to then were different—sepsis seldom got into the wound and so antiseptics were only needed for sterilising implements ready for operation, or for skin, etc. Our old methods of steam and antiseptics in such cases gave excellent results. Then came war, and sepsis, and surgeons began to lay round for means to combat it. Antiseptics and antiseptic pastes were futile. Then Arbuthnot Wright made a great study of the processes of the tissues in overcoming attack, and finally introduced hypotonic saline, and salt packs. The salt packs acted by attracting fluid to the wound and assisting the leucocytes to overcome their paralysis.) Then the pendulum swung too far, and the disadvantage of hypotonic saline appeared—long treatment, difficulty in carrying it out, wet beds, no rest for patient, etc. Hypotonic saline cleaned up but did not give sterile wounds. The salt pack improved on the hypotonic saline idea; it gave more rest—it consisted of salt in gauze, and drew fluid to the wound. If there is a continuous flow of fluid through the wound it carries fresh leucocytes to it; if the flow pockets, it means stale leucocytes and a good medium for sepsis. The leucocytes lie in the dead spaces, and create ferments and dead tissue.

Then curtain drainage was used, which means packing the wound in such a way as to allow space each side of the packing for the flow of fluid. But that did not render the wound sterile, though it cleaned up the wound beautifully and was a great advance. Many antiseptics which kill germs well in a glass vessel, in tissues often do not, and injure the tissues—as with mercury. So something else had to be found, to act in the presence of serum, and yet not cause damage to tissues.

Boracic acid and chloride of lime (Eusol) has been most successfully used so far. Dakin's Sol. is much the same, but more standardised and made from sodium salt of chloride, while Eusol is made from the acid salt. They both, however, rapidly lose effectiveness—it is necessary to renew Dakin's every two hours. Then there is B.I.P. (Bismuth, Iodoform, and Paraffin to form a paste). It is very good for cavities in bone, and obliterates dead space, which causes corruption of serum and bulging of joints. The Iodoform gives off free iodine, and kills germs, also it has a continuous action, and has not to be replaced two-hourly like Dakin's Solution. Its only disadvantage is that it leaves a foreign body in the wound. It acts also by producing a film, and keeping the walls of the wound apart and prevents dead spaces, so acting as certain drainage and an antiseptic both. But the wound is apt to break down again, so it is not as good as Dakin's Solution. Flavine, a new coal-tar product, has great promise of success. Its great point is that it acts better in the serum than in water, and is a better antiseptic than mercury. All these, however, have disadvantages. Rest is the most important thing for wounds. In B.I.P. treatment (Bismuth, Iodoform, and Paraffin) one gets rest, also a certain amount of antiseptic and drainage, but a foreign body. Flavine we hope may prove better. At first B.I.P. was put in in large quantities; now much less is used, with better results. It sterilizes the wounds, but they often break down and take a long time to heal again. It is useful in a wound of long standing that has not yielded to Carrel's Dakin treatment. It must be got into every corner. Its great point is the rest for the worn-out patient. Carrel with Dakin's Solution can render a wound germ free very quickly (in seven or eight

days). It makes small wounds clean and sterile; they can then be sutured. Compound fractures are more difficult, but he has succeeded by elaborate technique and great care and trouble on the part of all applying it. This method of applying it is by tubes (with small holes punched in the part in the wound, and the end firmly tied up). This method keeps the fluid in constant contact with the wound. The fluid sprays all along the length of the tube. Care must be taken to see that no hole is outside the wound or all the fluid goes on the dressing outside, and leaves dead spaces in the wound, undoing all the good in it. It loses its antiseptic properties in two hours, and the tube enables it to be replaced by means of a syringe. There should be no gauze between the tube and the wound, only round the wound mouth, to hold the fluid in. A good dressing for this treatment is: large pads of cotton-wool with a layer over of absorbent wool and gauze on top. The fluid and discharge goes from the skin into the wool, the outer wool protect the bed, and the gauze allows evaporation. The dressing is only changed once a day (or less) and the wound syringed out and tubes cleaned. Strict asepsis is most necessary, gloves and forceps only being used when dressing. Carrel finds the method of using a reservoir attached by tape to each tube, the best one, as the tubes are less apt to block and syphon out again, also if nurses are not conscientious (like ours!!!) there is less likelihood of a tube or two being skipped.

The great idea is to obtain early secondary bacteriological examination from swabs is necessary, and if thoroughly carried out (as at Carrel's own institute) a bacteriological chart and frequent swabs. He never sutures till the germs counted in a certain area of the slide reach a certain number, as otherwise he does not call it germ free, and, if sutured it breaks down again.

There is no doubt that this is splendid if properly carried out, but it is not practicable to devote all the care necessary to that, to cases in general hospitals like ours; whereas B.I.P. and Eusol give pretty good results with less paraphernalia and difficulty. Great hopes, however, are entertained from the use of Flavine in the near future, for open wounds.

Col. Acland recommended his hearers to obtain "Infected Wounds," by A. Carrel and G. Dehelly.

P.S.—Dakins must be kept from heat, alcohol, and light. Never cover dressing with waterproof.

Later, when talking over the question of rest being so important, especially in knee joint cases, Col. Acland told of a surgeon in Paris whose treatment gave amazing results in spite of very old-fashioned surgery and asepsis (or lack of it). He excises a knee and firmly bandages the limb to a splint to prevent the very least movement. He

applies a huge dressing and leaves it untouched for a month. Should filthy black, or green, vile smelling discharge appear through, he simply applies an oily dressing on top of all. When dressed in a month, a clean, beautifully granulating wound is found, the patient's temperature and general condition having quickly improved (also his tongue, appetite, etc) after operation. This method is being tried here with so far, good results. The tendency nowadays here is to dress even freely discharging wounds (so long as not offensive) very seldom—once in several days even at times—results being excellent.

AIR RAIDS.

News from Hornchurch says that there have been some stirring air raids over Hornchurch. This is in the direct route to London. Since the last raid numbers of machines and men from France have come across to the aerodrome near the hospital, so they were expecting a big battle next time the Germans came. The last

the sister saw was very exciting, with the guns going all round, but fortunately none of them were nervous. At Brighton they say the raids come and go, and in a day or so you would never know there had been one, except in cases where there have been deaths, the damage is cleared away so soon. They hear the roar of guns quite plainly at times.

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Puerperal Septicæmia treated with Sensitised Vaccine

By EMILY H. SIEDEBERG, M.B.

Mrs. E., aged 39, admitted to Hospital on 6th January, in her fifth pregnancy. Previous pregnancies:—First and third normal; in the second she had post-partum hæmorrhage, thrombosis in the left leg and mastitis; in the fourth she had measles three months before delivery, albuminuria and troublesome varicose veins. During this fifth pregnancy she gave a history of pleurisy in the early months, later an illness which had been called congestion of the liver, with which she was ill for two and a half months, then excessive vomiting, headaches, and high blood pressure, no albumin.

Labour had already begun when she was admitted to the Hospital. It was a vertex presentation, normal in every way. The baby, a female, weighed 8 lbs., but was badly afflicted with snuffles, and occasionally took slight convulsive turns, in which she became blue and cold. She died when a month old.

The patient's temperature remained normal for three days, and on the fourth day suddenly rose to 103.6 with severe headache, lochia free, no odour. An intra uterine swab was sent to the Bacteriological Department, which reported "Numerous streptococci in direct smears and in cultures." The next day, 10th January, at 8 p.m., 25cc. of polyvalent serum were given subcutaneously. There was a slight reaction, and by 11 a.m. the next day the temperature had fallen to 99.6. The dose was repeated, but the temperature steadily rose to 103.4 during the day. It was still the same at noon the next day, when a third dose was given. Within twelve hours there was a slight drop to 102, only to rise still higher to 104.8 at noon next day, 13th January. No serum was given that day. The temperature fell, so that by 8 a.m. on the 14th it was 100.2. By this time Dr. Champtaloup had prepared an autogenous sensitised vaccine, and the first dose of fifty million bacteria was given at 12 noon on the 14th, just as the temperature was rising. Being a sensitised vaccine, much larger doses can be given than with an

ordinary streptococcal vaccine, and at more frequent intervals, without risk to the patient. No reaction was felt after the first dose, and the temperature continued to rise. By midnight it was 103.4, but it then dropped next morning to 98.8. As it was rising by noon a dose of seventy-five million bacteria was given. In about an hour the patient complained of cold feet, and a feeling of illness, although she had hot bottles about her. She slept for two hours, but had confused dreams, and when she awoke she saw everything blue. She also complained of occasional sudden pains in her chest, with difficulty in getting her breath, possibly due to small emboli. The same and slightly stronger doses up to one hundred and ten million bacteria were given at intervals of two days during the next nine days, the temperature always rising to 103 deg. or over, and falling to between 100 deg. and 101 deg. the next morning. During this time different symptoms were complained of, sometimes acute pain in all the joints, sometimes acute pain at the back of the neck, sore throat, and distressing hot flushes. Round several of the injection spots a small area of redness developed.

As the vaccine treatment seemed to be having no effect, and the injections were distressing to the patient, I decided to stop them. The only result was that the temperature went still higher, and did not fall in the morning. Dr. Champtaloup then advised me to try much smaller doses again; and the first dose of forty-five million bacteria was given on 24th January, when the temperature was 104 deg. at 11 a.m., and she was feeling very weak and ill. A slight reaction, sending the temperature to 104.6, occurred within an hour, then the temperature fell rapidly, and that evening for the first time in two and a half weeks the evening temperature was lower than the morning. By 11 a.m. next day the temperature was normal. As it gave a slight indication of rising at noon, when it was 99 deg., the same small dose was repeated. The temperature fell to subnormal, and continued so for three days. This was

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rather uncanny after the daily high temperatures we had been having, and had it not been that her general condition was excellent, and that she was now sleeping and eating well, we might have been alarmed at such a sudden fall to subnormal. Four days afterwards, no more vaccine having been given, the temperature rose to 100.8, and again the same dose was repeated. After that the temperature remained in the ninety-nines, and although two more small doses were given, it was more as a precaution than a necessity.

From the time that the first small dose

was given all her distressing symptoms vanished. The same night she had a peaceful night, free from all pain in the joints and neck, and no sore throat. Her recovery from then on was rapid with no set-backs.

This case is interesting and instructive from the point of view of dosage. The large doses had no effect in reducing the temperature; they produced a big swing up and down, and caused distressing symptoms, but her condition remained serious. From the day that the first small dose was given, her recovery was rapid.

(From the New Zealand Medical Journal.)

Cæsarean Section

The following interesting case is extracted from the "Medical Essays of Edinburgh," Vol. V., and cited in Smellie's "Treatise on the Theory and Practice of Midwifery," published in 1784. The Cæsarian operation was performed with forceps by a midwife, and described by Mr. Duncan Stewart, Surgeon in Dungannon, in the County of Tyrone, Ireland.

"The histories of the Cæsarian operation being so few, I send you the following:—Alice O'Neale, aged about 33 years, wife to a poor farmer near Charlemont, and mother to several children, in January, 1738, was taken in labour, but could not be delivered of her child by several women who attempted it. She remained in this condition twelve days; the child was thought to be dead after the third day. Mary Donnelly, an illiterate woman, but eminent among the common people for extracting dead births, being then called, tried also to deliver her in the common way, and her attempts not succeeding, performed the Cæsarian operating by cutting with a razor, first the containing parts of the abdomen, and then the uterus, at the aperture of which she took out the child and secundines. The upper part of the incision was an inch higher, and to one side of the navel, and was continued downwards, in

the middle betwixt the right os ilium and the linea alba. She held the lips of the incision together with her hand till one went a mile and returned with silk and the common needles which tailors use. With these she joined the lips in the manner of the stitch employed ordinarily for the hare-lip, and dressed the wound with whites of eggs, as she told me some days after, when led by curiosity I visited the poor woman who had undergone the operation. The cure was completed with salves of the midwife's own compounding.

"In about 27 days the patient was able to walk a mile on foot, and came to me in a farmer's house, where she showed me the wound covered with a cicatrix; but she complained of her belly hanging outwards on the right side, where I observed a tumour as large as a child's head; and she was distressed with a fluor albus, for which I gave her some medicines, and advised her to drink concoctions of the vulnerable plants, and to support the side of her belly with a bandage. The patient has enjoyed very good health ever since, manages her family affairs, and has frequently walked to market in this town, which is six miles distant from her own house."

(From the New Zealand Medical Journal.)

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A Book to Read

"England's Effort," by Mrs. Humphrey Ward

This book consists of a series of six letters written to "an American friend," written really to America, to show the people of our kindred nation what England (and by England the writer says she has chosen that title to stand for us all, and asks "Will any son of gallant Scotland or loyalist Ireland, or of these great Dominions, whose share in the war has knit them closer than ever to the Mother Country," forgive her that she has so chosen) has done in the great war.

In a preface the Earl of Roseberry says: "These letters then, are primarily intended to make known to those Americans who are disposed to think of us as laggards, the gigantic and unparelled efforts which we are making in this gigantic and unparelled war."

The book, apart from its special object, is most delightful and interesting reading, especially to us out here, so far from where the gigantic effort is being made.

The letters about the wonderful work of the women will teach us more of what that is, than we have been able to gather from newspapers. Mrs. Ward was given exceptional opportunities in visiting munition works, the navy, and headquarters and camps in France, so that her information is first hand and authentic.

I quote some paragraphs of special interest to nurses. Writing of a camp which has been set down in one of the most beautiful parts of France, the favourite resort of French artists:—

"Now the sandy slopes, whence the pines, alack, have been cut away, are occupied by a British Reinforcement Camp, by long lines of hospitals, by a convalescent depot, and by the training grounds, where as at other bases, the newly arrived troops are put through their last instruction before going to the front. As usual, the magnitude of what has been done in one short year filled one with amazement.

Yet, as I look back upon it, my chief impression of that long day is an impression, first, of endless hospital huts and marquees with their rows of beds, in which the pale or flushed faces are generally ready—unless pain or weariness forbid—as a visitor ventures timidly nearer, to turn and smile in response to the few halting words of sympathy or enquiry which are all one can find to say; and, next, of such a wealth of skill and pity and de-

otion poured out upon this terrible human need, as makes one thank God for doctors and nurses, and bright-faced V.A.D.'s. After all, one tremblingly asks oneself, in spite of the appalling facts of wounds and death and violence, in which the human world is now steeped, is it yet possible, is it yet true, that the ultimate thing—the final power behind the veil—to which at least the vast linked spectacle of suffering and tenderness, here in this great camp, testifies—is not Force, but Love? Is this the mysterious message which seems to breathe from these crowded wards—to make them just bearable? Let one recollect the open door of an operating theatre, and a young officer, quite a boy, lying there with a bullet in his chest which the surgeons were just about to try and extract. The fine pale face features of the wounded man, the faces of the surgeons and the nurses, so intent and cheerfully absorbed, the shining surfaces and appliances of the white room—stamp themselves on memory.

I recollect, too, one John S—, a very bad case, a private. "Oh, you must come and see John S—," says one of the sisters. "We get all the little distractions we can for John." "Will he recover?" "Well—we thought so—but—" her face changes gravely. "John himself seems to have made up his mind lately. He knows, but he never complains."

Knows what? We go to see him, and he turns round philosophically from his tea. "Oh, I'm all right—a bit tired—that's all." And then a smile passes between him and his nurse. He has lost a leg, he has a deep wound in his back which won't heal, which is draining his life away. Poor, poor John S—. Close by is a short, plain man, with a look of fevered and patient endurance, that hurts one now to think of. "It's my eyes. I'm afraid they're getting worse. I was hit in the head, you see. Yes the pain's bad sometimes." The nurse looks at him anxiously as we pass, and explains what is being tried to give relief.

It is devotion of the nurses—how can one ever say enough of it! I recall the wrath of a medical officer in charge of a large hospital at Rouen—"Why don't they give more Red Crosses to the working nurses? They don't get half enough recognition. I have a nurse who has been twelve months in the operating theatre. She ought to have a V.C., it is worth it!" And here is a dark eyed young officer, who had come from a distant colony to fight for England. I find him in an officers' hospital established not long after war broke out, in a former casino, where the huge baccaraal room has been turned into two large and splendid wards.

He is courteously ready to talk about his wound, but much more ready to talk about his sister. "It's simply wonderful what they do for us!" he says, all his face lighting up. "When I was worst there wasn't an hour in the day or night my sister wasn't ready to try anything in the world to help me. But they're all like that."

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Nursing in South Africa

The Transvaal Medical Council suggests laying down rules that no nurse in hospital shall be on duty more than six days or six nights a week, that night duty shall not be longer than eleven hours, or go on for more than three months. The "South African Nursing Record" considers that these are matters for the matrons, and that Council would be better employed in fixing salaries and starting a pension scheme.

At the annual meeting of the South African Trained Nurses' Association many important questions are to be discussed, including compulsory registration for nurses and midwives, protection of uniform, suppression of untrained midwives, impracticability of an eight-hour day for nurses, organisation of pension funds and rest homes, prohibition of full training for coloured nurses, establishment of a universal fee, and registration of fever nurses.

In view of the coming of a central examination in this country, it is interesting to note that one branch urges that a matron's recommendation should be necessary for candidates, because "often a person passes and receives her certificate who is not fitted for the nursing profession, whereas, on the other hand, a thoroughly reliable and good nurse fails in her examination."

We agree with the "South African Nursing Record." Matrons are much better qualified to judge as to the length of duty than doctors, who see practically very little of the actual work of the nurses. We do not in New Zealand find that the eight hour day is an entire benefit, and feel, as we have frequently stated, convinced that a weekly consecutive 24 hours off duty and longer hours on every other day would be of more physical benefit and also more enjoyable than our present system.

Social Hygiene

During the present session a Bill has been introduced into Parliament by the Hon. Minister for Public Health in connection with the campaign against venereal disease, which is now, and has for some years past, been so much before the public mind.

The Bill, while it has some very excellent features (and it is recognised by most, even of its opponents, that some form of legislation is needed), is condemned on the whole by the women's societies. The view they take is, that while it is intended in good faith to treat both sexes equally, in practice it is the woman who will bear the brunt, as in such matters she always does, and that the worst features of the old C.D. Act are repeated.

At a large and representative meeting called by Lady Stout in the Town Hall Concert Chamber, which was crowded, several women spoke most eloquently, setting forth different proposals which they considered would do more good than a Bill on such lines as the one before the House.

A request was sent to the Prime Minister asking him to receive a deputation, and this he did on October 13th. The deputation was introduced by Mr. Herdman, M.P.

The meeting in the meantime passed resolutions to the effect that the present Bill be withdrawn and one substituted in the preparation of which the women's societies would be consulted.

That provision would be made for free clinics, such as held in Sydney, where men and women can attend in perfect privacy and receive treatment and advice.

That farm colonies should be established where sufferers from the dread disease, who are a danger to the public, may be sent and where they can earn their living in healthful and pleasant surroundings in the cultivation of plants and flowers and fruit, thus providing for women the employment which, in the case of known prostitutes, cannot be found in ordinary life.



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That by means of lectures to boys and to girls such teaching will be provided as will elevate their minds and introduce to them the facts of life's evolution, which is now hidden in mystery or known in an undesirable manner.

In moving the resolutions, of which the above is the gist, instances were given of many cases of hardship which might have been avoided had some provision been made for the segregation of young women who had gone wrong. Cases were quoted, also, showing what might be the effect should the Bill as it stands be passed on the lives of respectable working girls, who are frequently obliged to return home at late hours.

The appointment of women police or patrols, which is provided for in the Bill,

met with unqualified approval, and it was hoped that in the appointment of such women advice would be sought from the women's societies. The formation of the board proposed in the Bill, in which women were to be equally represented as men, also met with approval. A deputation of women, headed by Lady Stout, waited on the Wellington Hospital Committee to ask their assistance in the establishment of free clinics for the treatment of venereal disease. This was done in Christchurch, assisted by the board, and the women's branch, which was quite private, and where no woman was asked to give her name, had been already of great service. We hope in our next issue to be able to announce the result of the women's efforts in this campaign.

Miss Hester Maclean, R.R.C.

The following is an extract from the "New Zealand Times," of November 2, 1917:—

His Excellency the Governor-General has been advised by telegraph that His Majesty the King has been graciously pleased to confer upon Miss Hester Maclean, Matron-in-Chief of the New Zealand Army Nursing Services, the First Class of the Royal Red Cross Decoration. This news will be particularly pleasing to the many New Zealand nurses on active service, who all feel that while they have done nursing at the front, their matron-in-chief has had the larger share of work in the organisation and running of the service. The honour done her reflects on all New Zealand nurses, who have earned golden opinions at the hospitals where they have served. Miss Maclean, who is Assistant Inspector of Hospitals for New Zealand, is a native of Sydney, where she trained for her profession at Prince Alfred's Hospital. She was for some time matron of the Women's Hospital, Melbourne, leaving there to take up the head of the District Nursing Association in Sydney. It is just eleven years since she arrived in New Zealand, having joined the department here on November 1st, 1906. She succeeded Miss Grace Neill in the position of Assistant Inspector of Hospitals. Miss Maclean organised the Army Nursing Service in New Zealand, and

became its matron-in-chief in 1911, but the greater part of the organisation has, of course, been done since the commencement of the war.

New Zealand hospital trained nurses within and beyond the Dominion, will feel pleasure and gratification at the honour conferred on Miss H. Maclean by the bestowal of the decoration of Royal Red Cross. It is now eleven years since Miss Maclean entered upon the duties of Assistant Inspector of Hospitals, and during that time she has worked with zeal on behalf of the registered nurses of New Zealand. The Trained Nurses' Associations and Clubs, now so firmly established, owe much of their success to Miss Maclean's co-operation and help. As foundress and editress of "KAI TIAKI," the journal of the nurses of N.Z., she has linked together the nursing profession as a united body, no easy task. That "KAI TIAKI" is eagerly welcomed and appreciated by our nurses now doing their duty so nobly in all parts of the world may be read in their interesting letters to the journal. "KAI TIAKI" compares most favourably with similar nursing journals published in other countries. Also be it noted that it is made to pay its way by the untiring efforts of the Editress. As Matron-in-Chief of the N.Z. Army Nursing Service, Miss Maclean has won esteem and respect by the manner in which she has carried out the manifold duties of her position and culled the most capable and fit of New Zealand hospital trained women for admission to the service. We may well feel proud of the estimation and approval our New Zealand nurses have won wherever duty has sent them. As the oldest N.Z.R.N. I consider I have a right to express what we all must feel in regard to Miss Hester Maclean, R.R.C.

Grace Neill, N.Z.R.N.,
Formerly Inspector of Hospitals.



“FOR MOTHER”

DR. JOHN C. THRESH, D. Sc., of the Royal Hospital, Medical College, London, reports of the MILK FOOD as follows:—“When diluted with seven to eight parts of water the mixture would closely resemble human milk in composition.”

Nurse Anæsthetists

There has been much argument in the United States over the legality of a nurse administering anæsthetics. In Kentucky it was ruled by a judge that this was the function of a physician, and that to do it the nurse must qualify as a doctor. In the Court of Appeal, however, the judge reversed this, stating that a nurse who gives anæsthetics under the direction of a medical man is not practising medicine.

The above item in a contemporary is of special interest to New Zealand nurses,

who, especially during the shortage of medical practitioners in the country districts, have very frequently to undertake the anæsthetising of patients with little supervision from the medical man, who may be performing a serious operation with the assistance only of a nurse. Quite recently from one of our country hospitals the medical superintendent wrote that he was managing excellently well without other medical assistance. Needless to say the experience for nurses is valuable.

Army Nurses' Work

"Queen Alexandra's Imperial Military Service, the Territorial Force Nursing Service, and their vast reserves, might well share with the Royal Navy the description of being 'the Silent Service.' Over the splendid work and devotion of the 19,000 or so of trained, skilled women there has hung a veil of reticence and reserve that has barely been lifted. An investiture by the King will include the names of a few of those who are called up to receive the decoration of the Royal Red Cross, who up to February 1st had numbered 850, or possibly of one or two of that distinguished company of women upon whom the Military Medal—some fifteen at the present time—has been conferred.

"Queen Alexandra, as its head, to whom the entire service owes reconstruction, is wont to receive the nurses at Marlborough House after these ceremonies, and is deeply interested in the honours that they have earned. It can be stated, too, upon the most direct authority, that the Queen herself follows the work of the nurses with the closest attention. None, in fact, is prouder or more appreciative of their noble labours than Queen Mary, whose knowledge of all that they accomplish is full and complete. But of the special grace and untiring labours, of the calm courage that gave steadiness and self-control to men in agony who were called upon to suffer the further terrors of bombs falling in the very wards where they had hoped for haven, no indication is given to the nation at large. In trains under Zeppelin attack, despite the blazonry of humanity for which the Red Cross stands, on hospital ships and in open boats, the work that British nurses have done constitutes a chapter that will stand in the proudest annals of the Empire.

It is a well understood tradition of the service that nurses do not talk of what they have done. If they did more would have been heard of the general tale of ordered efficiency since that first call-up on August 5th, 1914, when, quietly and without the least fuss, the whole nursing personnel of general hospitals were mustered and slipped away quietly over to destinations unknown, but 'somewhere in France.' No woman has ever

carried upon her shoulders a burden of higher responsibility than that which Miss Becher, R.R.C., the Matron-in-Chief, has borne. She has, of course, been magnificently supported by those women whom her own 'right judgment in all things' has selected to be principal matrons in France, in Salonika, in Egypt, and Mesopotamia. And the matrons-in-chief with the Australian, the Canadian, the New Zealand, and the South African armies have been worthy daughters of the Empire in conjunction with them. All of them regarded signal acts of long-sustained attendance as when convoy after convoy brought down its loads of men needing instant attention and hours of labour, or sheer disregard of shell-fire on the part of the sisters and nurses, merely as part of the duty to be done. Certainly such deeds were not to be bruted about as conferring honour on those who did them above that belonging to those to whom the opportunity came not.

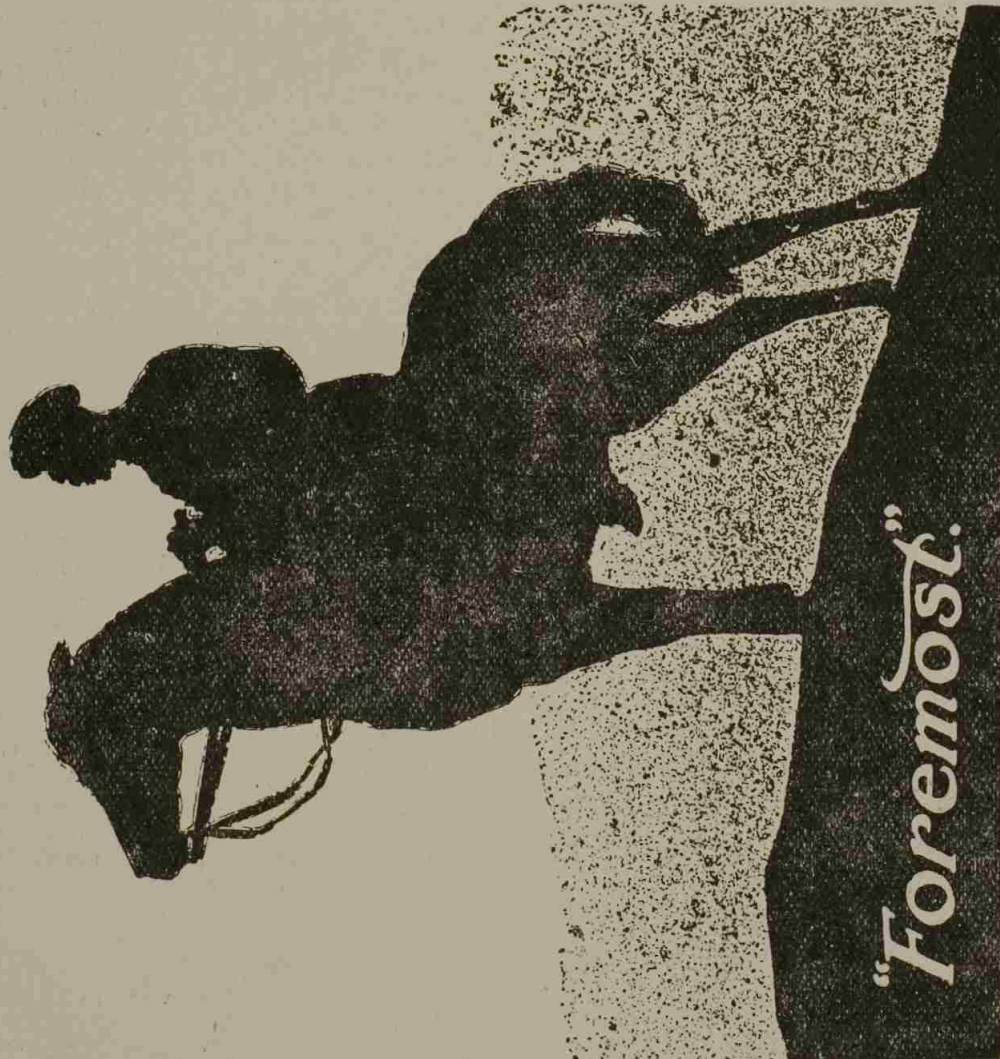
"That is the attitude that has kept stories gloriously heroic from any sort of publicity. And even when, as a tribute that many now feel should be rendered to the nurses, some little glimpses are officially permitted into the obscurity, it was on the understanding that individual names save where the supreme sacrifice of all has been made should not be mentioned. To the plain, unvarnished facts so simply told those concerned can supply this hiatus. Others are held to have no concern in this detail.

"We shall never know the whole epic, for those who made it keep back the personal element and emphasise rather the bravery and endurance of the men—in suffering even as in the fierce grip of battle. To all the highest qualities of womanliness—the gentleness, the patience, the sympathy—and the lore of surgery and medicine, the matrons and sisters and nurses of the Military Service have added an heroic disdain for personal danger that throws into yet blacker shame the attacks of the enemy on the helpless and the wounded, over whom (to civilised peoples, at least), the Red Cross floats as the symbol of protection."—THE DAILY TELEGRAPH;

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Obituary

We regret exceedingly to record the death of Miss Alice Rochfort, which took place at Pasadena, California, on September 3rd.

Miss Rochfort was a very well known, respected, and beloved member of the nursing profession. She was trained at the Wellington Hospital, and in midwifery in England. She was matron for some years of the Te Waikato Sanatorium for consumptives, and there devoted herself to promoting the happiness of the patients as well as their treatment. She was afterwards in Australia for a time, and after her return to the Dominion was in charge of the Tuberculosis Dispensary in Christchurch. Later she went to America with a view to studying the treatment of phthisis and other subjects of interest there. Her gracious personality and her keen zeal for professional improvement is a great loss to the nursing profession in New Zealand.

A sad death reported by cable from Alexandria is that of Sister Ella Cooke, who trained at the Auckland Hospital, and afterwards was a member of the Public Health Nursing Service.

She went to England shortly before the war started and immediately went to work in France under the French flag, near Rouen. She was afterwards attached to the Queen Alexandra Reserve, and sent

to Alexandria, where her death occurred "accidentally."

Sister Cooke was a devoted and clever nurse, and a very great favourite. Her loss is much deplored.

The news of the death of Nurse Constance Fullerton was received from San Francisco. Her death occurred on June 28th, after an operation for gall stones. Many old friends in New Zealand will be very grieved to hear this news. Nurse Fullerton was trained at the Christchurch Hospital, and later in midwifery at the Women's Hospital, Melbourne. She had been for some years in Australia, from whence she went to America. She was a fine nurse, and a truly sterling character, and is a great loss to the nursing profession.

The death has occurred in Christchurch of Miss M. L. Higgins, late matron of "Quamby," Miss Higgins, who was well known and much respected amongst nursing circles, was at "Quamby" for a term of seven years, and had previously been at the Rhodes Convalescent Home for thirteen years. She was a daughter of the late Mr. R. L. Higgins, "Tara," Cust. A sister is matron of the Jubilee Memorial Home. Miss Higgins will be much missed by the pensioners of the McLean Institute, who appreciated her kindly guardianship.

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HEALTH and ECONOMY

Notes from the Hospitals and Personal Items

Marriages and Engagements

Nurse Leone Kelly, trained at Auckland Hospital, was married on October 6th to Mr. Frank Adeane, of Auckland. Mr. Adeane is an officer in the N.Z.E.F., and is in camp. Mrs. Adeane will continue the practice of her profession with her sister at Takapuna.

Sister Alice Minall, of Auckland Hospital, was married on October 9th to Mr. Hart. The wedding was a quiet one at 8 a.m. at All Saints Church, and the bride was given away by the matron, Miss Orr, all her relatives being at Home, where she was trained.

The marriage of Dr. W. A. Conlon and Miss Emery, late of the Reefton Hospital staff, was solemnised in the Catholic Church on Monday morning, October 1st, the Rev. Father Eccleton officiating. Miss O'Brien, of Greymouth, was bridesmaid, and Mr. T. Phillips best man.

A quiet wedding took place at St. Peter's, Hamilton, on September 14th, when Miss Swinburne, Matron of "Opoia," Private Hospital was married to Mr. H. Naylor, Te Rapa. The Ven. Archdeacon Cowie officiated and O. Douglas gave the bride away. The bride wore a tailored gown of grey Gabardine with touches of blue, and a black hat with green. Previous to the wedding Mrs. Stace gave an afternoon tea for Miss Swinburne, at her residence on the banks of the river.

On July 19th, Sister Gibbon was married to Captain Fergus, N.Z.M.C., at St. Columba's Church, Pont St. After the ceremony there was a little social gathering at the Rembrandt. Colonel Aeland acted as father and gave the bride away. Major Bowerbank being groomsmen, and Sister Searell bridesmaid. Colonel Parkes and Miss Thurston were also present. The guests were all in uniform. The bride looked very charming in a silk dress, veil and orange blossoms, and had a bouquet of pink and white carnations.

Nurse Walton, late Plunket Nurse at Hastings, was married in September, to

Mr. Chapman-Taylor, of Wellington. Mr. and Mrs. Chapman-Taylor are at present living at Island Bay.

The engagement of Sister Mildred Jackson, of Auckland Hospital, who has just left in the Hospital Ship —, to Mr. William Dellar, of Carterton, was announced before the ship sailed.

Resignations and Appointments

Miss Mander, matron of Waimate Hospital, has resigned that appointment, and is taking a well deserved rest.

Miss Hamilton, of Timaru Hospital, has been appointed matron of Waimate.

Miss Cruickshank, matron of Taumarunui Hospital, has resigned on account of her approaching marriage to Mr. Scott of Central Otago.

Miss Eva Mallyon, trained at the Adelaide Hospital, and for the past two years sister at the Hamilton Hospital, has been appointed to Taumarunui.

Miss Daplyn, trained at the New Plymouth Hospital, was appointed sister at the Wellington Hospital.

Nurse Lampp, trained at the Wellington Hospital, has been appointed a sister on the staff. Nurse Daniel has also been appointed a sister, and Nurse Suggitt, after completing her training at St. Helens, returned to the Wellington Hospital as sister.

Nurse Florence Bell, trained at the Auckland Hospital has been appointed sister of the children's ward. The new hospital for children is now about to be opened at the Auckland Hospital.

Nurses North and Wallace, late of Wellington Hospital, have joined the staff of Otaki Hospital.

Nurse Murray, of Westport, has been appointed a sister in the Wellington Hospital.

THE NURSES' PROTECTION & SAVINGS BANK FUND

Advantages of the Fund.

1. Protects loss of income during specified sickness.
2. Protects loss of income during Accident.
3. Makes positive provision for later years of life.
4. Secures financial assistance when most needed.
5. No deduction (from amount payable at expiry of term selected) for cash benefits received.
6. Benefits, Accident, and Death, commence on date of acceptance. Sickness, 14 days from date of acceptance.
7. Introduces a simple system of saving.
8. Financial Stability of Fund absolutely assured.
9. No restriction as to travel, or residence, within the British Empire.
10. Officially supported by the Executive of the N.Z. Trained Nurses' Association.
11. Commended by public and business men.
12. Liberal, non-forfeiture privileges.

Popularity of the Fund.

1. It is subscribed to by Nurses from the Three Kings to the Bluff.
2. The membership has now reached nearly 900 Nurses.
3. Nearly £300 has been paid since the Fund was inaugurated to incapacitated members through sickness and accident.
4. Claims liberally regarded and promptly settled, have given cause for satisfaction.

The Trustees of the Fund.

Messrs. STRINGER & BRIDGE, the well-known firm of Accountants, Auditors and Trustees, of Cathedral Square, Christchurch, act as Trustees for the Fund, thus securing for members special supervision in their interests. Subscription should be made to them or their special representative, Mr. Conrad Boyes.

THE STATEMENT.

Benefits secured by a Nurse Banking 1s. 10d. a week in the NURSES' PROTECTION AND SAVINGS BANK FUND.

1. £100 with all Interest (or bonuses) at the end of 20 years.
2. A Pension (or annuity) may be purchased with the above cash payment if a member so desires.
3. £33 6s. 8d. if death occurs from natural causes (bonuses added).
4. £133 6s. 8d. if death occurs as the result of an accident (bonuses added).
5. £100 if a member should be totally permanently disabled through accident.
6. £50 if a member should be partially permanently disabled through accident.
7. An Annuity of £3 per annum on permanent general disablement through accident.
8. An Annuity of £6 per annum on total irremediable blindness or permanent general paralysis the result of disease.
9. 12s. per week during temporary total disablement through accident for 52 weeks in any one year for any one accident.
10. 3s. per week during temporary partial disablement through accident.
11. 12s. per week during temporary total disablement caused by one or more of the following diseases for 26 weeks in any one year for any one of 31 diseases (see pamphlet).
12. No deduction is made at the maturity of the contract for amounts which may have been received for sickness or accident compensation.
13. MEMO.—Any enquiries addressed to the Trustees, Messrs. Stringer and Bridge, 81 Cathedral Square, Christchurch, will receive prompt attention.

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., 6 monthly £7 14s. 6d., and 12 monthly £14 14s., with trebled benefits on the basis of a 1s. 10d. weekly contribution.

A member may (on each anniversary date of enrolment) alter the mode of payments to the Fund from 3 monthly to 6 monthly, or 12 monthly, or vice versa.

Liberal Non-forfeiture Privileges

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.

Sister Neal is now in charge of the Epsom Convalescent Home for Soldiers, which has been re-opened with V.A.D.'s at work as formerly.

Mrs. Fussell (Miss O'Brien), matron of Stratford Hospital, has resigned her position and gives up her duties in November.

Miss Clarke, of Monganui Hospital commenced her duties as matron of the Townley St. Helens Hospital, Gisborne, on October 11th.

Miss Logan, late matron of Townley, has profited very much by her stay in Clyde, and hopes soon to take up work again. She intends to take a course of training at Karitane Hospital.

Miss Hall, who recently completed her training at St. Helens, Wellington, has been appointed staff-nurse there.

Miss Ida Nettle, lately matron of the Pahiatua Hospital has been appointed senior sister of the Te Waikato Sanatorium

Sister Arrowsmith, N.Z.A.N.S., recently acting in that capacity, has now been transferred to Trentham.

Sister Douglas, of Otaki Hospital (which is now entirely under the Public Health Department), has resigned, and will shortly be joining the Army Nursing Service.

Nurse McGinley, of the Monganui Hospital, has been appointed Plunket Nurse at Hastings in succession to Nurse Walton

Nurse Faram is returning to New Zealand, and will shortly resume her position of visiting nurse of the Wellington branch of the N.Z.I.N.A.

Miss Wheeler and Sister May, of Gisborne, have recently spent a holiday in Wellington, staying at the Nurses' Club.

Miss Payne, after her recent illness and stay in Kensington St. Private Hospital, has gone for change to Braeburn House, Wanganui.

Brave Nurse Julienne

Mr. Geoffrey Young, officer of the British Ambulance Unit for Italy, and formerly in command of the French Unit at Ypres, writes from Gorizia:—

“Sister Julienne, one of the senior sisters of the Civil Hospital at Ypres, has just been reported killed by a shell. This saintly and devoted woman, well on in years, was one of the few heroic sisters who remained in Ypres during the first terrible bombardment, when the town was abandoned. She remained to care for a number of wounded Germans, nursing them till they were finally removed. A few days later she was one of those who returned when the Friends' Ambulance Unit opened

in the cellars a ward for the wounded children and civilians. She remained through all the subsequent bombardments; one of the boldest fighters of the epidemic, one of the most courageous to issue under shell fire to fetch in the wounded and the sick. When the town was finally abandoned, she remained with one other sister, on her own initiative, at an aid-post in the cellars, to nurse the wounded British soldiers. Only under compulsion did she at last retire to Poperinghe, where she remained to the end, nursing civilians and soldiers alike, under repeated bombardments, until her death.”



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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, & Tolan, Ltd., 115 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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