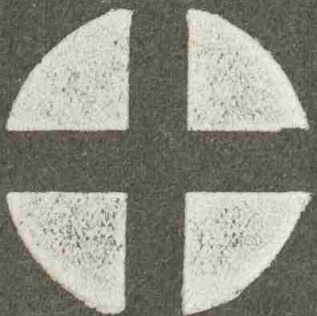


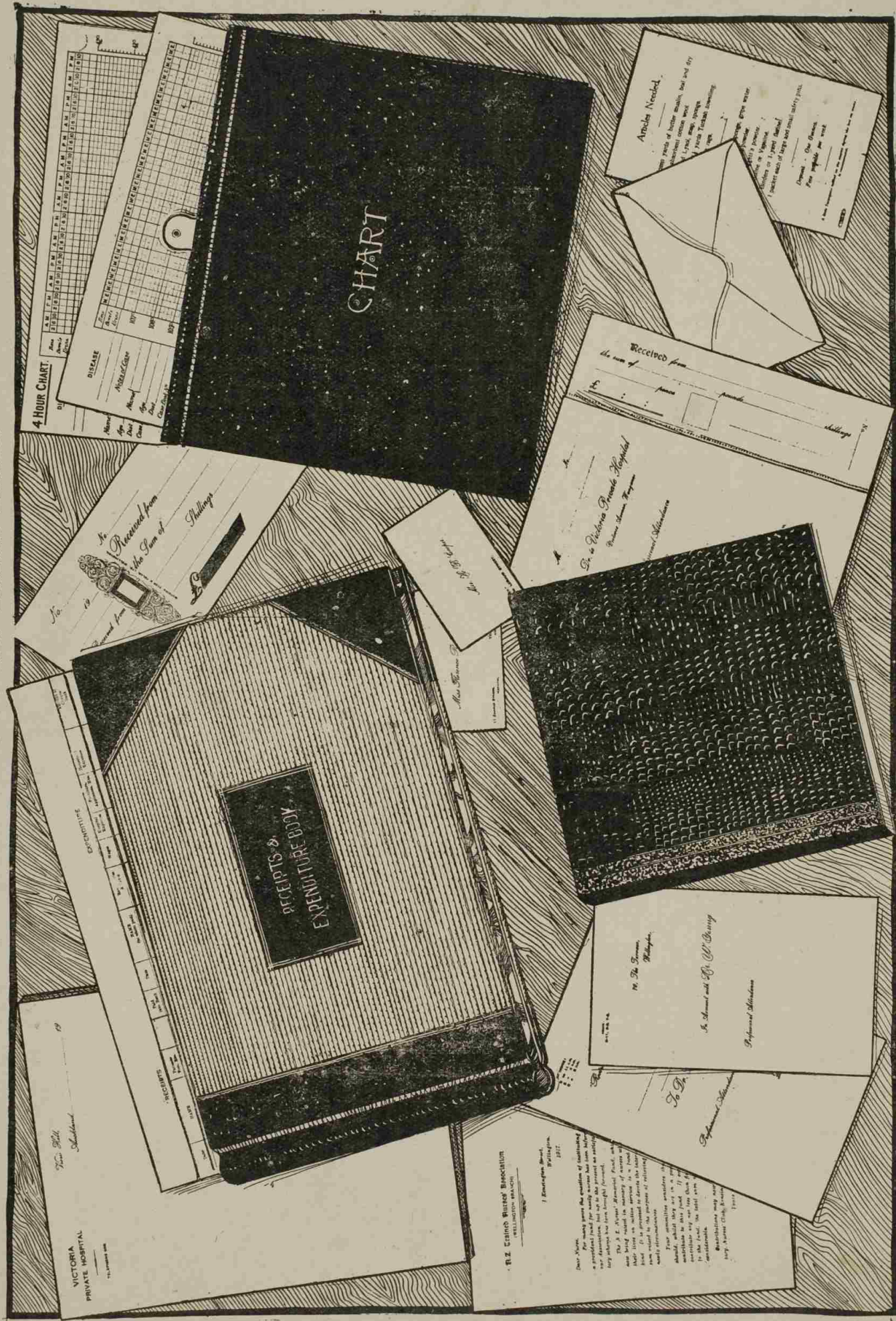
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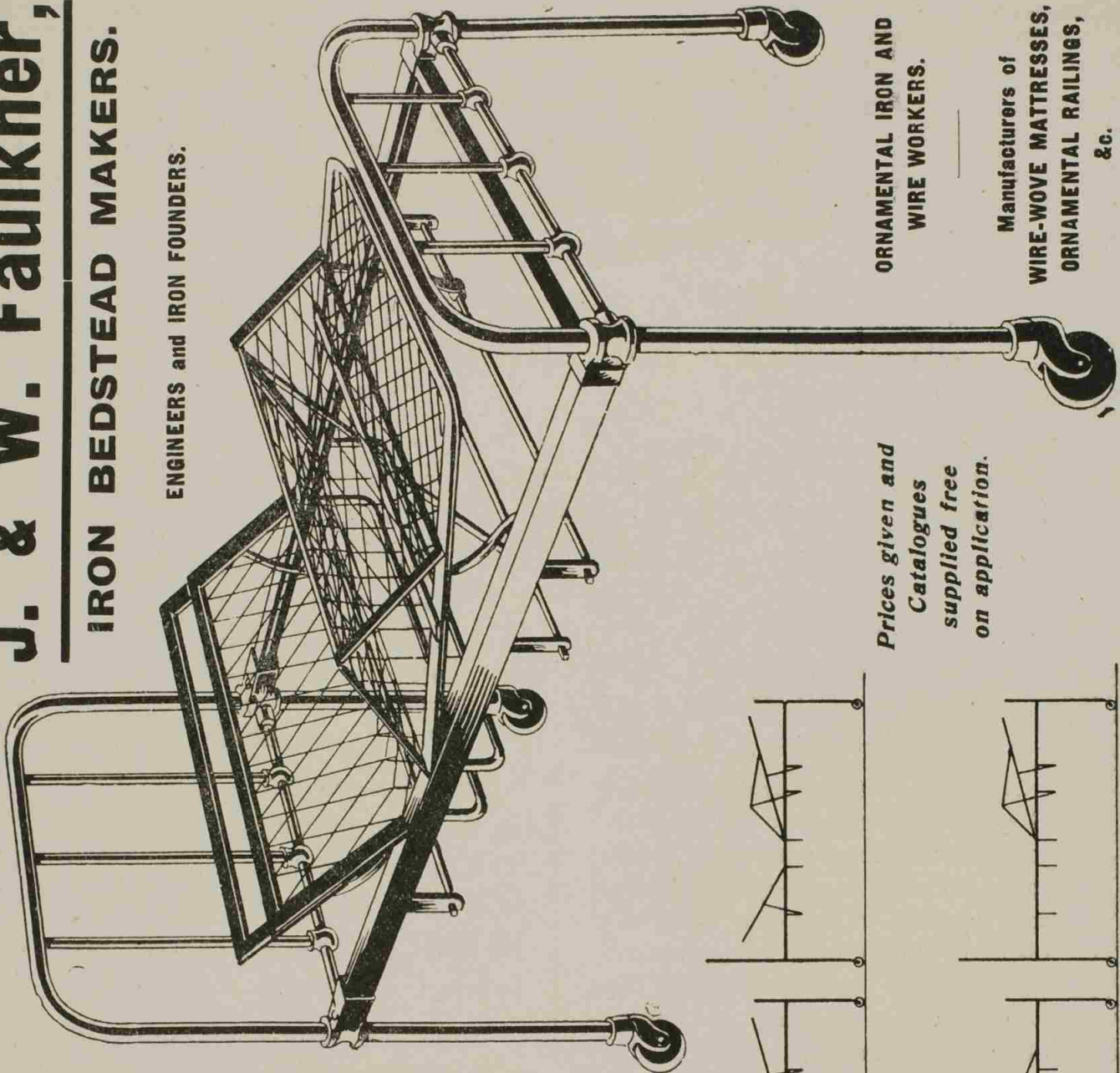


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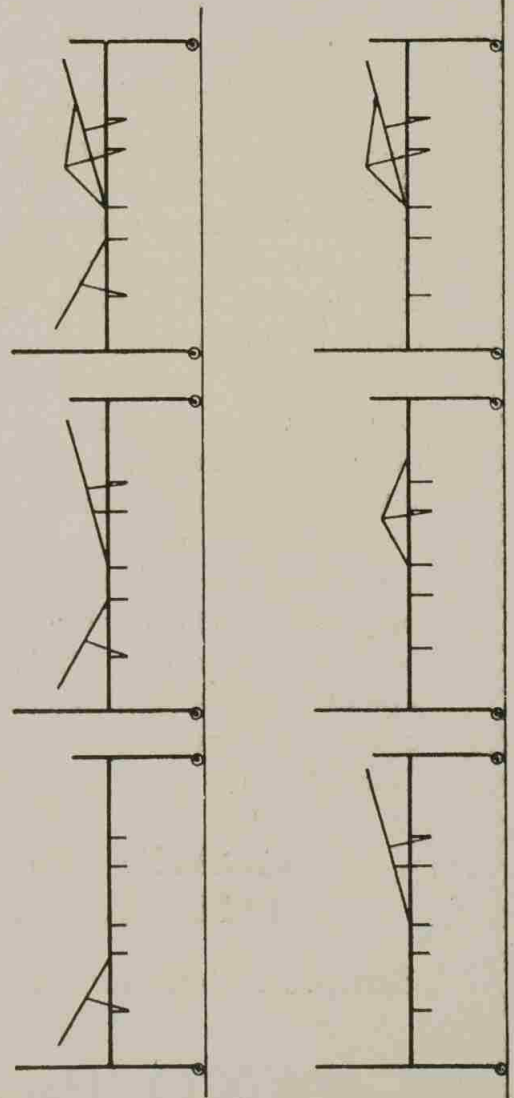
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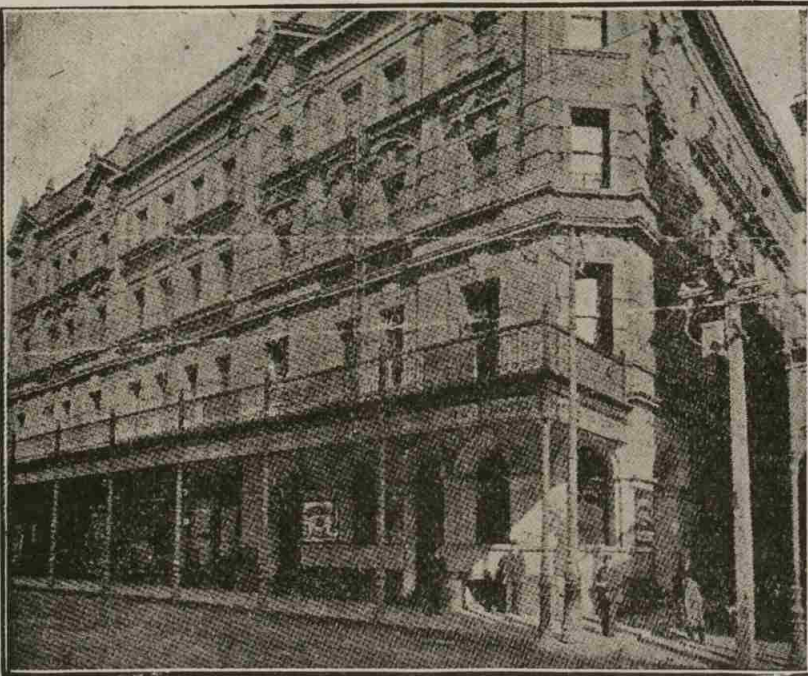
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# Kai Tiaki

(THE WATCHER THE GUARDIAN)

## The Journal of the Nurses of New Zealand

VOL. XI. No. 3.

JULY, 1918.

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### The Roll of Honour

A great day, and a proud one, for the nurses of the Empire and her Allies, even though sad, was the occasion of the Memorial Service in St. Paul's Cathedral. In the different nurses' journals are graphic accounts, and in one an illustration of the nurses leaving the Cathedral, in which, plainly to be discerned, are some of the New Zealand sisters. One scarcely realised, I think, that so many as 350 British nurses, both fully qualified and V.A.D. nurses, had given up their lives in this great war in serving their King and Country. To that toll we must add the twenty nurses from South Africa who were lost in the last torpedoed transport, cabled last week.

A New Zealand sisters writes an account of the ceremony as follows:—

It was my privilege last Wednesday (April 10th) to attend the nurses' service in St. Paul's Cathedral. It was, without doubt, the most beautiful service I have

ever attended. The great Cathedral was one blaze of nurses' uniforms. There were four thousand persons present, and in the very front of all stood the "King's Own Coldstream Guards," with their bright red coats and large black busbies, while at the far end of the building stood a few wounded soldiers. The Australian girls lined the first rows (many rows deep), with their matron at their head. They were all in dark grey costumes, with brown facings and bronze-coloured stars and buttons. Then came the New Zealand girls—about forty of us—attired in dark grey frocks, with scarlet capes. Miss Thurston, the matron-in-chief, was at our head. On the opposite side were the naval nurses, who had a very smart appearance in navy-blue costumes, with gold stars; and then came Miss Beecher, Matron-in-Chief, Q.A.I.M.N.S., with hundreds of Imperial girls behind her. The Territorial nurses were next, and then

followed Canadian, American, and South African nurses.

The London general hospitals were all represented, as were all the British Red Cross and Order of St. John.

Queen Alexandra, Princess Victoria, and many other members of the Royal Family were escorted up the aisle by the Archdeacon of London. The Lord Mayor's procession was a very memorable one to those of us who had never before been eye-witnesses of such a spectacle.

The Coldstream Guards played some most beautiful music, and the voices of the choir boys echoed like silver bells around the great old building. All those who were present will, I am sure, never forget the singing of "O God, our Help in Ages Past," and "Eternal Father, strong to save."

The Ven. E. E. Holmes, B.D., Hon. Domestic Chaplain to Her Majesty, preached a very wonderful and deeply impressive sermon from the text, "Not one of them is forgotten." He is a grand old man, who was not afraid to speak his mind to that great crowd of people.

The service finished with the "Dead March in Saul." There was just a hushed, breathless silence. To hear that majestic music, under such impressive conditions, in the beautiful old Cathedral rich with historic memories, was a revelation in itself. As the last sound of the music died away, the "Last Post" rang out clearly from the farthest corner of the great building, and it was then, indeed, many minutes before the hush was broken, and the sacred silence gave place to repressed sounds. The Queen and members of her party bowed in all directions as they walked quietly out, and if I never felt sufficiently proud of my uniform before, I certainly did on that day. Three hundred and fifty girls have given their lives in the service of their country, and the nursing service feels proud of every one of them.

#### THE SERMON.

"Not one of them is forgotten before God."

The Venerable E. E. Holmes, B.D., preached from these words (St. Luke, xii, 6).

Of those 350 nurses, he said, 300 of whom were killed and fifty of whom were drowned, not one was forgotten. Those seventy nurses of Queen Alexandra's Imperial Military Nursing Service; those four heroic women from the Royal Naval Nursing Service (worthy nurses of a Sea King's

Daughter from over the sea); those eight nurses who with their matron went down in the "Glenart Castle"; those 183 V.A.D. nurses, "stormed at by shot and shell," bombed from above or torpedoed from below, the nurses of the Red Cross, nurses of the White Cross, their names were written in the golden obituary of their country's history; not one of them was forgotten. Each had her own personal life; each was known to someone; by someone among the four to five thousand nurses in the Cathedral each would be recalled, as matron, sister, staff-nurse, nurse, or probationer; each would be remembered in some English home, at some English school; each had someone who loved her best of all, and not one would be forgotten. Each as she dropped in her place would have cried, like the legendary lover as he sank in the waters and flung the flower to the loved one, "Forget me not!" Moreover, there was some spiritual telepathy between those who remained and those who had gone. It was well that we should gather together from all parts of the country, from the Colonies and the Dominions, and that the Empire's nurses should meet together in what had been called the parish Church of the British Empire; English nurses, Irish, Scottish, Australian, Canadian, New Zealand, and also Serbian nurses. It was well that we should remember them before God, that we should think of them before England's great high altar, upon which was offered the one great Sacrifice which made all other sacrifices worthy of being offered; that we should speak about the memorial in the crypt, which the Queen two years ago unveiled, to Florence Nightingale, the first woman and the first nurse to have a memorial in St. Paul's Cathedral. It was well that we should gather there to commemorate the passing of the nurses, to make our act of thanksgiving for those who had won their right to die because they had done their duty even unto the death. And if we had a message to send them, they had a message to send us. What was it? "Fill up the ranks! Carry along!" That was the message he would echo on from them to-day to the nurses gathered in the Cathedral.

"You would not wish me," Archdeacon Holmes proceeded, "to punish you with praise or to insult you with flattery. I am not going to call you ministering angels. You are not angels. You are women. And because you are women, you are something far higher than angels. You are ordinary women. Some of you, like men and women in other departments of the State, have made your mistakes, have lowered the lofty ideal of the loftiest profession or vocation that a woman can take up. Often, full of excitement, and reaction from excitement, war weary, tired, sometimes suffering even more than the patient you are nursing, and full of failures—but—and it is a 'but' that is written in great red capitals—as a body, grand women. BUT women who have taught us that women can be what God means them to be. BUT women who have had their chance and have taken it, as every one of the 50,000 and more nurses now serving at home and abroad, would gladly have taken it; women who in 1914, when windows and walls and posters and hoardings were placarded with the proclamation, 'The Women are wanted,' sprang—as a crowd

will spring apparently from nowhere at some street accident—to help all those marvellous war nurses who share the glory of the first few months of the war with the soldiers who will never be forgotten as long as a page of English history remains to the English people.

“You are women, nurses; women who have helped the men who have guarded the way to England with the bodies of England's best. Of you it may be said, as it has been said of a sister Service: ‘They tend the men; they mend the men; they help them to carry on, and they drop a little curtain over the woes they have undergone.’ Women, some of you who have seen the vision of the Man, Christ Jesus, as He hung upon the Cross; whose hearts, as those of our soldiers, are to-day in union with those five great wounds in the Crucified; you, in nursing them, are nursing Him. And if you have seen the vision you have heard the reward: ‘Inasmuch as ye have done it to the least of these ye have done it unto Me.’ Women, too, have shamed that She-Devil—she is neither nurse nor woman—who handed the cup of cold water, sacred to the memory, to the lips of the dying British soldier, and then, deliberately, emptied it on to the ground. You, rather, remind us of the gallant French officer who, when a German officer put in the plea for kindly treatment on the ground that he was wounded, replied, ‘In the eyes of a Frenchman a wounded man is sacred.’ And, as true women, we salute you to-day as General Smuts, once an honourable enemy, now an honoured friend, said to the Third Army: ‘We salute you with a reverence which no words can tell,’ and I seem

to see in the word ‘reverence’ the whole future type and form of the nursing profession. I pass it on to you as women and nurses—you can never separate the two; just as it was said of Queen Victoria that ‘In everything she did as Queen she made herself felt as woman, and in everything she did as woman she made herself felt as Queen.’ I pass it on to the matrons of all our hospitals at home and abroad, for on you will depend very largely what the future of the nursing in England will be. Matron, matronne, followers of the Mater Misericordia, so rule your hospital that you may never stand ashamed at the Great Day of Assize.

“I pass it on to the sisters and probationers, each a madonna in her own right of womanhood; each resolve from to-day, in memory of the faithful departed, to be a true follower of the all pure Lily Maid of Nazareth. You see the greatness of it. It is a great work, willingly done and well, for the sake of the men who have done for us more than words can tell; a great work, faithfully, carefully done, but the whole will not be known till the war is properly won. And it is because such a great work is entrusted to you by your country to-day that you meet here to say ‘We will fill up the ranks. We will step into the place of those that have fallen; we will show them that not one of them is forgotten.’”

Our readers will not have forgotten the roll of New Zealand Nurses who have lost their lives in the war. Their names are included in the Roll of Honour.

## Free Treatment of Soldiers' Wives and Children

On the representation of the Minister of Public Health the Government decided that free treatment should be given in the public hospitals and Government institutions to the wives and children of all soldiers on active service, no matter what the military or civil status of the soldier, and that the Public Health Department would reimburse the Hospital Boards at the same rate as they are at present paying for soldiers treated in hospital.

By “on active service” is meant absent from New Zealand on military duty. It does not extend to men returned from the front or at present in training. Any case of wives and children requiring hospital treatment in regard to men at the front would be considered by the Department, each case being taken on its merits. The date from which this treatment is to be afforded is the 8th March, 1918, which was the date of the Cabinet decision.

Applicants for hospital treatment should be informed that they should apply direct to the hospital authorities of their district. It is necessary that they produce proof of identification to such hospital authorities, who will no doubt find that the officers of the local Patriotic Society will be able to give adequate assistance in this respect. It will therefore be the hospital authorities' province to ensure that the women and children are the wives or daughters of the men with whom they claim such relationship, and it will be the province of the Department to verify, through Base Records, that such men are on active service.

Note.—The above commenced in a small way nearly three years ago by the decision of the Minister of Public Health that the wives of soldiers on active service should be admitted as free patients into the St. Helens Hospitals.—“The Journal of Public Health.”

## New Zealand Trained Nurses' Association

### Auckland Branch

There is very little to record during the last quarter. The usual monthly Council meetings have been held, and a general meeting took place at the residence of the president, Mrs. Kidd, on April 26th. Business having been gone through, Red Cross work occupied a pleasant afternoon, tea and a walk through the lovely gardens ending the meeting.

A general meeting is called for the 26th inst., the chief business being the nomination of Council members for a ballot to be taken for the ensuing year.

Over 100 of our nurses are on military

duty, and nurses still continue to be drafted off to various positions, military and civil, others take their places, and so the work goes on.

The matron of the Nurses' Club has been away for six weeks' leave to be with her brother who was invalided home. She has now been granted three months more. Miss Bright will continue as acting-matron during Miss Houchen's absence.

Nurse Nancy Price, daily visiting nurse, has resigned, to be married, and Mrs. Wilson has taken on the work for three months.

### Otago Branch

The usual Council meetings have been held regularly during the quarter and the monthly social general meetings resumed. The chief interest in this centre has been the opening of the Red Cross Military Convalescent Home at Montecillo.

The matron appointed is Miss Agnes MacMillan, a Dunedin trained nurse, and well known in connection with Prospect House Private Hospital in Miss Tombe's time. She did a year's work in military hospitals in France at the beginning of the war as a member of Q.A.I.N.S., and her appointment has given general satisfaction. The house and its appointments leave nothing to be desired and the grounds and view are beautiful. The greatest interest is being taken in its affairs and many "cots" have been endowed by individuals and various societies and associations, each one costing £100. The Otago Trained Nurses rose to the occasion and got together the necessary amount (and something over) in a very short time to endow one in their name.

Also, they are making great preparations for their turn at the Red Cross Shop, which is open every Saturday, and hope to make a substantial sum.

The last monthly meeting was occupied by a very interesting discussion on massage training for nurses; this was called forth

by the leading article in "Kai Tiaki" for April. Dr. Falconer gave us a most interesting and lucid account of the training course for massage students at the Otago Medical School and compared it with the instruction available for nurses in their fourth year.

The general feeling expressed was that if one training school in the Dominion was able to give its nurses a course which would qualify them to register as trained masseuses the other hospitals should be able to do the same; it was pointed out that at present the trainees of that one school had an unfair advantage over the others.

Note.—The Editor agrees with the opinion expressed above. Below is a copy of a letter sent to all the larger hospitals to bring this to their notice.

5th June, 1918.

Sir,

In view of the great need of properly-qualified masseurs and masseuses for the treatment of the wounded soldiers who return to the Dominion and the call for masseuses to be sent to work in the New Zealand hospitals in England, it is advisable that all possible means of training operators may be taken advantage of.

There is established a massage school at Dunedin in which the six months' course in anatomy and physiology and theory of massage and medical electricity is given at the University of Otago, and the twelve months' practical course at the Dunedin Hospital.

At Auckland Hospital a special course has been established for the nurses who have completed their statutory term of training and are registered. This course is for twelve months, and in the proposed Bill for the Registration of Masseurs, pupils who are already registered nurses will be eligible for examination and registration after twelve months. The Auckland course is very satisfactory. Lectures on anatomy and physiology are given by medical men, and practical teaching in massage and electricity by a qualified masseuse trained by members of the I.S.T.M.

There is no reason why the other large hospitals in the Dominion should not establish a similar course for their nurses in the fourth year. The practical work could be carried out in a properly-equipped Massage Department, such as it is necessary every principal hospital must establish, and in the wards to which the nurses are attached, and must be under the constant supervision of a qualified masseur or masseuse. The theoretical part can be established by appointing lecturers belonging to the medical profession, and be attended by the nurses either in off-duty time or by arrangement. A copy of the Auckland timetable is attached.

I hope that your Board will consider the possibility of instituting a similar course at your hospital. The Otago School of Massage is at present for masseurs and masseuses only; the term is 18 months; but the superior usefulness of a trained nurse with massage qualification in addition is so great that a post-graduate course for nurses in the chief hospitals is greatly

to be desired. This is even more essential for the proper training of nurses, as even apart from treatment of soldiers. the value of massage and allied treatments has been recently recognised for so many conditions of ordinary illness that without this training nurses will be much handicapped in their future work, and your patients would receive the benefit of a properly-organised system of massage treatment.

I have the honour to be, sir,

Your obedient servant,

J. P. FRENGLEY,

Acting-Inspector-General  
of Hospitals.

The Secretary,

Hospital and Charitable Aid Board.

The Editor has been informed by the Medical Superintendent of the Auckland Hospital that it would be possible for some nurses from other schools to attend the course of lectures and practical work at the Auckland Hospital. These students would have to find their own accommodation, but otherwise would not be at much expense.

## OTAGO NURSES' DAY AT THE RED CROSS SHOP.

### "RECORD" RECEIPTS.

It was the Otago Nurses' Day at the Red Cross Shop to-day, and splendid results were obtained. The receipts totalled £171, which constitutes a record. This sum, together with a previous donation of £100, brings the nurses' contribution to the Military Convalescent Home at Montecillo up to £271. To-day's receipts did not include a donation of £2 which was collected by the children at Albany Street School, and sent along to the Red Cross shop.

## Canterbury Branch

A lecture was given by Dr. Maud Fere on March 30th, at the Y.M.C.A. rooms, on the subject of "Women's position of the present day." The lecture was most interesting from every standpoint, showing what great advances have been made,

especially of late years, by women in every walk of life, and what future possibilities there are to be attained, providing they aim at the very highest ideals, before hoping to gain the goal for which they seek.

Dr. Simpson gave a very instructive lecture on June the 6th, on the "New Methods of Treatment and Observations on their Application," giving full proof that a new era has been opened up, and the old methods, once considered so effective, discarded in favour of simpler and much better methods, thereby causing less suffering to the patient and much less work on the part of the nurse. The doctor showed the new douche, or irrigation, "can"—now so much in use at the front. It looks like an ordinary thermos flask, with a number of rubber tubes attached to the top, into these tubes are fitted fine rubber

catheters, with numerous perforations, which allow the fluid to percolate into every part of the wound. A continuous irrigation can be given in this way with very little attention, as the thermos keeps the lotion the required heat, and the flow regulated by the stop-cork attached to the tubes. A wire is passed over the "can" which enables it to be hung wherever desirable.

Several new members have joined during the last few months, and a marked improvement in the attendance, which is encouraging to those who are good enough to lecture and give up so much valuable time.

## Massage Treatment of Returned Soldiers

"A department for treatment of returned soldiers which is likely to grow as the number of wounded men in the country increases is that of massage, and, to cope with future requirements, the Defence Department is now preparing to train a number of young men and women in this work. The medical school of the Otago University and the Otago Hospital will be used. Students will be of two classes, those prepared to enter the school in the ordinary way, paying a premium of £57 for an eighteen-months' course, and those prepared to enter under the auspices of the Defence Department and undertake work with the military hospitals for three years. The training of the latter will be arranged for by the Defence Department, and on completion of the course they will be assigned to the various military hospitals where there are patients requiring their services. The Department hopes also to obtain the services of as many private massage students as possible. Both men and women will be trained. Massage of a special character will also be undertaken at the orthopædic hospital to be established temporarily in Christchurch under the care of the ortho-

poedic unit which has been formed and trained in England."

The above paragraph from the daily papers has aroused much interest. Over 350 applications have been received for the special course, some from trained nurses; but as this is not a course for nurses, who should receive some consideration and reduction of time, and whose work at the present time is so much needed in the work for which they have already qualified, their applications have not been accepted.

There are now 20 students going through the ordinary course, and many of these will be available for the service as soon as their course is completed. The special students will be detailed for the practical portion of their course to the various military wards and hospitals where soldiers require treatment, and carry on their training under qualified supervision and teaching.

It is hoped that a part at least of this training may be obtained at the Orthopædic Hospital when all the latest appliances and methods of using them will be available.



## State Examinations

The State Examinations of nurses and midwives were held on 12th and 13th of June. The centres for the Nurses' Examination were: Wellington, Auckland, Christchurch, Dunedin, Napier, Hamilton, Wanganui, New Plymouth, Invercargill, Timaru.

The questions for the Medical Paper and the comments of the Examiner are appended. The one or two candidates whose answers are specially mentioned (but not in commendation) will do well to continue their studies for a further term.

### MEDICAL NURSING.

#### QUESTIONS.

1. What are the symptoms of tubercular meningitis in a child? Describe the nursing treatment of such a case.
2. Describe the symptoms and signs and nursing management of acute Bright's disease.
3. Give the symptoms, general treatment, and complications of scarlet fever.
4. What do you understand by:—
  - (a) Cheyne-Stokes breathing;
  - (b) Melæna;
  - (c) Paraplegia;
  - (d) Cyanosis;
  - (e) Anasarca?
5. What are the symptoms and treatment of poisoning by—
  - (a) Digitalis;
  - (b) Belladonna;
  - (c) Opium;
  - (d) Ptomaines;
  - (e) Prussic acid?
6. What terms are used to distinguish the action of drugs? Mention one drug belonging to each class and its dose. What is meant by idiosyncrasy as regards drugs?

#### EXAMINER'S COMMENTS.

On the whole the questions were very well answered. The usual mistakes in technique were evident, that is to say, some of the candidates obviously commenced to write their answers in an indefinite way, neglecting to first study the purport of the question and make a scheme mentally of the main points and proper sequence of the answer. Some candidates also took no notice of the clock and answered the first questions fully and scrambled through the last ones.

The question on tubercular meningitis in a child led to disappointing answers. Too many candidates confused this disease with cerebro-spinal meningitis, and gave a dissertation on lumbar puncture, and the introduction of serum, or special attention to discharges from the nose and throat, and on the supposed very highly infectious

nature of the disease generally. Nursing attention advised in this disease ranged from taking the pulse, temperature and respirations every two hours, and a lumbar puncture every day, to interfering as little as possible except for putting mattresses on the floor round the bed to keep the child from hurting himself!

The question of acute Bright's disease was well answered, although there was a strong tendency to confuse the acute disease with the chronic forms. Two nurses confused acute Bright's disease with diabetes. Every candidate had an excellent knowledge of the nursing and complications of scarlet fever; indeed, the answers were generally as good as the average general medical practitioner or senior medical student could write.

The descriptions of Cheyne-Stokes breathing, melæna, etc., were good, with very few exceptions. This question furnished one of the two "howlers" worth quoting: "Anasarca is cancer of the tissues." "Anasarca is a form of tapeworm found in the small intestine." "Anasarca is wind in the bowels." "Paraplegia is internal hæmorrhage after the birth of a child. The walls of the perineum must be scraped and a hot douche given daily till the hæmorrhage ceases."

The candidates had an excellent knowledge of poisons except for the sad fact that twenty to thirty per cent. believed prussic acid to be a corrosive poison, burning the alimentary tract. One candidate codified the whole treatment of poisons, which is briefly comprehended in this injunction: "Give white of egg, and never use the stomach pump." Evidently the most difficult question related to the general classification of drugs. Half the candidates roughly had a very good knowledge of the question, but the other half did not know much, but their knowledge in this respect will expand with further experience of nursing. It is safe to conclude from the evidence of these examination papers that our nurses in the hospitals have a high standard of instruction and study industriously and intelligently. New Zealand nurses need not fear comparison with the nurses of any other country.

## ORAL AND PRACTICAL.

With regard to the oral and practical Examination, the questions and tests set by the Department as a basis for the examination were:—

## QUESTIONS.

1. In the nursing of children what special nursing precautions are necessary as to regularity of bowels, sleep, teething, colic, croup, earache, chorea, and rickets?
2. (a) Give dietary in early convalescence from typhoid fever; (b) Gastric ulcer.
3. Make peptonised milk, barley water, or an egg flip. How do you make calf's foot jelly and white wine whey?
4. Give the usual temperature of a case of acute lobar pneumonia in the first week. How does the illness begin?
5. Pick out the following splints, and explain the purposes for which they are chiefly used:—Macintyre, Neville, Liston, Cline, Sharpe's or Roughton's, Hodgen's, Carr's.
6. Make (a) a plaster of Paris bandage and say how it should be applied; (b) a gum and chalk stocking.
7. (a) Give ingredients of a nutrient enemata and nasal feed; (b) Mention some good mouth washes; (c) What enemata would you give for shock and thirst?
8. Make a bed for treatment of fractured spine.
9. How to save and measure urine. (a) How do you collect a specimen from a child too young to understand what is wanted? (b) Test urine for sugar, blood, bile; Give tests for uratos.
10. Get the things ready for washing out the bladder. Cleanse a gum elastic catheter.
11. Prepare a hot-air bath.

The report from one centre expresses great dissatisfaction with the practical work shown, especially in regard to numbers 1, 3, 8, 10, 11.

These are essentially nursing duties with which all qualified nurses are expected to be well acquainted and expert. It is to be feared that some of the training schools do not sufficiently recognise the importance of teaching not only the methods in vogue in that particular school, but all the chief accepted methods of medical treatment which though sometimes laid aside for a time in favour of newer ideas, may again be adopted, and should be known at least in theory, or a nurse may be at a great disadvantage when she leaves her hospital for the wider field before her.

## SURGICAL NURSING.

## QUESTIONS.

1. What is meant by continuous proctocleisis? Describe how you would apply this treatment in a case of perforated gastric ulcer subsequent to operation.

2. What are a nurse's duties (a) in preparing a patient for an anæsthetic, (b) in nursing him subsequent to it? What complications may arise, and how should they be met in the absence of the surgeon?
3. What nerve is often damaged in fracture of the humerus? What are the symptoms of its paralysis, and what precautions should a nurse take in looking after such a case?
4. What is—eusol, ambrine, bipp, pituitary extract? Describe briefly how each is used, and for what conditions.
5. You are asked to fetch a Thomas knee splint from the splint room, and to make the necessary preparations for its application. What factors should decide your selection of the splint and what preparations would you make? Are there any special points in nursing cases with these splints on?
6. What is an empyema? What instruments would you prepare for the operation for its relief.

The Examiner promises some comments on the answers later on.

## RESULTS.

NAME.	HOSPITAL.
Doris E. Menzies	Auckland
The following nurses obtained 75 per cent. or over:	
Davies, Myrtle	Wellington
Mackenzie, Barbara A.	Wellington
Kendall, Joan Angela C.	Wellington
Kelly, Mary	Wellington
O'Callaghan, Emily	Wellington
Luke, Jacobina Campbell	Wellington
Pickens, Annie L.	Auckland
Wyllie, Gertrude L.	Auckland
Moynihan, Ellen	Auckland
Macky, Nora	Auckland
Hunt, Evelyn D.	Auckland
Matheson, Margaret I.	Auckland
Livermore, Marjorie	Auckland
Battersby, Alice	Auckland
Clark, Maud G.	Auckland
Richards, Gertrude A.	Christchurch
McLean, Alice	Christchurch
White, Lily L.	Christchurch
Stoupe, Monica Lloyd	Wanganui
Johnson, Annie Isabel	Wanganui
Griffin, Adelaide C.	Palmerston North
Nicoll, Harriette A	New Plymouth
Butler, Evelyn M.	Waikato
Kidd, Doris S.	Waikato
Slack, Hilda M.	Waikato
Graham, Catherine	Waikato
Vaughan, Alice D.	Napier
Harvey, Beatrice M.	Napier
Bernau, Gladys M.	Napier
Tarleton, Teresa I.	Gisborne
Dore, Mary J.	Wairoa
Webster, Jessie	Greymouth
Mears, Catherine	Westport
Jones, Hilda	Westport
Robinson, Mildred D.	Westport
Stevenson, Helen	Southland
Young, Fanny	Southland
Lamont, Frances	Southland
Riordan, Bridget M.	Southland
Fraser, Elizabeth	Timaru

Bull, Margaret	Timaru	Muggeridge, Ivy M.	Wellington
Brown, Erica	Timaru	(Passed Medical and Oral)	
The remaining nurses were also successful:—			
Hally, Isabella A.	Wellington	Costello, Mary C.	Blenheim
Burnett, Helen	Wellington	(Passed Medical and Oral)	
Wall, Miriam	Wellington	Bush, Alice May	Picton
Campbell, Jessie	Wellington	(Passed Surgical and Oral)	
Robinson, Arabella G.	Wellington	Gray, Olive Marion	Auckland
Mackay, Ada Miwins	Wellington	(Passed Medical and Oral)	
Little, Mabel	Wellington	Ruff, Elizabeth	Auckland
Gair, Eliza	Wellington	(Passed Medical and Oral)	
Williams, Elizabeth	Nelson	Hogwood, Hilda B.	Whangarei
Herne, Florence	Nelson	(Passed Medical and Oral)	
Murphy, Madge	Blenheim	Lane, Margaret H.	Hokianga
Egley, Gertrude	Picton	(Passed Surgical and Oral)	
Campbell, Margaret Rea	Auckland	MacRae, Jessie Ethel	Dunedin
Ansenne, Nora	Auckland	(Passed Medical and Oral)	
Green, Erica	Auckland	McDermid, Gwendolin D.	Dunedin
Murphy, Rose Darling	Auckland	(Passed Surgical)	
Palmer, Dorothy M.	Auckland	Timlin, Mary F.	Dunedin
McLean, Harriet Isabelle	Auckland	(Passed Medical and Oral)	
Bason, Edith Mary	Auckland	Brunt, Beatrice M.	Christchurch
Cranch, Annie Muriel	Auckland	(Passed Medical and Oral)	
Shapland, Olive	Hokianga	Smith, Martha L.	Ashburton
Sinclair, Jessie	Dunedin	(Passed Medical and Oral)	
Martin, Cecilia E.	Dunedin	Daniell, Eileen E.	Palmerston North
Ashcroft, Bertha W.	Dunedin	(Passed Medical and Oral)	
Makeig, Dorothy A.	Dunedin	Ansenne, Kathleen M.	Waikato
Fleming, Jessie	Dunedin	(Passed Surgical and Oral)	
Lawson, Isobel S.	Dunedin	Brewis, Annie Riro M.	Waikato
Vyner, Mavora L.	Dunedin	(Passed Oral)	
Tucker, Mary Ursula	Dunedin	Fricker, Emily Penstone	Waikato
Tyson, Margaret C.	Dunedin	(Passed Medical and Oral)	
Pratt, Sarah Elsie	Dunedin	Bailey, Edith Madalene	Waihi
Mercer, Muriel	Dunedin	(Passed Medical and Oral)	
Fletcher, Anne	Dunedin	Keogh, Helen S.	Napier
Farquharson, Isabella	Dunedin	(Passed Medical and Oral)	
Kinmont, Harriet F.M.	Dunedin	Stainton, Mary	Napier
Nichol, Isobel M.	Oamaru	(Passed Medical and Oral)	
McEachen, Ethel Marie	Christchurch	Mitchell, Ruth	Gisborne
Turner, Edna Helena	Christchurch	(Passed Surgical and Oral)	
Paterson, Ethel Amy	Christchurch	Lawrenson, Agnes M.	Westport
Cronin, Henrietta	Christchurch	(Passed Medical and Oral)	
Henderson, Clara F.	Christchurch	Harrison, Edith	Napier
McClatchie, Erica Patti	Christchurch	(Passed Medical and Oral)	
Seed, Elsie Evelyn	Christchurch		
Brophy, Edith Grace	Wanganui		
Livingston, Eliza	Wanganui		
McIntosh, Ethel Agnes	Wanganui		
Nielsen, Ruth Salome Priscilla	Palmerston North		
Jemison, Sarah Hilda	New Plymouth		
Hamblyn, Edith Mary	New Plymouth		
Taylor, Agnes Jane	New Plymouth		
Stanton, Violet Constance Irene	New Plymouth		
Hodge, Elizabeth Mary	New Plymouth		
Langlands, Mary Sangster	New Plymouth		
Madill, Jessie	Waikato		
Geraghty, Marcella R.	Waikato		
Yeats, Esma	Napier		
Noble-Campbell, Katie Alice	Napier		
Miller, Ella	Westport		
Harkness, Dorothy	Westport		
Barnes, Ada	Southland		
Brunton, Elizabeth	Timaru		
Coakley, Katherine	Timaru		

The following nurses obtained a partial pass:—

Gillespie, Margaret R.	Wellington
(Passed Medical and Oral)	

### MIDWIFERY EXAMINATIONS.

The questions for the Examination in Obstetric Nursing are as follows:—

#### QUESTIONS.

1. You have been called in to give advice to a woman in the early months of pregnancy. What would be your instructions with regard to dress, diet, mode of life, and management generally?
2. What are the signs of approaching labour? What value would you attach to each symptom?
3. Describe your management of the new-born infant during the first five days of life.
4. In the absence of a doctor what are a nurse's duties during the third stage of labour?
5. What is "placenta prævia"? In a case of it, with severe hæmorrhage during labour, what would you do pending the doctor's arrival?
6. What is "eclampsia"? Describe its symptoms.

The comments of the Examiner are very gratifying to the teachers. The hints given regarding the proper methods of answering questions are most valuable, coming from an experienced trainer and examiner of nurses.

#### EXAMINER'S COMMENTS.

Either my paper was an exceptionally easy one or the batch of nurses presented was a particularly good one. I only fail two (Nos. 4 and 46) and neither of them failed badly.

I have spent much time and thought as to whether I should give first place to No. 38 or No. 53 and have at last decided to give them an equal number of marks. Both of their papers are excellent ones and yet are very dis-similar. No. 53 writes a model paper; short concise, no padding, and never goes beyond the question. No. 38, upon the other hand, is too verbose and writes much unnecessary matter. Neither of them made any serious mistake, either of commission or omission. No. 38 wrote twice as much as No. 53 did. No. 38 did not arrange her papers in their proper order (this was also done by some others), and because of this I am not sure that I should not have given a few extra marks to No. 53 for her brief answers and for her having arranged her answers in their required order. It is very irritating to an examiner to find that, after going over No. 1 question, No. 3 follows, and he therefore gives no marks for No. 2 question. Personally, when going over the papers I always read the answers to No. 1 question in all of the papers before proceeding to No. 2. Should No. 3 question be answered after No. 1 the examiner naturally gives no marks for No. 2, and it is quite possible that he will not detect his mistake later.

In my opinion many nurses fail in their examinations not from want of knowledge, but because they have not been taught how to answer questions. Given two nurses of equal ability and knowledge, one has been instructed how to answer an examination paper, and the other has not, the former will usually make ten per cent. more marks than the latter. A teacher who wishes his pupils to pass well, will set them frequent papers and after correcting these, criticise each in writing and return the corrected papers with the criticism to each nurse. Nurses I have found to be greatly helped by per-

using a paper written by the teacher answering his own questions. A few such papers show a nurse how a question should be answered.

When a question is asked upon any subject, many nurses instead of answering the question as put, proceed to write an essay about the condition named and in such cases often write so much that they forget to give an actual answer to the question. For instance, with regard to eclampsia, some half-dozen candidates wrote so much unnecessary matter that they forgot to mention the fact that convulsions is a symptom. Some of them described all sorts of theories about its pathology, etc., but gave no hint that fits are one of its symptoms.

When will nurses understand that a long paper does not necessarily get more marks than a short one, also that they should confine their answer to the question as put. No. 53 was one of the shortest of the papers, and yet she succeeded in obtaining the highest marks. She answered one question in a dozen lines of foolscap, and obtained nineteen marks out of a possible twenty. Another nurse wrote nearly three pages, and only received fourteen marks.

Upon the whole, however, the papers showed more than average merit.

The following are the results of the examination of the pupils in the six State Maternity Hospitals and the Institutions recognised as training schools:—

Name	Training School.
Passed first (equal).—	
Coates, Monica Grace	} St. Helens Hospital, Christchurch
Sugden, Alberta M. (R.N.)	
The following obtained 75 per cent. or over:—	
Kidd, Sophia	St. Helens, Wellington
Taylor, Emily May (R.N.)	St. Helens, Wellington
Williams, Hazel Owen (R.N.)	St. Helens, Wellington
Macdonald, Edith May	St. Helens, Wellington
Carter, Ella Elizabeth	St. Helens, Wellington
Hoban, Catherine E. M.	St. Helens, Christchurch
Biddle, Mrs. Cathleen	St. Helens, Christchurch
Baxter, Sarah Ivy	St. Helens, Christchurch
Byers, Emmeline	St. Helens, Christchurch
Miles, Lucy (R.N.)	St. Helens, Christchurch
Henderson, Maude A.	St. Helens, Christchurch
Hight, Elsie Louisa	St. Helens, Christchurch
Cox, Ruby Henrietta	Female Refuge, Ch'church
Munn, Mrs. Ida Ellen	St. Helens, Auckland
Cochrane, Mary Ellen	St. Helens, Auckland
Bolton, Margaret A. (R.N.)	St. Helens, Auckland
Cavanagh, Catherine	St. Helens, Auckland
Irwin, Mrs. Adeline Mary	St. Helens, Auckland

Bartie, Mrs. Janet	Townley St. Helens, Gisborne	Gee, Ivy	Alexandra Home, Wellington
Forsdick, Minnie	Townley St. Helens, Gisborne	Williams, Verna	Alexandra Home, Wellington.
Cunnington, Alfreda	Townley St. Helens, Gisborne.	Mercer, Georgina	Female Refuge, Christchurch
Rhinesmith, Agnes	Towrley St. Helens, Gisborne	Munro, Mrs. Margaret	A.I. St. Helens, Auckland
McWilliam, Muriel (R.N.)	McHardy Maternity Home, Napier	Boscher, Maud	Townley St. Helens, Gisborne
Hagenson, Annie Elizabeth	St. Helens, Dunedin	Wyatt, Eliza Ann	Mangonui Hospital
Lloyd, Ettie	St. Helens, Auckland	Miller, Sarah	St. Helens, Invercargill
Ongley, Monica	St. Helens, Wellington	Watt, Maggie	St. Helens, Invercargill
The remaining nurses were also successful :—			
Glentworth, Mary (R.N.)	St. Helens, Wellington	Fynmore, Winifred	St. Helens, Dunedin
Mitchell, Ada	St. Helens, Wellington	McLean, Wilhelmina	St. Helens, Dunedin
Elliott, Mary (R.N.)	St. Helens, Wellington	Gordon, Margaret, (R.N.)	St. Helens, Dunedin
Dunn, Phyllis	St. Helens, Wellington	Tolerton, Miriam	St. Helens, Dunedin
Willetts, Georgina	St. Helens, Wellington	Cookson, Althea Harriett (R. N)	Medical School, Maternity Hos., Dunedin
Strang, Mary Isabella	St. Helens, Wellington	Mitchell, Naomi Leah	Medical School, Maternity Hos., Dunedin
Thompson, Mary	Alexandra Home, Wellington	Isbister, M. Copland	Medical School, Maternity Hos., Dunedin
		Sutherland, Emily Margaret	St. Helens, Wellington

## The Hospital Ships

Our two hospital ships have both returned to New Zealand and again left, the one on her fourth commission, the other on her fifth.

The staff of the "Marama" is as follows: Sister R. Gilmer, matron for commission; Sister Jean Young (nee Muir), Sister Ruth Mirams, Sister Emily Bishop, (sister for commission); Staff-Nurses, M. Cox, M. Ellis, L. Davis, C. Williams, A. Miller; Masseuses M. Shirley and Coila Brown.

Sister Gilmer had but just returned on the third commission, but was well pleased to be promoted to matron and remain with the ship for another voyage, as she is an excellent sailor.

For the staff of the "Maheno," Miss Nurse, R.R.C., now matron of Trentham Hospital, was to have joined as matron, but unfortunately had a severe attack of illness and was unable to go. Sister McAllum, acting-matron of Featherston Hospital, was then selected.

The staff includes Sister Florence Gill, Sister Mary Grigor, Staff-Nurses M. Herbert, G. Robinson, M. Scott, M. Goulstone, E. Aitkenhead, R. Punter.

On both hospital ships some sisters with massage training have been included, as this treatment is much needed for the returning men.



**Maheno Staff, 4th Commission**

## News from our Nurses Abroad

A letter received from Miss Berry, well-known to so many nurses, mentions the big fight going on for the registration of nurses, which Miss Berry says is a very big thing, and with many prejudices in the way, but she foresees many changes pending in the nursing world in England. Miss Berry is still staying with relatives in Preston, and hopes before returning to New Zealand to take her midwifery course.

\* \* \* \*

News from Sister Brandon from Greytown Hornchurch, mentions that she and

to show how one fares if they have no coupon for meat. This is rather funny; one scarcely knows what one is eating in some of the places, and ask no questions. But in camp we get New Zealand supplies, so our mess is quite good. Poor civilian population gets very little sugar, no butter, very little meat and margarine."

\* \* \* \*

Sister G. Bennett writes from Walton-on-Thames, where she was stationed after the arrival of the "Athenic." The sisters enjoyed their trip, though some were very



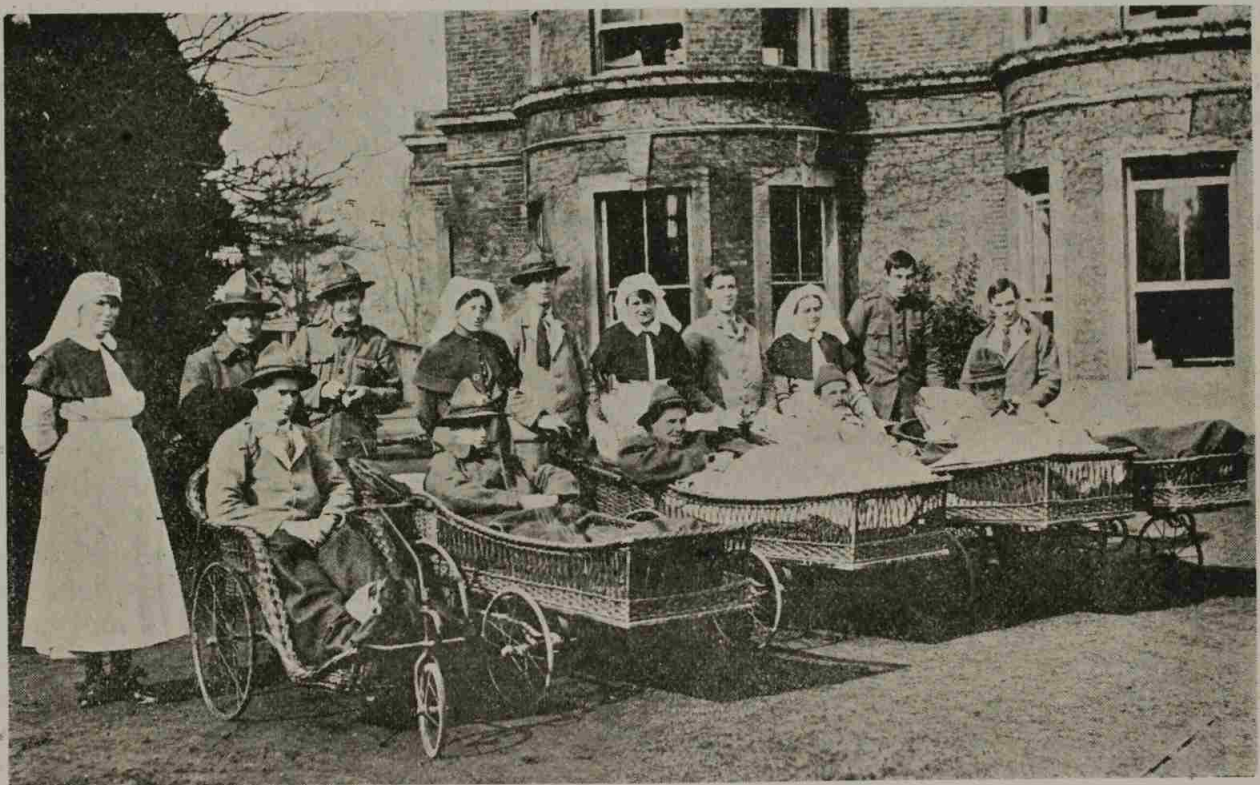
Some Walton-on-Thames and Oaklands Matrons, Sisters and V.A.D's.

Sister Commons had started the massage course for which they have been specially detailed for service under the Public Health Department. Sister Brandon says: "When we can spare time from our books we enjoy some lovely walks. Spring is wonderful here, the trees are covered with buds, and primroses are in great clusters under their pretty leaves all over the banks. Daffodils are all along the banks of the streams, and the fruit blossoms pink and white in such profusion, it is glorious. Tomorrow 'curfew' comes in in London. No hot meals after 9 p.m., lights out at eleven, theatres begin 7 p.m. I enclose a menu

sea-sick. They had a few hours ashore at Balboa where they were most hospitably entertained by Mrs. Svensen, wife of the Captain of the Port, who took them to dinner and motored them round Balboa and Panama. They enjoyed their trip through the wonderful canal, and afterwards came to ice and snow so cold that although they they were allowed ashore, they only went once, when they were entertained by Americans, who gave them the time of their lives. At New York, where no one was allowed on shore, they picked up their convoy and went on to N— which showed signs of the recent explosion in absolute

devastation everywhere, for miles heaps of ruined houses, boats, and wharves. No one was allowed to land as the people were short of rations, the snow and ice were too awful. Here they were joined by an American troopship with eighty-one nurses on board. In the Atlantic they encountered a dreadful storm which washed away the wireless, broke a boat to pieces, and broke into one of the holds, leaving 300 men bedless, and for the time homeless. They also lost every scrap of sugar, nine tons, and seven tons of flour, so for the rest of the voyage they were sugarless. On arrival the sisters were given nine days' leave

place. They were gradually getting conveniences, and the huts were being painted. The theatre was quite a nice place, Staff-nurse Mackenzie in charge. With 700 patients there were always some for operation. Miss Brooke mentions the Y.M.C.A. Hut as being well patronised. The boys can always get a cup of cocoa or coffee for a penny and it is usually well stocked with cigarettes and biscuits. Sweets are not plentiful, but they got a case from New Zealand which was much appreciated. They only wished a few more cases would arrive. Since this letter was written, this peaceful scene will, we fear, have changed



**Group at Oaklands Park**

Including Sisters Pengelly, Nixon, Mitchell and Stewart.

and stayed at Queen Mary's Hostel, and had a round of sight-seeing. Sisters Harris and Dempsey were sent to Brockenhurst, Sister Lewis to Codford, Sisters Barker and Bennett to Walton-on-Thames.

\* \* \* \*

Miss Brooke writes from No. 1 New Zealand Stationary Hospital in France, where apparently they were having a quiet time before the advance of the Germans, as she mentions the beauty of the spring and the violets and primroses in the wards, and that the convalescent patients and staff were busy gardening, hoping to get quite a gay

and there will be no time for gardening or such occupations. The sisters had been in turn away to the south of France, so they should all be prepared for the strenuous time to come.

\* \* \* \*

Sister Philpotts writes an interesting account of the voyage of the ten sisters sent as reinforcements in March. They joined a slow convoy at New York, quite an imposing fleet of thirty-six boats, with an American gun-boat at the head. In the English Channel they saw five German submarines between 11 a.m. and 8.30 p.m.

They had all the rugs and coats on deck near the boat stations, and fortunately they did, as about 4.30 p.m. a German submarine rose not far from the "Mokoia." Everyone scrambled into their life-belts and got to their stations almost before the whistles had blown. "In less time than it takes to write, all five of the convoy of destroyers were round, and the submarine had to sink again, but they bombed it, each explosion shaking our boat as badly as if we'd been hit. In about three minutes up went a huge spout of water and oil, and the German was no more. That night we were all told to sleep on deck, and no one was to undress. Our mattresses were brought up and we just dossed down on them as near our boat stations as possible. It was one of the coldest nights we had, and we were very cold in spite of two blankets, rug, three coats, a hot water bag, and all one wishes but we were nearly frozen, and were very glad indeed when at 5 a.m. Captain Milroy and some of the Flying Corps men brought us up a cup of hot tea and toast. That day we did fourteen knots up the Channel, the fastest we had done since leaving New Zealand."

The sisters' adventures were not yet at an end, for after arrival in London, during the first night, there was an air-raid warning and they all had to get up and go downstairs. Sister Philpotts with Sisters McPherson, Donald, and Douglas were stationed at Walton-on-Thames; Sisters Lindsay and McIntyre, Hancock and Shaw at Brockenhurst; Sisters Carruthers and Wilson at Codford.

Sister Elizabeth Wilson writes from Ismailia where she is still with Sisters Stokes and Nicoll at the stationary hospital. She had had two days leave to go to sister M'Cosh Smith's wedding, which took place at St. Andrew's Church, Cairo. The sisters were all well and happy. Sisters Allyne, Rhind, and Wilson had all had leave and had a trip to Assouan and Luxor. Every six months all ranks may have a free pass on the railway in Lower or Upper Egypt. Sister Wilson hoped one day to get as far as Jerusalem.

\* \* \* \*

Sister Margaret Trask writes in April that she has been ordered to proceed to Egypt. She has been for a long time at Wellington, Southern India, in a station hospital. She had not heard whether the other sisters in India—Scott, Inglis, and Chamberlain—were also to be transferred, but hoped to meet them in Bombay.

\* \* \* \*

Sister Mary Beswick, who has been on active service for the past three years, is returning to New Zealand shortly. It is understood that Sister Beswick is returning in charge of a party of sisters to take up duty at the Orthopaedic Hospital being established near Christchurch for the treatment of invalid soldiers by electrical treatment and massage. Sister Beswick, who is a survivor of the "Marquette," and has seen service on various hospital ships and in Egypt and Salonika, has lately been in charge of a ward in No. 1 New Zealand Military Hospital at Walton-on-Thames.

My presence unobserved, I was privileged to overhear an interesting conversation between two children, a brother and a sister. Egbert, aged six, was accustomed to look up with unflinching faith to his sister, who had the advantage of two years' fuller

experience of life. Egbert: "Do you think, Ethel, there will be Zeppelins in Heaven?" Ethel (with indignation and decision): "Zeppelins in Heaven! Certainly not. God's British." Rather a nasty one for the Germans.



## The Military Orthopædic Hospital, Shepherd's Bush, London

This hospital is very comfortably housed in a fine set of brick buildings which used to be the Hammersmith District Workhouse and Infirmary, and formed an ideal military hospital ready for the taking.

There are 856 beds at present; but additions, to increase the capacity of the hospital, are contemplated. The hospital is always full, and there is a long list of patients waiting for transfer from hospitals all over Great Britain. The equipment is magnificent, and there seems to be everything that brains can devise or money buy to help in the excellent work being done.

Colonel Sir Robert Jones, C.B., Inspector of Military Orthopædics, A.M.S., takes a very active interest in the place, and we believe this is his model hospital, from the pattern of which some ten or twelve others are to be established throughout the United Kingdom. Colonel Sir Robert Jones holds a small clinic there each Thursday morning, seeing "walking cases" referred from other hospitals for his opinion, and then visits the wards, which are under the care of members of the consulting staff, most of whom are comparatively young men.

The British Red Cross Society has a very active and interested worker at this hospital in the ex-King of Portugal, who sees they lack nothing that can or should be supplied through the Red Cross.

The great feature that strikes one about this hospital, as distinct from other military hospitals, is that there is no rushing the patients out as soon as they can go, so as to provide empty beds. Each patient has all that is possible done for him before being discharged, even though the treatment runs into a matter of twelve months or more, as is often the case with nerve injuries.

In order to give a concrete idea of the work done at this institution it will be best to refer to the various activities under their several heads, and to give a brief outline of the special points noted in connection with each of them:—

1. The wards.
2. The massage department.
3. The electro-therapeutic department.
4. The plaster room.

5. The X-ray department.

6. The operating theatres.

7. The artist's and photographer's department.

8. The workshops.

### 1. THE WARDS.

The variety of cases treated is enormous, and includes all sorts of deformities and disabilities, the result of injury, frost-bite, trench foot, and gunshot wounds of muscle, bone, or nerves occurring in men who are serving in the army or who have served and are now pensioners, but for whom something can still be done to better their condition.

As regards splints, the usual types of wooden padded splints have never been used in this hospital, their place being taken by the well-known Jones's iron splints Thomas's splints, and Jones's various modification of the Thomas's splints for application to the upper extremity. After a fair experience in the use of these splints the only conclusion one can come to is that they are the only splints for treatment of compound fractures of the upper limb. They are easy to apply and very comfortable for the patient. They allow of easy access to the wound for any treatment necessary, and the results obtained are excellent.

Colonel Sir Robert Jones, in discussing his operation for and the results of removal of the internal semilunar cartilage, says the incision he now makes use of commences 1.25 cm. internal to the lower edge of the patella, and extends just 5 cm. obliquely downwards and inwards over the cartilage, to stop short over the head of the tibia, in front of the internal lateral ligament. The division of any fibres of this ligament is to be carefully guarded against. He always operates with the leg bent over the end of the table, and removes the whole of the cartilage.

The average period of convalescence is about five weeks, when the man is fit for return to ordinary duty.

There were several most interesting cases of bone-grafting, done according to the Albee technique, in the wards of Captains Dunn and Bristow and Mr. Aitken.

Use is made of this procedure in cases of ununited fracture, as well as in cases in which there is a portion of the bone missing. The greatest care must be exercised to maintain asepsis, and it is seldom advisable to try to restore a piece of missing bone after a gunshot wound until the wound has been healed for six to nine months. In one case where a piece of ulna was gone the wound had been healed for about six months, having taken some two or three months to close over. At the operation, while the bed was being cut from the graft, a small abscess was found in the upper end of the ulna. However, after this was dealt with the operation continued, and fortunately proved successful.

Another case may be quoted to illustrate the necessity for being sure before correcting a mal-united fracture that the joints above and below the lesion have their full range of movement. A man was admitted with a good deal of shortening and deformity of the right lower limb, the result of a fracture of the lower end of the femur, with marked backward displacement of the lower fragment. His knee joint was apparently normal, but at the operation, when the fragments were separated and an attempt was made to align them, it was found the knee joint could not be fully extended by some 15 deg., which made the operation a difficult one, and necessitated the use of a plate to retain the fragments in line. It should have been noticed before operation that if the knee joint had been normal the man should have an apparent genu recurvatum instead of the leg being in a straight line, and measures should have been taken to regain the normal range of movement.

A simple device seen for aiding a patient with foot drop in walking was the insertion of a leather strap in the edge of the sole of the boot at the toe; the strap comes up over the toe, and, if fitted with eyelets, can be laced up the instep, along with the ordinary boot-lacing, or else may be strapped round the ankle.

## 2. THE MASSAGE DEPARTMENT.

This is under the care of Dr. Mennell, of St. Thomas's Hospital, who is a great exponent of the teachings and principles of the Lucas Championniere school. He

has a staff of some twenty-five masseuses, who are kept busy most of the day, although he himself only attends for half a day. He makes it a rule to see each patient and note the progress each week, and, considering the average daily attendance is 300, he has a busy time. The department is very well fitted with all sorts of gymnastic apparatus, the most noticeable and generally useful of which are twelve Sargent combination machines with adjustable pulleys and rowing attachments; a hydraulic rowing machine, stationary bicycles, wrist rolls, etc., etc. Great use is made of electrically-driven vibratory massage machines, and there are several ingenious devices for encouraging and strengthening hand and finger movements.

Dr. Mennell points out in connection with the latter that as a rule, the surgeon pays too much attention to restoring flexion and extension of the fingers, without realising that a good deal of the utility of the hand depends upon lateral mobility of all the joints and upon the movements in the metacarpus. He is a very ardent advocate for the proper use of massage in the early treatment of fracture, and, judged by the results seen, he has good reason for his belief.

## 3. THE ELECTRO-THERAPEUTIC DEPARTMENT.

This is under the very able direction of Captain Bristow, of St. Thomas's Hospital, who combines this work with his other duties as a member of the surgical staff. Dr. Grainger Stewart, Consulting Neurologist, being interested in the results of treatment in this department is often to be seen there, for the majority of the patients attending had sustained nerve lesions. There is a staff of some fifteen female assistants (masseuses), each one of whom, before being allowed to undertake treatments alone, was put through a three weeks' course of training in Captain Bristow's methods and ideas.

The constant current from the main is sent through a transformer and reduced before being used through a sliding rheostat with a lamp and milli-ampere meter in circuit. For treatment after nerve suture, a metronome interrupter is introduced into the circuit, and all muscle points below the level of the nerve injury are stimulated daily by this regularly broken cur-

rent. Every few weeks the faradic current is tried, and as soon as the faintest response to it is obtained, it is used in conjunction with the constant current. When the response to faradism becomes strong, the constant current is no longer used. The type of faradic coil in use is rather unusual, and the effect it produces arouses the admiration of the onlooker who sees it for the first time. This coil is one introduced by Dr. Morton Smart and Captain Bristow. Its main feature is a coarse winding of the secondary coil, which does away with painful cutaneous stimulation, so that a very powerful muscular contraction can be obtained by a strong current without the pain that is usual when the ordinary coil is used. In the Bristow coil there is also a condenser in the circuit to the interrupter, which does away with any sparking and renders the breaks of the current very even in length. The coil is worked from two dry cells or a four-volt accumulator, and a switch regulates the voltage allowed through the coil. Another coil regulates the amount of induced current taken from the secondary coil, according to whether one-third, two-thirds, or the whole thickness of the coil is used. As well as this, there is a movable iron wire core for the primary coil, so that there are three controls for the strength of current. Having arranged a current sufficient to produce a weak muscular contraction with the core out, the amount of contraction of the muscle is controlled by the pushing in and out of the core, the degree of contraction being gauged by the fingers and thumb of the hand holding the electrode in position over the muscle being stimulated. In carrying on this faradic treatment the strongest current that the patient can take is used, as against the weakest current that will produce a response when the constant current is employed.

With the Bristow coil, individual muscles can be exercised and trained in a manner difficult to understand or believe unless one actually sees the coil at work. It should be mentioned that in treating the muscles this way they must always be placed in the position of greatest relaxation to start with and worked from this position. Captain Bristow is very emphatic about the necessity for treating the muscles controlling any joint, if that

joint has had any injury, *e.g.*, in the knee joint after incision of the internal semilunar cartilage, the quadriceps muscle is treated with faradism, commencing about the fifth day. On the first day the treatment lasts ten minutes, fifteen minutes on the second day, and twenty minutes on succeeding days, care being taken not to produce fatigue, for some three or four weeks, when the joint is in perfect order and the man returns to duty. Special attention is always paid to the vastus internus, as this muscle is most liable to atrophy.

The same treatment is most successfully used in case of synovitis, either acute or chronic. No bandages are allowed, nor are splints, and the patient is encouraged in the use of the limb, the explanation of the success of the treatment being that, by keeping the quadriceps in good tone and preventing any muscular atrophy, the tonus of the joint capsule and ligaments is maintained or increased, and with exercise restoration of a normally functioning joint ensues,

#### 4. THE PLASTER ROOM.

This is made good use of, for plaster is extensively used by all the surgeons, both for fixed and removable splints. The bandages are made from a special book muslin (No. 14 Manchester) by the nurse in charge of the department, and are usually fifteen cm. in width. If a whole limb is being encased, rolls of six mm. "piano felt" are used for covering the skin, and is a most excellent material for the purpose, but difficult to procure, even with the necessary ticket issued by the Ministry of Munitions. Casts are taken in any special case, both before and after operation, and these form now an interesting and valuable collection. Casts of limbs are also taken for use in the work shops, as models for the fitting of any special appliance.

#### 5. THE X-RAY DEPARTMENT.

A Snook apparatus has been provided, with which very satisfactory work is done. The X-ray plates are sent to the wards and kept by the sister in charge. At No. 3 Australian General Hospital, Major Argyle used to index and store the plates, and sent a bromide print and written report to the Ward, which were kept with the patient's case-sheet, to complete the records of the case, and this system was

found to work very well. If a surgeon desired to see the actual place, or if a stereoscopic picture was taken, he viewed them at the X-ray department.

#### 6. THE OPERATING THEATRES.

There are two theatres—a main one, built on most up-to-date lines and very fully equipped, and a smaller one for minor cases.

#### 7. THE ARTIST'S DEPARTMENT.

For the purpose of recording progress of cases, Mr. Bird, R. A., who gives his services voluntarily, makes paintings in oil or water colours, and also takes photographs of cases referred to him by the surgeons. The material so obtained will be of great value in the future for teaching purposes, as a short account of the case is attached to each painting or photograph. These records, taken before and at varying stages of the treatment, and then the final result (especially if plaster casts of the limbs are also taken), constitute a source of knowledge for all who care to study them.

#### 8. THE MANUAL CURATIVE WORKSHOPS.

As regards the functions of these workshops, we could not do better than quote from a memorandum entitled "A Scheme to Expedite the Cure of Maimed Soldiers by Manual Corrective Training," which also contains in detail the equipment required for fitting each of the shops mentioned below.

"Wounded soldiers in hospital find the ordinary treatment so monotonous and the time hangs so heavily on their hands that in some cases they give up hope of ultimate recovery. Many of these men are skilled workers in various trades, and might be employed at their trade with benefit to themselves and fellow-patients, and it would also accelerate their recovery.

"For this purpose, various rooms could be fitted, *e.g.* :—

"1. For carpenters, joiners, and fret-saw workers.

"2 A sitting room for actual workers other than blacksmiths

"3. A smithy for blacksmiths.

"4. A room for leather-workers.

"5. A room for tailors.

"Selected men from these trades should be used in the making of special orthopædic appliances, surgical boots, etc.

"6. A small printing press.

"7. A painters' shop.

"Cutting a hedge with shears will work

the muscles of the hand better than the monotony of squeezing a ball. The use of a plane and saw exercises the shoulder and arm better than the usual physical and massage exercises, which, half the time, are not properly carried out. Fret-saw work on a treadle machine is better and more natural than pedalling a dummy bicycle on a fixed base against a brake and with no objective. The same applies with regard to sewing machines, both for tailors and leather-workers.

"Gardeners could be employed in the upkeep of the grounds; clerks to assist in various departments. Unskilled men could be taught by the skilled. In this way we could safely count on men making a more rapid recovery and their discharge from hospital accordingly expedited."

Attendance at and work in the shops is purely voluntary, and, by way of encouragement, it has been decided that regular workers may be given permission to wear their khaki instead of the blue hospital uniform, and be granted special evening leave to make up for the time they put in at work in the afternoon. Of course, the men can only attend after they have received their daily treatment, and the routine of the hospital is not allowed to be interfered with.

The workshops in full swing at present are: (1) tailors', (2) bootmakers', (3) carpenters', (4) painters', (5) blacksmiths', (6) engineers' and metal workers', (7) orthopædic and splint-making, (8) cigarett-makers', (9) draughtsmen's and clerks', and (10) leather-workers'.

The machinery, tools, and raw material to start these shops were supplied by the British Red Cross Society, but the actual establishment, planning-out, and fitting of the shops has all been done by the patients themselves, under the direction of Mr. Herbert Poate, in accordance with designs submitted by him. There are only two salaried workers, who are civilians, and expert in the making of orthopædic appliances, and they act as instructors.

The volume of work turned out is now enormous, and all requirements of the hospital are met. The quality of the work is first-class, especially in surgical boots and orthopædic appliances of all sorts. An exhibition of the work done by the patients was held recently, and attracted widespread attention.—Hurley and Poate, in "Medical Journal of Australia," February 2nd, 1918.

## The Impressions of a French War Correspondent in the N.Z. Stationery Hospital

BY MONSIEUR PAUL OLIVER, "LE MATIN," PARIS

Translated by H.J.H.

Dear friends unknown, whose interest and kindness I can appreciate, although ignorant of your names and rank. Since you have asked me for some matter for your magazine, you do me great honour, believe me, for it is extremely flattering for a French journalist to dream that his prose will be read in even New Zealand; a great pleasure, for it recalls to mind my journalistic duties, which I had in truth begun to forget, in the charming serenity of this war hospital, where I have enjoyed the benefits of real peace more than ever.

In our adventurous and constantly changing existence as story-hunters, and still more as war correspondents, opportunities for rest are rare. Sickness alone can give us this respite. So, not wishing in the least to fall ill, we support such misfortune, when it does befall us with philosophy and resignation in belief that, thanks to the mischances, we can enjoy without regret a well-earned rest. This is precisely my case. For four months now, in company with three colleagues of the Parisian Press, I have devoted my days, and often my nights, to following and noting carefully the continuous progress of the gallant British Armies; and I can truthfully say that if they have not given the Huns much rest they have not given us witnesses of their success much either, charged as we are to record their doings from day to day. I had, then, a great yearning for a little quiet repose.

A nice broncho-pneumonia procured for me my wished-for holiday, the result of daily wanderings in evil smelling, filthy trench mud, between Beaumont-Hamel and Grand-court; and it is thus that I have passed three weeks, three weeks of holiday, in a peaceful retreat, that I can without hesitancy define without parallel; this, the New Zealand Stationery Hospital in — Ward A3, which has been assigned to me as my residence. To be frank, I must confess that the first hours of my sojourn were very sad; the fever, the oppression, the coughing, and sleepless-

ness made life very unattractive. Separated from my "compagnons d'existence" I seemed to be an exile, an isolated Frenchman, unable to speak a word of English, surrounded by bed-fellows so distant, as I thought, regarding points of view, language, and thought. My sadness was quickly dispersed, however, courteous and sympathetic smiles, kindhearted interest became the link, as a dumb yet so eloquent language by which my companions in misfortune and myself began to understand each other. Some of them could speak a few words of French, and this was the medium with which our mutual cordiality was further cemented. I, being French, jovial by birth, of a race with a gallant reputation, did not wish to remain in the background with these young, amiable British officers, so rebellious against their hard luck, so averse to being ill, rebelling against it, as against the enemy with all their heart and soul, as would be expected from their resolute and tenacious spirit. So on the wings of our common good humour, trouble and depression flew away.

Further, the excellent doctors who looked after us, gave us a perfect example to follow; particularly one Captain Gray, to whom I shall never be able to express the gratitude which I feel for the happy knack he had of joining good humour with attentive care in nursing us, completing by this, as it were, a sure and decisive cure. I can almost recommend this idea to our French doctors, who are not cheerful enough with their patients, and who always, in my opinion, take themselves and their cases too seriously. A happy smile often is worth as much as a dose of medicine, and I cannot ever remember having seen Captain Gray without his smile. I owe to his good cheer half my cure, and the other half to his attention. I also owe him the prescription of stout, stout, which is now one of my weaknesses, and which I certainly would not have come across elsewhere.

My stay in this atmosphere of New Zealand has also cured me of two dislikes of which I imagined I should never rid myself: fears of fresh air, and abhorrence of gramophones. In France, we have the deplorable habit of keeping our doors closed; too much in some cases, and not enough in others. I am thinking of the Huns, who, before the war, overran our country as though it was their own. In such cases our doors should be forever closed, we will have paid dearly enough to bang it in their faces. But, on the other hand, we shall have the advantages of living with our doors open, no longer stuffy, but loving the good fresh air and light, which fills up the lungs with strength and health. Here in Ward A3, as all over the hospital, the doors are open night and day, during all weather. At first I objected, now I breathe. I am no longer frightened of air; the breezes circulate around me; I glory in them, I feel myself free, airy, light as a feather. As for the

gramophone, I beg its pardon; before this I used to look upon it as a nuisance, a worry, fit only to annoy calm and quiet folks with its rolling nasal twang. Today, I know exactly how much it is the friend of man. I owe to it many agreeable moments of distraction and forgetfulness. It has left in my memory little rippling melodies, which, though mostly English, have become none the less familiar.

There only remains to me, in gratitude to my hosts, to praise the fare. Six meals daily in the hospital, meals served on little tables, as in the most luxurious restaurants of London or Paris, and through which I should soon regain my lost strength. In a few days then, I shall be away, to make room for others in this small corner of heaven, where I have enjoyed three splendid weeks of charm, rest, and the most cordial hospitality possible. This stay in New Zealand will live, I may say, for ever amongst the most agreeable memories of my life as a War Correspondent.

## Tauherenikau Camp

At this camp, which is a training school for the N.Z.M.C. orderlies, two sisters are stationed. Their chief duty is to teach the orderlies all they can, in a short time, of nursing. There is a ward for patients in which practical teaching is given, and every day the sisters in turn deliver a lecture to a large class composed of all classes of men. This at first is an ordeal to the sister, as many of her pupils are medical students, divinity and law students, as well as men of all classes of society. However, these men listen intently to the lectures, and the medical officer in charge is much pleased with the work of the sisters.

They have quite comfortable quarters, and though perhaps a little isolated as they are over a mile away from the camp hospital, they are quite happy at Tauherenikau.

Below is a list of the twenty-four lectures which constitute the sisters' part of the curriculum for the medical orderlies:—

1. Bed-making, temperatures, pulses, chart-marking.
2. Medicines, administration of, sponging patient.

3. Typhoid.
4. Nephritis.
5. Typhoid continued; preparation for catheterisation; urinalysis.
6. Pneumonia.
7. Counter irritation.
8. Bronchitis; pleurisy; asthma.
9. Enema.
10. Phthisis; collection of sputum.
11. Anæsthetic table; anæsthesia.
12. Preparation and after treatment; operation.
13. Plaster case; nutrient enema; stomach tube.
14. Wounds and their management.
15. Head injuries.
16. Diphtheria; antitoxin syringe.
17. Dysentery; cholera.
18. Heart cases; rheumatism.
19. Malaria; Malta fever.
20. Gastric nursing; management of jaundice.
21. Collection of faeces, vomitus, and general observation of patient.
22. Instruments; peptonising milk, etc.
23. C.S.M.
24. Scarlet fever; measles.

## Recent Postings of Military Sisters

Sister Ida Willis, A.R.R.C., who returned about two months ago, has been promoted to rank of Matron, and has been posted to Featherston Hospital.

\* \* \* \*

Sister Keith has taken Sister Gill's place in charge of Izard's Convalescent Home for soldiers.

\* \* \* \*

Sister Tuke, who has been six months at Te Waikato Sanatorium, has been transferred to Featherston.

\* \* \* \*

Sister R. McRae has been transferred from Featherston to Te Waikato.

\* \* \* \*

Sister Dorothy Sim has been transferred from Te Waikato to Trentham.

\* \* \* \*

Sister E. Hesba Grant, who was acting-matron of the "Maheno" (fourth commission), has been posted to Trentham.

\* \* \* \*

Sister Mildred Jackson, late of "Maheno" staff, has been posted to Featherston.

\* \* \* \*

Nurse Mary MacNab has been enrolled in the N.Z.A.N.S., and has been posted to Featherston.

\* \* \* \*

Nurse Adelina M. Webb has been enrolled in the N.Z.A.N.S., and is posted for massage work at Invercargill Hospital.

\* \* \* \*

Nurse Ellen Amy Wallace has been enrolled for Home Service at Featherston Hospital.

\* \* \* \* \*

Sister B. Keyte has been released from the N.Z.A.N.S. for a time.

\* \* \* \*

Miss Agnes MacMillan (late of Q.A.I.M. N.S.R.) has been appointed Matron of the Montecillo Home for Soldiers in Dunedin.

Miss Janet Knox Anderson has been enrolled on the massage branch of the N.Z.A.N.S., and has gone to Napier Hospital.

\* \* \* \*

Masseuses E. Thomson and D. Miller (who recently returned to New Zealand) have been posted for duty to Invercargill Hospital.

\* \* \* \*

Masseuse Elsie Howeli who recently returned from England has been posted to duty at Victoria ward.

\* \* \* \*

Masseuse Nan Heath, also recently returned, has been appointed for massage duty at Taumaru Convalescent Home, Lowry Bay, and at the Victoria Ward, Wellington Hospital.

\* \* \* \*

Sister Ethel Mandeno, who recently returned from active service, has been released for six months.

\* \* \* \*

Sister Isobel M'Lennan, late of staff of Hospital Ship "Maheno," has left again on transport for England. Sister M'Lennan's engagement to Captain O'Brien, M.C. with bar, R.A.M.C., is announced. Captain O'Brien won his military cross in German East Africa with the Cameroons.

\* \* \* \*

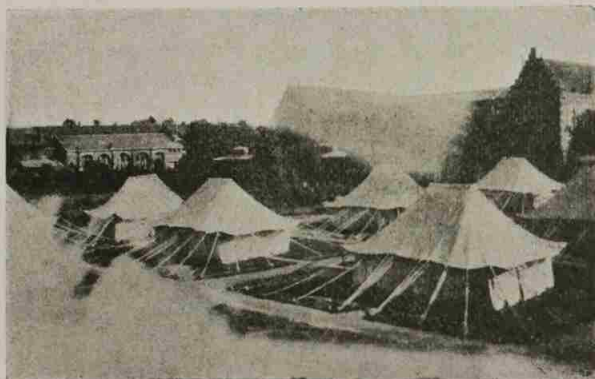
The following nurses were selected for the contingent leaving in July and August:

Staff-Nurses B. Maxfield, M. Cameron, C. Macfarlane, M. McIlwraith, I. MacLennan, W. Lancaster, E. F. Knowles, E. Tubman, C. L. Mackenzie, K. Evans, V. Barker, J. Holton, J. Law, M. Harrowell, A. Withell, I. Honeyfield, F. de Lisle A. Hamilton, M. A. Kirk, H. Lewis, M. Affleck, M. Smale, D. Chittenden, M. MacNab, C. Everett, D. Everett, A. Robins, A. Bowman, L. Rettam, A. Carver, E. Taine, G. Jackson, D. Parker, V. Farmar, E. Pengelly, C. Gibbon, C. Wallace, S. Thomson, M. Nock, A. Roy.

## Twenty Months in France with the New Zealand Stationary Hospital and an English Casualty Clearing Station

Our first two days in France were spent in Boulogne, and never were days so packed with interest and uncertainty. The quaint old town, the people in their native costumes, the French soldiers, our own khaki men, and the general air of bustle and alertness were a delightful change from the peace and quietness of the desert in Egypt and the forest at Brockenhurst.

Orders came for fifteen of our staff to entrain at 9.30 p.m. for an English hospital at Abbeville, and the rest of us left at 7 a.m. the following morning. A few of us brought a little fruit, and what a blessing we did. We expected to reach Amiens



**Hazebrouck**

at midday, but owing to an air-raid we took all day to reach our destination, and there we were, sixteen hungry women, stuck for twelve hours in a train without food. We asked some French soldiers on the train if we could get food anywhere along the line, and they brought us their own rations of bully beef and bread, but, of course, we would not take theirs. For they, poor things had just come out of the line and were going home on leave.

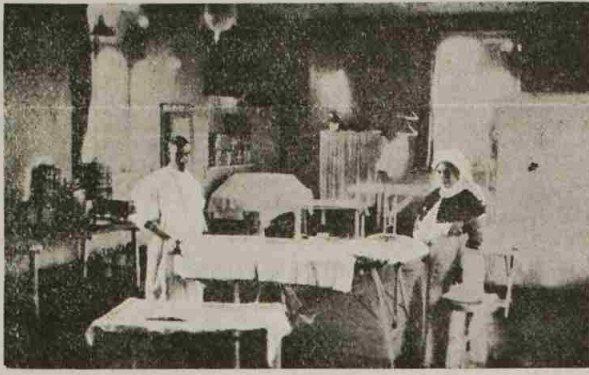
We found our unit, the New Zealand Stationary Hospital, in possession of half a huge convent and a large school, with an English matron and sisters who belonged to the staff of the former unit, which had moved on as a casualty clearing station. They rejoined their unit soon after we arrived, and our own sisters, who had been lent to a British hospital for a few weeks, rejoined us.

We spent ten very happy months there, though very busy through the Somme "push," Sometimes working forty-eight hours with only intervals for meals, and perhaps only two hours' sleep in that time. Our recreation was boating on the Somme, walking round the Boulevards, and visiting the wonderful Cathedral of Amiens. Hazebrouck was a delightful change for us all. Our home was splendid, nice airy rooms, and a big private garden, with green lawns, trees, and fruit. So spacious was the garden that our O.C. and matron decided to give a garden party in return for all the hospitality shown us on our arrival. And a great day it was. Our N.Z. Divisional Entertainers' Band, under Captain Dave Kenny, came and played selections. We had a tremendous crowd of people, and some of our most distinguished men—General Alex. Godley, General Russell, General Fulton, Colonels Begg, McGavin, Hardy, Neil, Matthew, Holmes, and McLean of our field ambulances, and many officers of the division, the O.C., Matron, and sisters of the British C.C.S. which worked in conjunction with us, and several British officers. We had tea out on the lawn, and the afternoon turned out perfectly glorious, and was voted a great success.

Our stay in Hazebrouck was short, only a few months, but it was full of interest. We were very busy most of the time, acting as a C.C.S. and taking in every twenty-four hours in conjunction with the British C.C.S. Also, we did most of the head work for the 2nd Army, and it was a wonderful sight to look down the head ward of sixty beds. Apart from our work we had the joy of seeing our own New Zealand men, and as most of us had brothers or relations with the division, we were never without visitors when off duty.

Picture us with a brother or friend straight out of the line, and the pleasure we had in hunting up new socks and underwear for them. This was easily done owing to our plentiful supply of Red Cross goods,





**Operating Theatre at No. 1. N.Z. Stationary Hospital.**

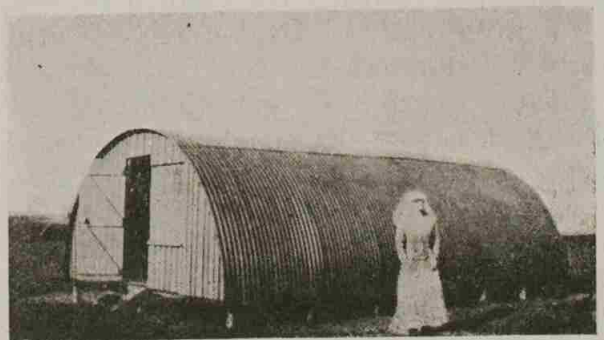
and the boys declared they were new men after a hot bath, change, and meal with us. At first, before we got busy, we were asked out to concerts and sports at the N.Z. Rest Camp for men, and the officers' rest home. The latter was a most beautiful old chateau in lovely grounds, and owned and occupied by a very charming baroness, who entertained the officers right royally. She was a delightful old lady, and full of interesting stories and jokes of the early days of the war and old historical France. One day about fifteen of us were taken up to the divisional sports, while our men were out resting. It was a most enjoyable day, also the drive to and fro through beautifully cultivated country. Occasionally we heard the booming of the big guns, and here and there along the roadside a lonely fallen soldier's grave was to be seen, fenced around and just a blaze of flowers. The French are very good and tend these graves with all the love in the world. Some of the villages we passed showed signs of the great retreat of 1914—here a house in ruins, there a church-tower full of holes, or a wall full of loop-holes used by machine gunners.

One evening when we had a full hospital and were very busy operating, we were startled by a terrific explosion. This was followed at intervals by one every seven minutes for nearly an hour and a half. It was a little while before we realised that we were being shelled, and it was pitiful to see the French inhabitants rushing out of the town, old men and women with a blanket or rug and a few treasures tied up in a kerchief, and young women with babies in arms and several little mites clinging to their skirts, each carrying a little bundle. Our patients and staff were

splendid, and there was no panic. We had a busy day operating, and there were still twenty cases to do, but word came to cease and all patients to be evacuated. Special trains were sent up, and by midnight the hospital was empty, having got away between 600 and 700 patients within three hours. At 5 a.m. the next morning we had orders to pack all our personal belongings and be ready to quit by 10 a.m.

It was a sad staff of sisters that left Hazebrouck, we all felt almost as though we were running away. We were divided up among three British hospitals in a town seventeen miles away, and there we remained for six weeks, until our own unit moved back and was re-established. In the interval some of us had leave in England, and some worked in the English hospitals. On our return from leave we found our hospital being erected a few miles out of the town where we had taken refuge. The men of the unit worked very hard; they had to cut down about an acre of scrub and erect tents until the huts arrived, and for a time we all lived under canvas. Fortunately it was summer time and our site on top of a rise on the borders of a wood was very beautiful.

In a very few months the unit built a beautiful hospital of seventeen or eighteen long Nissen wards, with offices, store-rooms, kitchens, officers', sisters' and men's quarters, and a huge Y.M.C.A. hut with fine duck-board walks everywhere. We still retained two long lines of tents, not having sufficient huts. The next building of interest to go up was the operating theatre, a fine building for light, space, etc., but of course with none of the modern conveniences of our present-day theatres. But



**Nissen Hut, Sisters' Quarters**

Similar Huts are used for Wards—all easily moved and put together.

still, the amount of work done in these places is truly amazing. Some of the N.Z. sisters were fortunate enough to go with surgical teams to British casualty clearing stations, where the work was intensely interesting.

These C.C.S.'s work in groups of two or four, each taking in for twenty-four



**Garden Party at Hazebrouck**

hours up to 300 or 400 patients, unless the pressure is too great, when they go on taking in the whole time, trains arriving at all hours to evacuate the patients.

I was in a C.C.S. eight miles behind Vimy ridge, when the Canadians took it with such dash. The patients started to pour in one morning at nine, and this went on for two or three days without ceasing, 1,100 passing through in the first twelve hours, so there was no bed for the theatre staff for the thirty-six hours or more. The handling of these men is wonderful, they pass through the receiving room, where several officers and sisters attend them, and are marked up with coloured labels according to the nature and severity of the case. Those for urgent or semi-urgent operation and X-rays go to the pre-operation ward. The moribund cases go to a special ward, where everything possible is done to try and save them for operation, the minor operation cases and walking cases are dressed and labelled for evacuation and sent to the waiting wards, where they are fed, etc. As the cases leave the theatre they are labelled for special ward (where the very ill cases go) moribund ward, or light ward, for immediate evacuation or later, and so on, and each has the surgeon's name and his special treatment on the label; also where there are Carrol's tubes a large C is pinned to the

patient's label. The theatres are provided with anaesthetic rooms, and a squad of stretcher-bearers are always at hand, so that no time is lost, as one case is lifted off the table another is placed on it. The instrument tables have to do for perhaps fifty or sixty patients, sometimes even more, all soiled instruments being received into a bowl of lotion and taken off to sterilise, these being replaced by a fresh set from the steriliser. Orderlies stand in constant attention to refill swab and gauze jars, lotions, etc, and replace sterilised gowns and towels, and are responsible for the irrigating apparatus and salines. The sister has to assist the surgeon.

Where there was much gas gangrene gloves were changed as often as possible, especially when abdominal and knee-joint cases followed; but for the general run of cases it was found necessary to wear a pair of gloves sometimes for five or six cases unless punctured. This saved time and wear and tear on gloves, and in a big rush the supply was not unlimited. A bowl of weak Lysol solution stood always ready, and the gloves were scrubbed like the hands before going into the biniodides, methylated spirits, or whatever lotion the surgeons preferred.

One can imagine the quantity of sterilised gowns, towels, guards, dressings, etc., necessary for a crisis. For days before an expected push all hands in the theatre are steadily cutting, folding, and making up bundles and filling tins for sterilising. The tins, however many there are, are totally inadequate, so bundles are sterilised in strong calico or thick towels and put into cupboards. During operations the bowls have to be burnt out with methylated spirits, the boiling space being limited. The stretcher-bearers, in their odd moments, cut up dressings and sterilise them, mend gloves, pad splints, or make Carrol's tubes. The Red Cross supplies of ready sterilised goods—pad-splints, etc.,—are simply magnificent; indeed, the casualty clearing stations would be in sore straits without them, for the average staff of a C.C.S. is small, only about ten to fourteen sisters. These, of course, being increased at a crisis, by the teams.

The brightness and spirit of the staff is amazing, even after twenty-four hours with only pauses for meals, they manage

to joke and cheer each other up, and the boys are marvellous, suffering as they are from multiple wounds, loss of blood, etc. Yet they smile and joke and think of someone worse off than themselves, and are eager to tell the hospital staff just how things are going up at the front. Poor laddies, it is pitiful to see them, covered with mud from head to foot, even their faces and hair caked with the sticky stuff, and often a mass of vermin to add to their troubles. As a rule they are taken out of their khaki and put into pyjamas in the receiving room or pre-operation ward, but in a big rush there is not time often for that, and their things are cut off on the operation table or after they get back to bed.

After the first big rush, relays of staffs were arranged for the theatre, and we then worked from nine to nine, only stopping for meals. This went on for three or four weeks, and then as things quietened

down we were able to get a little time off. By this time it was spring, and we had some glorious walks through the woods, bringing home violets, primroses, bluebells, and other wood-flowers. The noise of the guns is simply terrific at first, but one soon gets used to it, and when busy do not even notice it.



**Group at Hazebrouck**

## Superannuation for Nurses

Some correspondence appearing in the Christchurch papers on the above subject has been forwarded to us. It is a subject which is, of course, of the greatest interest to nurses, and it is one which, although apparently unknown to some of the writers, has been before the Government on many occasions. All Government nurses are entitled to superannuation, in fact they are obliged to contribute towards it by the deduction from their salaries being made, as for other civil servants, before they receive their monthly pay. Towards this fund the Government makes a fair contribution.

With regard to hospital nurses, there is provision in the Act governing hospitals for boards to make provision for their employees, but no advantage has been taken of this provision. Private nurses, being unattached to any public organisation or body, cannot be provided for in this way, but under the National Provident Act they can insure for their old age or sickness.

The writers do not take into consideration the many difficulties there are in the way of superannuation, one of the chief

being that nurses as a body are not stationary. They move from hospital to hospital, and from hospital to private nursing. They propose no scheme workable or unworkable. We consider something might be done :

1. By the hospital boards as soon as a probationer nurse is taken on the staff after the probationary period, taking out an insurance policy for her, deducting so much from her salary and paying a proportion of the annual premium. The deduction and the board's payment to increase year by year as the nurse's pay increases.

2. Should the nurse leave the staff of that hospital and join another, the board should then hand on the policy to the hospital to which the nurse is appointed and the same payments be carried on.

3. Should the nurse take up private nursing she should herself assume the full payments and thus secure the advantage of the whole period during which she has been insured.

The writers do not apparently contemplate any contribution towards superannuation out of their own pockets, but, of course,

in all such schemes, as for example, in the Government superannuation for teachers and public health nurses, some portion should come from the person to be benefited. Again, the writers mention the low pay of nurses. In this we agree that the professional work of trained nurses is not sufficiently remunerated. The public considers that three guineas a week is a good fee, and so, perhaps, were it possible that a nurse should be continuously employed and therefore not at any living expense, this might be, but that is not possible. There are periods when nurses, even the most sought after, are out of work for a few days or a week every now and then, with the result that although the fee is three guineas per week she by no means clears £156 a year. Also she must have a holiday or she would quickly break down, but not so quickly, we hope, as one of the writers suggests.

We also feel that in regard to fees, the hard and fast rule of three guineas per week is by no means a fair and just one. The indifferent nurse works on exactly the same terms as the best qualified and most popular nurse. Why should there not be a sliding scale? A higher fee in serious cases, major operations, and so on, so that

a nurse with a reputation for ability and also for personal qualities which contribute towards the recovery of her patient, might command, which very frequently she earns, remuneration more equal to her responsibility and work. This would be only just to those who give of their best to their patients. Ability should tell. Just as in the medical profession the clever surgeon or the most capable physician can command higher fees than the less able of their profession, so should the more capable surgical nurse or the more experienced and favourite medical nurse also be able to obtain a higher fee than her sister who has just qualified, or who by careless nursing and lack of the qualities of unselfish devotion which make a really good nurse, has made herself dreaded in a house and is never asked for and sought after.

Merit should have some reward, and we commend it to the attention of the Trained Nurses' Association that while it may be advisable to have some jurisdiction over the fees chargeable by its members, it is not, in the best interests of nursing to make all a dead level. If one nurse can command a larger fee than another by reason of her own good work, by all means within reason, permit her to do so.

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### **Appointment of Lady Superintendent, Auckland Hospital**

This important appointment was made on 6th June, and Miss Ada Taylor, Matron of Waihi Hospital, was the successful applicant. Miss Taylor was trained at the Christchurch Hospital, where she was a sister for years, and from there went as sister to the Auckland Hospital. She was afterwards Assistant-Matron at Auckland Hospital, and for some time acting matron until the arrival of Miss Orr. Miss Taylor

then went as matron to the Waihi Hospital where she has been for four years, with a short period of leave granted by the Board for war service. She was a member of the staff of the Hospital Ship "Maheno" on the third commission, and afterwards returned to her hospital duties. Her appointment has given great satisfaction to the staff of the Auckland Hospital to many of whom she was known while there before.

## Twilight Sleep and Early Rising

### Dr. Haultain's Interesting Views

A meeting of the Edinburgh branch of the Scottish Midwives' Association was held in the Royal Maternity Hospital on Saturday, March 9th, Miss Turnbull presiding. An address was given by Francis D. N. Haultain, M.D., F.R.C.P., Edin., on "Some Recent Developments in Midwifery."

Dr. Haultain said he would speak about two subjects of much interest as well as of much controversy and debate at the present time, (1) The Morphine-scopolamine Treatment, or Twilight Sleep, (2) Early Rising after the Puerperium.

With regard to the first, the subject was at present of enormous interest, and had been brought more vividly before the lay public by the publication of a book by Mrs. Hannah Rion. The medical profession was in a considerably controversial state regarding its advantages and disadvantages.

The anaesthesia produced by scopolamine-morphine had a great advantage over that produced by chloroform, in so far as the mere application of it did not interfere with the pains of labour. Chloroform had this disadvantage, that when it was given the pains became weakened and labour was continued for an indefinite time, forceps having to be applied as well. This method aimed at two objects—the relief of pain and the absence of memory. Two drugs were given—morphia and scopolamine. With the morphia it was hoped to relieve the pain and to keep the patient in a state of semi-consciousness. The pain was not absolutely relieved, Dr. Haultain thought; it was recognised at the time, but only temporarily, the moment it was gone the memory of it passed. With regard to the injection, the first dose should be given whenever the pains were regular. The method should be started early; people were inclined to wait too long, then the individual remembered, and the drug did not act with the same efficacy. It should be begun when the pains were in the first stage, occurring every seven or ten minutes. Whenever the medical attendant was certain that the patient had commenced

labour the treatment should be begun. The first injection should consist of quarter grain of morphia and one 150th of scopolamine. After this hyoscine alone should be continued at intervals of three-quarters to one hour. After the first dose the pains were relieved. If the treatment were commenced early enough the patient did not complain, she thought the labour had stopped; that, however, was not the case—the labour was going on all the time in a passive way. The pains would assert themselves in due course; when the patient had them she would make a movement or groan. The doses should be continued, and after the third or fourth dose the patient would go to sleep. She would wake up, but would go off to sleep again. She must not be disturbed in any way. If disturbed, she would wake up, recognise the fact that she had pain, and brood upon it. She should be kept absolutely quiet with cotton-wool in her ears; the blinds should be pulled down; she should not be spoken to. This sleep was only semi-consciousness, not complete unconsciousness as under chloroform. She should be given water to drink and she would take it. She would have no desire to pass water. But as a full bladder was one of the causes of delay in labour the water should be drawn off every eight hours; if asked to get up, she would be wakened. In his experience it was necessary to give four doses, morphia only once, and then hyoscine in small doses, even if the labour continued for two solid days.

What was the result of the method? In seventy-five per cent. of the cases the patient was unaware of anything, and awoke surprised that she had got a baby. In twenty-five per cent. it was not so complete, perhaps owing to some idiosyncrasy of the patient. These cases had some knowledge of what had happened and thought they had had very severe pain. There was no doubt that in every case there was a certain amount of relief from pain. In a number of cases memory remained; some pain had been felt, but nothing like the pain experienced without the drug. It prevented to a slight degree

the strength of the second-stage pains. If the volition of the individual were taken away the full strength of the pains would be diminished, as the patient would be eager to get the labour over rapidly. Beyond that it did not interfere with the pains.

Had the method any disadvantages? Sometimes the patient became extremely restless. Out of 400 cases he had observed he thought he had seen about ten patients restless, in two cases maniacal, as an effect of the hyoscine. Sometimes the patient pulled her hair, bit the nurse, wanted to get up, and was with great difficulty kept in bed. In that case she must have chloroform. Sometimes the patient was noisy, and shouted during the pain. Sometimes he was able to put on forceps without the patient's knowledge. There were no other disadvantages.

One of the great points brought against the method was the effect on the baby. Formerly scopolamine-morphine had been given in a somewhat haphazard fashion. In these cases the baby was often born drowsy; it did not seem to breathe, it was blue to begin with, and lay in a peculiar still condition. If it were born after the first dose it was often like that—due to the morphia—but after the hyoscine the child was only slightly sleepy; it looked blase, tired of life before it started, yawned and was lazy. There were no disadvantages to the mother. The treatment could be given in heart cases, in any cases. It should be given before the os opened. It could be given in eclampsia. It was of great advantage in long labour. In breech cases, with the patient shouting out "Do something," one was sometimes inclined to break up the breech, thereby endangering the life of the child by delivering too soon. Twilight sleep was imperative in such a case. Where there was a small pelvis, which delayed labour, the case going on for hours where patients could not deliver themselves easily, the longer time given them the better, so that the child's head could mould and adapt itself to the passages. It was a mistake to apply forceps to a child's head when it was not moulded. With the scopolamine-morphine treatment they could go on, even for two days; then, with a smallish pelvis, there would

be a long first stage; in the second stage, though pains were strong, twelve or fourteen hours could be allowed for moulding to take place; then, when they knew it was moulding, forceps could be put on. In long cases there was nothing like it. Twilight sleep to many a patient meant midnight sleep to the doctor. He could start the patient off on the method and say to the nurse, "I'll look in after breakfast." Without this method he would be wanted every hour. The beauty of it was that the patient did not want the doctor. It was a most delightful sensation for the doctor and not bad for the nurse either! He gave the treatment in every case. He had not seen a baby die yet. It was a method of treatment which would become more and more popular.

Dr. Haultain referred to the use of this treatment for the poorer classes. Some of the medical profession said the patient must have personal attendance by the doctor. This was unnecessary. He did not see the patient till the head was in the perineum. Would the nurse be allowed to give it? He hoped the time would soon come when she would be able to give it on her own responsibility. If there were no danger in giving it there was no reason why it should not be given everywhere. The initial dose went a long way to alleviate the pain. In a multipara, if given in the first stage it was helpful; if in the second, not much use; for a primipara or a difficult labour it was a splendid thing. People were coming round to it.

With reference to the second part of his lecture, "Early Rising," Dr. Haultain said that lying in bed for a period of from ten days to a month after childbirth was merely an old conventional habit. We found it in the Bible: a woman after childbirth was supposed to be unclean. The poor individual, ostracised by surrounding society, had nothing to do but lie in bed. The result was that she had lain there ever since. Was there any advantage in so doing? For the last ten years he had got his patients up on the third day. After labour the woman should rest in bed for one day, sit up on the second day and have food, and get up on the third day. Labour was a natural process. After the child was born the main thing was to keep the uterus forward. If the woman lay on

her back the uterus tumbled back, and there were retroversions.

There were other advantages from early rising. When the woman sat up or rose, the discharge of the vagina would get out. If there were an asepsis, and she lay, this formed an incubator for the germs. If she sat up on the second day the discharge had an easy exit. Again, after the patient was delivered, in the abdominal cavity there was the sudden diminution of a large tumour. What happened? There was a diminution of pressure in the abdomen and result was that the veins in the abdomen became enormously distended with blood, the uterus lay in a congested state, surrounded by enormously distended veins. Circulation was slow; there was no pressure on these veins to make the blood circulate. So the blood clotted, leading to varicose veins. Since he had had his patients up on the third day he had never had a case of these.

Another thing brought about quickly by early rising—a point much thought about by the fashionable lady—was the return of the figure. After childbirth the abdominal muscles were soft and flabby. What was to make them firm? Only the nurse pulling the binder? But why a binder at all after the first day? The moment a woman rose the muscles of the addominal wall contracted, and the normal condition of the figure returned in ten days or a fortnight. Otherwise she lay in bed, like a bolster tied in the middle. Again, the muscles of the leg became flabby; result, when she did get up she could hardly walk. She should get up before the muscles atrophied. Another point was the condition of the bowels, naturally if the abdomen was in a flabby condition the bowels could not act, and there was constipation. This getting-up helped in getting the bowels into a good state.

He could not think of a single disadvantage of early rising. To lie in bed was to get weak. The patient should sit at the fireside a little, and move about; that was a healthy rest. To lie in bed was un-

healthy rest. From a duchess to a woman in the Cowgate, if the woman were healthy she should get up on the third day. She wanted to get up, unless she were particularly lazy. He did not mean she should get up and work hard at a wash-tub, using her abdominal muscles, causing prolapse of uterus; he was not asking that. For ten years he had "waited," and he had "seen"—nothing. His conclusion was that it was the correct thing for a woman to do to rise on the third day.—"Nursing Times."

The above interesting account of Dr. Haultain's lecture will interest the matrons and nurses of the St. Helens Hospitals. We would be glad for next issue of an expression of opinion or of an experience of the trials of the treatment so warmly recommended which have been essayed in the State maternity hospitals, or in any of the private hospitals carried on by St. Helens nurses.



**Miss Marie Cameron, R.R.C.**

After Investiture by the Governor General of Australia.

## Surgery at the Front

In the third post-graduate College of Nursing lecture, Manchester branch, on Tuesday, May 14th, in the lecture theatre, Manchester Royal Infirmary, Mr. Hey dealt with "Surgery at the Front." He explained how surgery was practised about nine or ten miles behind the firing line, and illustrated a C.C.S., and means of transport of the patients. Surgery was practised on an advanced scale never before seen; all wounds were subjected to detailed operation with astonishingly good results. Saving of life was not confined entirely to the surgeon; numerous lives were saved by the stretcher-bearers. The wounded were first taken to a medical aid post, which was practically in the firing line, and dressings and antiseptics were applied; then they were moved to an advanced dressing station, where, in the case of fractures, splints were applied, and morphia and antitetanic serum were given. Thomas's knee splints were widely used.

If an emergency operation was necessary the cases were sent on to a main dressing station, which constituted a field ambulance in a safer spot, where a limb might be amputated, an artery ligatured, etc. Afterwards the patients were passed on to a C.C.S. excepting the very serious cases, which were sent to what is known as a main abdominal centre. Gas gangrene was the trouble to be feared most, and tetanus, owing to the highly cultivated soil, extremely rich in organisms. Where maggots appeared in a wound, gas gangrene was never present. Missiles—bullets, shrapnel, high explosives, should be perfectly sterile, but pieces of clothing, and dirt, were carried in with them, and sepsis ensued.

Mr. Hey described a C.C.S. as the most advanced place in surgery at the front.

It was situated generally nine or ten miles behind the firing line—near the main road and railway—made chiefly of canvas, and divided off into various departments, viz., X-ray, reception room, pre-operative ward, resuscitation ward, theatre, one end being closed off into an anæsthetic room. The theatre was fitted up with all modern conveniences and instruments, and had four tables. A team which consisted of a surgeon, anæsthetic sister, and orderly, usually ran two tables, working sixteen hours—eight hours off.

When the patients were too ill to be operated upon, they were put into the resuscitation ward, given salines, morphia, etc. The object of all surgery in France was: first, to sterilise, and, second, to close.

To sterilise: The whole surface of the wound must be excised. There were many methods of sterilising. In the Carrel-Dakin method tubes were inserted all through the wound, which was irrigated two-hourly, until the wound became quite sterile. It was most essential to irrigate freely, otherwise the tubes acted as a plug. Other methods were pastes, which were considered better than the Carrel-Dakin method, viz., methylene blue, brilliant green (useful in killing the organisms that caused gas gangrene). The salt pad method was also extremely useful, the pad was left in nine or ten days, then taken out. The wound would be quite clean and then sutured.

Shock was treated largely with pituitary extract, warmth and fluid administered subcutaneously, and also by blood transfusion, which was coming very much to the fore, and which would prove useful in the surgery of the future. —From the "Nursing Times."

The Bay of Islands Board is advertising for two District Nurses, minimum requirement midwifery certificate, for Herekino and Kaikohe, at salaries of £100 and £80 respectively, with private fees. The qualification of a general trained nurse is de-

sirable for these positions, but at the present time it is unlikely applicants with both certificates would be found. These back-block districts greatly need nursing help, especially for the mothers and children.



## Queen and Matrons of Overseas Contingents

In the "Court Circular" a few days ago the announcement was made that the Queen had received Miss Margaret McDonald, R.R.C., Matron-in-Chief of the Canadian Army Nursing Service, Miss Evelyn Conyers, R.R.C., Matron-in-Chief of the Australian Nursing Service, and Miss Mabel Thurston, R.R.C., Matron-in-Chief of the

know little indeed of the actual work of our own Army Service and that of the Territorial Force Nursing Service, with the Reserves that they have built up, still less are they aware of the noble help that the daughters of the Dominions have brought to the wounded. For this recognition, truly queenly as it was, of the mercy of wo-



**The Five Principal Matrons of N.Z.E.F., with Miss Thurston, Matron-in-Chief, N.Z.E.F.**

Reading from left to right—MISS THURSTON, MISS VIDA MACLEAN, MISS CORA ANDERSON, MISS PRICE, MISS MCNIE, MISS WILSON. All these Matrons have been decorated for valuable services.

Nurses of the New Zealand Expeditionary Force. It was a gracious and spontaneous thought on the part of Her Majesty, and it has behind it a significance far greater than might at first sight appear. All the nursing of the war has been carried out with a quiet reticence that has concealed the magnitude of the task performed with such splendid efficiency; and if those at home

manhood throughout the Empire has afforded to every nurse from overseas a sense of personal distinction. Canada, the first of the younger nations to send its highly-trained nurses, has contributed no fewer than 1,900 members to the service of the Allies. The contingents from Australia have numbered 1,500, and none will have forgotten the devoted services that they rendered

at the time that the wounded from Gallipoli were needing all the care that gentleness and love could give them. From New Zealand have come 500, these being the round figures which represents a fine response in relation to the population of the Southern Dominion. The Matrons-in-Chief have shown themselves to be women of high powers of organisation and control, and have insisted throughout upon a lofty standard of qualifications on the part of those whom they have accepted for service.

Her Majesty accorded to the ladies the rare distinction of receiving them in her private apartments at Windsor Castle, and Princess Mary was also present. Specially in attendance was the Countess of Minto, whose knowledge of and sympathy with all that pertains to nursing has been so forcibly shown in the service which bears her name in India. The Queen was not only exceedingly interested in the details

that each matron could give in regard to the contingents for which she was responsible but asked for any suggestions that might be desirable in improving the conditions and status of the nurses' important labours. Before the ladies left, the Queen showed them some of the specially notable and valuable things that she had acquired in the course of her travels, and delighted each of her guests with some of her reminiscences of their own homelands. It was indeed the intimate and homelike character of the reception that has made so strong an appeal to the nurses generally as a proof of the Queen's comprehension of the attitude of mind and the love of things domestic among the women of the daughterlands. This is the point that is being emphasised in the hundreds of letters dwelling on the reception that are going to family circles, whether in Australia or Saskatchewan, New Zealand, or Newfoundland.

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## New Hospitals and Additions New Nurses' Homes

Plans have been prepared for a Nurses' Home at New Plymouth. Now the new hospital is completed, the old home is quite inadequate. The board took the wise step of sending Miss Campbell, the matron, on a trip to visit the hospitals corresponding to the New Plymouth Hospital and to take observations and report on the features in the Nurses' Homes which she found most worthy of adoption. The result is that the plan includes the many conveniences which women chiefly appreciate, and the nurses will be exceedingly comfortable. One feature which we have not seen hitherto is a small wing in which the night nurses are provided with tiny rooms furnished only with a bed and chair. In these they are to sleep, away from the noise of the rest of the staff, but to dress and undress in their own rooms, which they retain for their whole term in hospital.

\* \* \*

At Nelson, where a new hospital is to be built, the step has been taken of erecting the Nurses' Home first. Here the nurses

are most comfortably provided for. The details of the home have been well thought out and not only comfort of body, but provision for recreation has not been forgotten. In the artistic surroundings the nurses should be happy and contented.

\* \* \*

The plan for a new hospital at Nelson has been approved by the Minister of Public Health. It will be remembered that some five years ago a large sum of money was donated for this purpose by the late Mr. Cawthron, and with this and a Government subsidy a building is to be erected at a cost of £33,158. A maternity hospital, very badly needed in Nelson, is included with the general hospital.

\* \* \*

At Auckland, where the new Children's Hospital was recently opened, a new wing to the Nurses' Home, necessitated by the increased staff needed, and the Children's Hospital and the military annexes, to accommodate seventy-five nurses, is authorised. It will cost £22,000

At Wanganui Hospital a diphtheria ward and two case-isolation blocks are to be built.

\* \* \*

At Hawera, additions to the laundry and the Nurses' Home.

\* \* \*

At Masterton, a new general ward is to be built with a somewhat new feature. The sanitary annexe is placed at the eastern side midway from each end. On the western side is an annexe corresponding externally generally with that on east side, but divided up into two parts, one being a sink-room and the other a "treatment-room," where minor dressings and sterilisations may be carried out. These two compartments are in themselves well ventilated and independent of each other, and are approached from the ward by a short cross-ventilated passage. Additions to the Nurses' Home are also to be erected.

\* \* \*

At Dunedin a pavilion for twenty-six infectious cases and case-isolation and admission pavilion for six cases, a Nurses' Home for Isolation Hospital, a mortuary, disinfecting room, sleeping room, store room, a patient's undressing room, bath room, and waiting room are to be added.

\* \* \*

A fine Tuberculosis Hospital has just been erected by the Southland Hospital

Board at Kew and this and the old isolation hospital will now be under the charge of a sister from the hospital, and staffed by nurses and probationers sent for short periods during their training. Large additions to the accommodation for diphtheria cases have been necessitated by the long continued epidemic in this part of the country.

\* \* \*

Among buildings for military purposes it is proposed to erect wards for sixty beds at the Wellington Hospital, which in addition to the Victoria Ward, will provide 100 beds for returned soldiers at Wellington.

\* \* \*

At Rotorua, a plan is prepared for the Orthopædic Hospital, the staff of which will shortly arrive from England with all the latest developments. In the meantime, until this is built, the new Chalmers block for Chronic patients, recently opened at Christchurch Hospital, will be used. It is at present occupied by military patients, and the donor, Miss Chalmers, has consented to its further use for the Orthopædic Hospital.

\* \* \*

Near Waipukurau a site has been acquired for a Tuberculosis Hospital, a Sanatorium for soldiers. When it is built the Te Waikato Sanatorium will return to civilian patients entirely.

### Interesting Case at St. Helens, Invercargill

Mrs. —, Primipara, was admitted to hospital, and confined under anaesthetic, of child, imparted breech. During manipulations, the right femur was fractured at the upper third. This was put into extension by slinging it over left shoulder, and bandaging firmly across back and trunk, using the abdomen and chest as a splint. The leg was taken down and

massaged daily. On the ninth day child was moving toes, on 16th day was moving lower leg, on 20th day extension was removed, and leg left free. Massage continued. Child discharged on 24th day, when apart from some slight thickening at the seat of fracture, the leg appeared quite normal.

—E. D. S.

## Problems of State Registration

FROM MISS GRANT, while Matron of "Maheno" 4th Commission.

The South African nurses being the first body of British nurses to be State registered, the report reprinted below is especially interesting. In New Zealand, the Act for the registration of nurses does not provide for self government by nurses themselves, yet it is a separate Act, while the South African law for the State registration of nurses is incorporated with and dependent on the Public Health Act. In New Zealand, although there is no provision for representation of nurses in the Act, yet as the Inspector General of Hospitals has been assisted throughout by a trained nurse who is in charge of the Registration Act and the carrying out of the regulations under the Act, and the assistant-inspector again has the assistance of two trained nurses, it may be seen that the interests of trained nurses are well guarded. Through their Association, which has the recognition of and approval of the Registrar of Nurses, they have the opportunity of representing their views to the department controlling registration.

State registration of nurses has now been in force in New Zealand for seventeen years, and although not compulsory, every nurse who goes through her three-year course in a hospital recognised by the Registrar as a training school, presents herself for the State examination. The nurses are satisfied, the standard of training is kept up and improved year by year, and so far no desire has been shown by nurses to have any more direct control of their own affairs. The problems put forward in the report, which we reprint, are in part, the same which are brought up here, one at least, that is, the compulsory registration of nursing homes, which in New Zealand come under the Hospitals and Charitable Institutions Act, has been coped with fairly well, and there has been much improvement in the last ten years in the conduct of these institutions which are under the inspection of three trained nurses inspectors attached to the Public Health Department.

The Conference of the South African Trained Nurses' Association resumed business at ten o'clock on Saturday morning, Miss I. R. Mitchell (Matron, Grey's Hospital) presiding.

Miss Ellershaw proposed that trained nurses form a governing body to undertake all business relating to nurses, the training of nurses, nursing homes, and everything in which the Association was interested, such body to be entirely independent of all medical councils, not to ignore the existence of the latter but to work in harmony with such councils.

After some discussion, Miss Alexander moved that the suggestion of a Trained Nurses' Council be postponed until the new Medical Board had been passed, and that in the meantime the matter be referred to branches for discussion. This was seconded by Miss Winter, and carried.

A resolution was brought forward by Miss Winter to the effect that the attention of the Public Health Department be insistently drawn to the urgent necessity for the compulsory registration of all nursing homes—medical, surgical, mental and midwifery—and the proper supervision of such homes, the committee of inspection to contain at least one woman, preferably a fully trained nurse.

Speaking to the motion, Miss Winter said that at present a good deal of illegitimate work was being practised in so-called nursing homes; a good many of these homes existed, and she knew of one case where a defective had been placed in charge. The Medical Council had been approached, but it was found the Council had no power to deal with such matters.

The resolution was carried unanimously.

### SICK NURSES.

A long discussion ensued on the question of the free treatment in hospital of trained nurses, a resolution being eventually adopted to the effect that the attention of the Hospital Boards be drawn to the fact that a nurse, when ill, was worthy of the best and that she ought to be admitted to a private or semi-private room in civil hospitals, where possible, free, and to have the best attention free.

The Conference adopted a resolution in favour of the discontinuance by medical men of the practice of conniving at employing the work of untrained women practising as midwives and nurses; the matter to be brought to the notice of the British Medical Association asking that body to deal with any specific cases which might arise.

A resolution by Miss Ellershaw was carried, proposing that the King Edward Order of Nurses be asked to train its nurses in this country in the same way as the Victoria Jubilee Nurses were trained in this country, so that such nurses could be able to go into country districts and there do better work as compared with the work of nurses from

overseas who did not understand the conditions of country nursing in South Africa. It was agreed to send a letter to the King Edward Order of Nurses on the subject, asking that the suggestion contained in the resolution be considered.

Miss Russell proposed, and it was carried, that the period of training should be two years.

The Conference decided that the next meeting of the Central Board be held at Bloemfontein.

The afternoon session was devoted to the discussion and revision of by-laws, and in the evening the Conference met and discussed a number of subjects with representatives of the Natal Medical Council, after which the Conference concluded.

## Some Conditions of Nursing in Australia

### Royal Prince Alfred In-Hospital

The matron, Miss Newell, is away on active service attached to the staff of No. 2 Australian General Hospital at Wimereux, France. Her place at Prince Alfred Hospital is temporarily filled by Miss Phylis Boissier, R.R.C., who served for some time on active service.

#### CHANGES IN THE NURSES' CONDITIONS.

To enable the nurses to state their point of view with respect to any matters relating to the conditions or duties of the nursing staff, a conference was held at the hospital in June last, when representatives of all the grades on the staff, from first-year pupil nurse to sisters, met the Medical Superintendent, Secretary and Matron, and presented various points for consideration.

These matters were all submitted to the Board in concrete form at its meeting, with recommendations from the executive officers, and finally the Board gave its decision upon the various points. In effect the decisions were as follows:—

The salaries for fully-qualified nurses who are retained on the staff shall be as follows:

Sisters, for first year	£100.
Sisters, for second year	£110.
Sisters, for third year	• £120.
Charge Nurses	£80.

The appointments of charge nurses shall be for one year, and if then appointed as sisters they will serve for a term of three years, at the end of which period they will be eligible for re-appointment for a further term, but need not necessarily be re-appointed.

The staff of the hospital shall be increased by the appointment of six extra pupil nurses, to assist in various departments of work, and to relieve the pressure on the existing staff.

As far as possible each pupil nurse before the completion of her training shall be given three months' duty in the operating theatres, and shall assist the theatre sister or instrument attendant with instruments and be instructed in the use of instruments.

There shall be no curtailment of the existing course of four years' training, but nurses may, as previously approved by the Board (should they wish to proceed on military service), obtain

a certificate of 3½ years' training on condition that, if the opportunity shall be available, they shall return to complete their full course of training.

In the absence of an isolation block, with provision for infectious cases, an arrangement is to be made if possible for an interchange of nurses with the Coast Hospital, whereby the nurses of this hospital shall be enabled to do a course of infectious nursing at the Coast Hospital, and the nurses of that hospital shall do a course of special nursing in eye, ear, nose and throat, etc., at this hospital.

Instead of each nurse having one week's sick leave in each year, which could only be used in that year, in the event of her illness such leave will in future be cumulative—i.e., that if a nurse have no sick leave during three years, she may have four weeks' leave without pay or without loss of time in the fourth year. This concession shall not be retrospective where nurses have sick leave to make up.

All nurses shall be allowed leave without "late passes" on any night until 10 o'clock, while fourth-year nurses shall be allowed one late pass for each week, to be used on any night they may wish, provided they give intimation of their intention to the Matron.

For the future all applicants for training as nurses, who shall be selected as suitable, shall be given a month's trial at the hospital. If they are then considered satisfactory, they will return to their homes and will enter for training on the 1st of May or 1st November, as may be decided. By this means all nurses will come on to the staff in batches and will receive their lectures and complete their training together. When trained they may apply for positions as charge nurses, should these be vacant, and the most eligible, as shown by the pass lists, will be selected. Such nurses will be expected to stay on as sisters and the sisters will be appointed from the charge nurses by selection, and be appointed for terms of three years. It is not expected that these methods of appointment can be carried out in their entirety during the war, but they will be adopted as far as possible, and it is hoped that there will be a resulting benefit both to the nurses and the hospital. — From "Prince Alfred Hospital Gazette."

## Nurses' Memorial Fund

Introductory to our First Annual Report it may be well to give a short account of the origin and founding of the Fund.

The question of establishing some memorial to the nurses who have lost their lives in the present war was first discussed in the early part of December, 1915, by the committee of the Otago branch of the Trained Nurses' Association. The President (Miss Thompson) brought the matter under the notice of Dr. H. Lindo Ferguson, Dean of the Medical Faculty, Otago University, and asked him to aid in the establishment of a benevolent fund for sick and aged nurses.

Dr. Ferguson accordingly spoke on this subject at a meeting which was held to welcome Dr. Marshall Macdonald on his return from the front.

The idea thus launched was again discussed at the annual meeting of the Trained Nurses Association on October 20, 1916, when Dr. Ferguson explained the scope and general scheme of the suggested fund; and the meeting passed a motion of approval and support.

Her Excellency Lady Liverpool was very much interested in the idea of a fund, and kindly agreed to act as Patroness.

During November, 1916, a provisional committee was formed in Dunedin to take the matter in hand, and subscriptions began to be received; but progress at first was slow, as the committee wished to launch the scheme in all the large centres simultaneously, and difficulty was experienced in getting committees to undertake the work otherwise than in Dunedin.

Rules for the control and management of the fund were drafted by the Dunedin committee and discussed chiefly with the Wellington committee which took the matter up warmly, and has throughout been very energetic. These rules were approved by those interested in other districts, and the controlling body, known as the Central Committee, now contains representatives of all the provinces of New Zealand. The rules have been printed and widely circulated, and the collection of funds commenced in earnest.

The result, thanks especially to the Wellington committee and the great interest and energy shown by the chairman (Dr. William Young), must be regarded as very satisfactory, the fund at the close of the past financial year having a capital of more than £5,000, which sum has been invested in New Zealand War Loan, leaving a small working balance in hand. It is, however, obvious that this capital (yielding an income of £225 per annum) is not sufficient to meet the demands that are likely to be made on the fund, and it is hoped that not only will the capital sum be largely increased, but that a much greater number of annual subscribers will associate themselves with the fund.

If the public realises the debt owing to the members of the nursing profession, there will be no difficulty in doubling or trebling our capital, and in securing a substantial income from annual contributions.

There are well over 2,000 nurses on the New Zealand Register eligible for assistance from this fund, and of these over 400 have left New Zealand on war service. While an annual income of £225 is a good start, it may be quite insufficient to meet the calls that these numbers render probable.

Of the sum now in hand the Wellington Branch contributed £3,175, Otago and Southland £1,510, Auckland £326, and Wanganui £20. So far, no response has come from Christchurch, save £10 from Messrs. A. S. Paterson and Co., received through their Dunedin house.

Special thanks are due to Dr. William Young and the Wellington Branch, to various Trained Nurses' Associations, to the Auckland Hospital nursing staff, the Patriotic Societies of Feilding, Masterton, Palmerston North, and others, and to many private collectors, such as Mrs. H. Lindo Ferguson, Dunedin (£518), Mrs. F. McKenzie, Wellington (£236), Mrs. Kendall, Wellington (£135), Mr. A. F. Hawke, Invercargill (£126), and to the many very generous firms and individuals whose names will be found in the list of life members.

A measure of relief has been afforded to a nurse who, by reason of old age, is unable to follow her calling; and the fund is now in a position to deal with applications as they come forward to, at any rate, a limited extent.

Mr. W. T. Monkman, F.P.A.N.Z., kindly undertook the duties of hon. secretary to the provisional committee, but found himself unable to devote the necessary time to them, and Miss Helen Williams was good enough to take them over, Mr. Monkman being provisionally appointed hon. auditor. This gentleman cheerfully gave much of his valuable time and expert business experience to the work of putting the fund on a sound and satisfactory footing. The committee found his services most helpful, and desire heartily to thank him and express their regret that he was unable to continue them.

Mr. C. W. Chamberlain has acted as hon. treasurer, with a seat on the committee, since the inception of the fund.

H. LINDO FERGUSON,  
President.

The above report shows that the Memorial Fund has in the first year made very good progress. It is to be regretted that the Christchurch branch has made no effort to send a contribution. The contributions from Auckland can scarcely be attributed to that branch, as it was the result of the fete in the hospital grounds, organised by the hospital nursing staff. The Committee formed have so far not accomplished anything in assistance to the fund. Subscribers to "Kai Tiaki" will be pleased to know that during the year the sum of £75 from the "Kai Tiaki" Fund has been forwarded to Dunedin for the Memorial

Fund. The Editor intends to devote all moneys of subscribers over and above the actual expenses of publication and distribution to the Memorial Fund. So nurses in subscribing to and helping in the circulation of "Kai Tiaki" will be helping the Fund. Owing to the paper being for a limited class of readers, the circulation is not large enough to produce a revenue of much over the actual cost of printing. All work in connection with

the journal is honorary, with the exception of a very small sum of £4 per annum for clerical assistance in keeping the roll of subscribers and addressing journals. All literary contributions are freely given, and the editor is grateful for such. There is much most interesting and valuable material in our New Zealand hospitals. If nurses would write accounts of their cases and new treatments given it would help many who have not equal opportunities

### New Zealand Army Nursing Service

The undermentioned staff-nurses are placed on the N.Z. Roll:—22/323 R. I. Kelly (1st May), 22/167 R. Utting (1st May), 22/312 E. Williams (3rd May), 22/129 D. C. Horton (3rd May). The undermentioned are seconded for orthopaedic training (15th May):—22/102 Sister M. B. Beswick, A.R. R.C. 22/428 Masseur B. Gubbins. The undermentioned staff-nurses to be sisters, to complete estab. (15th March):—22/96

F. Abbott, 22/97 M. Alleyne, 22/101 E. H. Barnes, 22/112 M. G. Davies, 22/117 J. N. Erwin, 22/127 A. Holmwood, 22/95 B. M. Huddleston, 22/140 M. F. Looney, 22/145 S. J. M'Cann, 22/251 S. E. Morley, 22/157 A. L. Philpotts, 22/159 E. A. Porteous, 22/163 E. R. Rhind. 22/345 Staff-nurse L. H. Donald is transferred to the Massage Branch (1st May).



In the kitchen at Walton-on-Thames N.Z. Hospital

## British Nurses and their Fight for Professional Freedom

We are asked to publish the article below, and gladly do so as we consider our readers should understand and sympathise with the desires and aims of nurses in other countries, and more especially in our Mother Country, the country of the great founder of trained nursing. We cannot here enter into any controversy with regard to the merits or demerits of the College of Nursing, but as for many years the central committee for State Registration of nurses had been working for that object and had attained far towards success in gaining a professional status for those who had little time to fight for themselves, it appears to us that the intervention of a new body was somewhat uncalled for. There is no doubt that by this intervention harm to the cause has been done, though perhaps unintentionally.

TRAINED NURSES' PROTECTION COMMITTEE  
431 Oxford Street, London, W.  
May 9th, 1918

Dear Miss Maclean.—We should feel very grateful to you if you would be so kind as to allow space in *Kai Tiaki* for the enclosed letter. We think it would help us, and would also, we think, stimulate the International Spirit.

With all good wishes to the nurses of New Zealand and their Journal.—I remain,

Yours very truly,  
BEATRICE KENT.

Can any good thing come out of war—such a war as this—big with frightfulness of every description? The answer is a clear and definite affirmative. That is the cheering mitigating paradox, the partial compensation for the suffering, sacrifice, and anguish of it all. Many good things have come out of this war, but the thing of fundamental importance and which fires one's imagination is this: Freedom (which means opportunity) once given to any body of people dormant

faculties are immediately liberated, and great achievements for the public weal must follow. Without the work that women are doing in the furtherance of the war (much of which they were considered quite incapable of performing previously) the British would have been defeated in France and possibly the Germans might have reached England. The most indispensable of all women's work at this time especially is perhaps that of the trained nurses. Their devotion to duty, self-sacrifice, and heroism have been quite equal to that of the fighting men. I do not mean British nurses alone. I am thinking in terms of internationalism, and that brings me to my central idea. Internationalism! What is it, but a great Spiritual Alliance, which has united the nations of the Allies in their struggle for Right against Might; reinforced by armies of nurses. How thankful and proud we nurses feel of our own Spiritual Alliance, which was founded long before the war, but it is the war which has made it a greater reality. We are no longer separate bodies of nurses, we are nursing allies, we are an indivisible whole, taking our part in the nursing lines in the great war for the freedom of the world, the fight between the powers of darkness and light. It is a self-evident parable, just spoilt, however, by "the rift within the lute which by and by will make the music mute," unless, yes, unless, it can be turned into harmony. We feel convinced that we shall have the sympathy not only of the nurses of our Dominions and of our Allies, but that also of neutral countries who have understanding hearts. I should, therefore, like to place before them, through the pages of this journal, a brief statement of the struggle that has been forced upon British nurses to secure and maintain their professional freedom. The movement for the organisation of the nursing profession by Act of Parliament, was initiated about thirty years ago by Mrs. Bedford Fenwick, Editor of the "British Journal of Nursing." The work it has entailed has been unceasing and strenuous, but very fruitful. The ex-



penses have been borne by the nurses themselves. All opposition had been broken down, and if it had not been for the war, the Bill promoted by the Central Committee for State Registration would probably have been on the Statute Book by this time. The progress, however, has been much slower in our country than in others, where it has spread rapidly, with the result, as we know, that it almost encircles the world. In all but two of the United States of America, many of our Colonies, and other countries, Acts are in force. We rejoice with them, and they sympathise with us in our long patient wait. Victory for us was in sight when a bolt fell from the blue! The College of Nursing Co., Ltd., came into being and took the field in opposition.

Without any reference to the opinions or wishes of the organised bodies, it started on its strange career and ordered itself on the lines of archaic autocracy! Let there be no misunderstanding my sisters, we have long desired to have a college of nursing, but we want it to be a professional body. This foreign body is a lay corporation, a limited liability Co. (without share guarantee), the signatories of which are all laymen; and these laymen have appointed the first council and the consultative board. Subjugation of the nursing profession, and not its freedom is the thing aimed at.

This parody of a nursing college has drafted a Bill for State Registration, and, consistent with its autocracy, it has again excluded from both the provisional and permanent councils, all representation of the organised bodies of trained nurses and other vital principles which are embodied in the Bill drafted by the Central Committee for State Registration. In a word, the iconoclasts desire to pull down the fine educational structure which has been built up laboriously by the registrationists, and set up in its place a destructive imitation. This College of Nursing Co., Ltd., presumes to liken itself to the Royal Colleges of Physicians and Surgeons (in England, Scotland, and Ireland). As a matter of fact, it is in no way comparable. It is scarcely necessary to remind the reader of this journal that a college, being an educational body, should not concern itself with registration and discipline. A General Nursing Council, to be set up under a Registration Act,

would be the authorised body for registration and discipline. Our humiliations do not end here, however, but rather begin! Under the auspices of the College of Nursing Co., Ltd., the British Women's Hospital Committee—which consists of members of a section of the Actresses' Franchise League and others, has promoted a charity scheme for nurses, falsely called "The Nation's Fund for Nurses," and this is blatantly paraded by pictorial and other advertisements all over London. In the meantime self-respecting nurses are blushing with shame and hot with anger. Our opinion is, that at this awful crisis in the life of the nation, all surplus money should be spent for the benefit of our heroic sailors and soldiers, and the starving and suffering women and children in the countries overrun by the barbarous foe. If the State did its duty and paid an adequate salary to our military nurses, instead of mere pocket money as at present, there would be no need to insult them by offering them charity. As voters, we now demand that schemes for reconstruction shall include greatly increased salaries for all nurses. The mischief and danger of this college of Nursing Co., Ltd., can be seen by any intelligent reader at a glance. It unjustifiably assumes a monopoly of control over the entire nursing profession desiring to govern it without consent. The one humorous bit about it is, that it calls itself "democratic." The subsidised press has boycotted the opinions of independent nurses upon this and other subjects that concern them closely, so we have to adopt new methods of protest, namely the sandwich boards in the open streets. We desire economic control of our own profession and we mean to fight for it till we get it. Our slogan is "Liberté, Fraternité, Égalité. When the mendicants come round to your doors asking for charitable doles for British nurses, as we hear they intend to do, you will know what we think about it; furthermore, you will foresee the danger of large funds amassed by, and administered by, society ladies and gentlemen on behalf of trained nurses. The great thing that must arise out of this war must be the deepening and broadening of the spirit of Alliance among nurses all over the world.

BEATRICE KENT,

Delegate of the National Council of

Trained Nurses of Great Britain and Ireland to the San Francisco Convention in 1915.

Since writing this the College of Nursing Co., Ltd., has drafted another Bill; we

do not consider that it is any improvement upon the last, although it grants representation to the Central Committee for State Registration.

## King Edward Nurses

When in Capetown I had the pleasure of meeting Miss Pritchard, the Lady Superintendent of the King Edward Nurses, who are the District Nurses of the South African Union. Both Europeans and natives are cared for by these nurses, but the work is divided. The colour question is still strong throughout the union. The following extracts from the 1916 report of the district scheme may prove of interest to our district nurses in New Zealand.—A.B.

### GENERAL PRINCIPLES OF THE SCHEME.

The King Edward Nurses were organised as a South African Memorial to commemorate the life and aims of King Edward VII. The following are the general principles of the Order:—

1. The nursing organisation is intended to comprise two divisions—(a) European, (b) Coloured and Native. The funds and organisation of the two divisions are to be kept apart.

2. As it is recognised that some areas, principally urban, are already well served by Nursing Associations, every care is taken not to compete or interfere with such Associations and the nurses working for them.

3. The general sick nursing is carried out under the direction of medical practitioners, and a high standard of efficiency is required.

4. The King Edward Nurses are forbidden to interfere in any way with the religious and political opinions of the patients or of the members of their families.

5. The immediate object is to make good deficiencies now existing in South Africa. These deficiencies apply to sick and injured persons who can pay but cannot obtain the services of nurses; to those who can pay in part; to those who cannot pay at all. The work of the King Edward Nurses must inevitably be organised with regard to the resources of the Order, and it is obvious that no systematic effort can be made to provide nurses for the poorest classes until the Order is sufficiently equipped with funds. Whenever nurses are available, however, they will attend patients, who, in the opinion of the doctor, can only pay part fees, and will make free visits to those who cannot pay at all. As the value of and necessity for the services of the nurses become more generally recognised, and the necessary funds are forthcoming in increasing degree, their services will become more available for those who cannot afford to pay the whole fees, or at all.

6. As experience has shown that the efficiency of nurses collected at a centre under experienced supervision is far higher than in the case of an equivalent number of single nurses assigned to districts, Centres will be established as far as practicable, but the proportion of nurses in single districts to those established at Centres must be ascertained by experience.

7. The financial arrangements under which nurses are placed in single districts are that a local body or number of residents give a guarantee for three years of £50 per annum, that amount to be drawn upon each year to the extent only of the difference between the agreed cost of the nurse (*i.e.*, the cost of her salary, board and lodging, and uniform) and the actual fees received in that year.

Where applications, accompanied by this guarantee, are received for single district nurses, the Executive Committee at once considers whether, with its available staff, and having regard to other calls made on it for nurses, it is able to meet them.

The mode of procedure in providing the services of the nurses has been as follows:—

The nurses visit cases to which they are sent by the Public Relief Board; see what is wrong, and, if necessary, call in the District Surgeon, who prescribes a line of treatment which the nurses carry out. In the case of minor ailments the nurses use their own discretion as to whether patients should attend the Out-Patients' Department at the Hospital, and whatever treatment is ordered there they carry out, or administer simple home treatment themselves.

The nurses further find it constantly necessary to give advice to mothers in the care and correct feeding of children of all ages. This work is generally appreciated and, by seeing that such advice is followed by the mothers, the nurses find their labours are simplified.

The Sub-Committee found difficulty on the formation available in making any definite recommendations for the development of the Native side of the Order, either by providing for the training of Native girls as nurses, or by the employment of Native nurses already trained. It was resolved that steps should be taken to collect more adequate information as to—

(1) The possible sources from which Native girls suitable for nursing training could be drawn;

(2) The existing facilities for the training of Native nurses, the cost of such training, and the possibility of extending the facilities;

(3) The extent to which Native nurses, if available, could be employed (a) in hospitals, (b) in municipal locations, (c) in district work,

and the terms and conditions suitable to their employment.

These enquiries are still in progress.

## Letter from a Mission District Nurse

Since I have got settled to my work here, I have wished to write to you, that you may know the state of this district from a health point of view. Every day I am thankful that I was able to have the midwifery course before coming here. Though the Maoris do not need help at the confinement, many have difficulty in maintaining their milk supply, and many have sore nipples. One had a badly suppurating breast before the child was born, which might have been prevented had she sought help sooner. To the end of March, in about five weeks, thirty-one cases had been treated, and there have been fourteen new ones since. Many are minor troubles, as sores, coughs, sore throats, and the patients come to our home for remedies for such. But to others I've had to ride or drive, and pay daily visits, as the case demanded. One young Maori called on his way with milk for the factory, and his throat was so bad it needed constant attention, and I asked him to come back and stay a few days. He had not returned by late afternoon, so a Maori girl and I rode up to the place he worked at to find him huddled up in a whare, having just milked thirty cows. He could not leave them as all the others on the place had gone motoring. He was very ill, and there was no possibility of nursing him in that whare, so we got him on to one of the horses and brought him home, "double-bank" style. It was raining heavily and quite dark, but there was less risk in his coming three miles under these conditions than in leaving him in that cold place. He had double quinsy, but was over the acute

stage in a week, and full of gratitude, which now expresses itself in wood-chopping and care of the harness and gig. Another night call was to an English lady threatened with a miscarriage. As no woman was within a mile of the station, I brought her home for rest and observation, and she was able to go back in a week knowing I would come if she needed help.

Another case I had to bring here was a Maori woman and her two-weeks-old baby. She could not eat the food they had, and had a very variable temperature, assignable to no other cause apparently than improper food. I suspected typhoid at first, but a week's attention and dieting made her fit to go back home. The Opoutama school teacher reported an outbreak of ake ake, and to him I sent ointment, etc., with instructions, till I could go there a week later. The teacher's wife is very good in doing treatment for those children who cannot be trusted to do it for themselves.

The way has been made easy for me by the sisters here. On the first appearance of trouble the Maoris seek advice from us.

It has not been an autumn of sickness, such as we anticipated to follow the Patriotic Hui held here. The weather conditions prevented the crowd coming, and so the gathering broke up early, much to our relief.

I was glad to see the names of nursing journals recommended, as I am concerned about keeping up-to-date in treatment, and one is out of touch in these parts. "Kai Tiaki" is read from beginning to end, and much appreciated.

## Presentation

Miss Mirams, who has held the position of Matron to the Northern Wairoa Hospital for three years, left last April to join a hospital ship. A deputation of the ladies of Te Kopuru with the chairman of the Board, met one afternoon at the hospital and presented Miss Mirams with a handsome

bracelet-watch and handbag, in recognition of her good work at the hospital. In making the presentation the chairman testified to the faithful and most efficient services of the Matron, whom the Board was very sorry to lose. He wished her every success and happiness in the future.

## Letter from Miss Sutherland

We are indebted to Miss I. Sutherland for this interesting account of a trip to Quebec from her sister, Miss I. W. Sutherland, late of St. Helens Hospital, Dunedin, who is at present visiting in Ottawa, Canada.

Miss Campbell and I left Ottawa at 7.15 p.m. for Quebec; we had engaged sleepers, so as soon as the darkey porter had our beds made we undressed and slipped in between the curtains. It is very hot in bed, although the windows are left open, just a perforated slip is inserted in the aperture, but the heavy curtains which button together and hide one from one's neighbours, gives one a "suffocaty" feeling. 7 a.m. the following morning found us in Quebec. On arrival we asked a policeman to direct us to our destination. Instead of doing so he said: "Go on to the C.P. Railway Station and there you will find a young lady wearing a badge; she will direct you." In all the large Canadian cities one may find "A Travellers' Aid" meeting the trains. Our "aid" was a Swiss, and had formerly been a French governess with a wealthy family in Montreal. Her knowledge of English was somewhat limited.

After getting breakfast and making ourselves presentable, we set out to "do" Quebec, the cradle of New France, and the most absorbingly interesting city of America. There are two cities to be seen in Quebec in one fascinating whole—the old French city, the Quebec of the seventeenth century, and ancient capital of Canada, and modern Quebec, the provincial capital of to-day. Ascending the St. Lawrence River in front rises the city of Quebec, tier upon tier of steeped-roofed houses and quaint precipitous streets, breadths of grey cliff front, and again the roofs and terraces and far up on the summit of the height the grim ancient citadel. As I stood at night on Dufferin Terrace where there is a promenade of a quarter of a mile with the band (city) in a band pavilion close by, and hundreds of people sitting on the seats listening to the music or chatting and promenading with their friends and looked across the river at the lights along the Sevis heights and on the island of Orleans,

I was reminded so of dear old Dunedin. Ottawa is not so picturesque, although it is a beautifully kept city.

In the lower and upper town markets may be witnessed, scenes of French-Canadian habitant life, and even in the streets through which electric cars run, one may trace the features of the French regime. The boys of the seminary still wear the long blue coat piped with white, with green sashes as they did two hundred years ago. The nuns passing to and fro in their prescribed costumes, the priests in their cassocks, the inhabitants in their old-fashioned vehicles, look out of place in the twentieth century. The narrow streets with their cobble stones pavements, the houses of French architecture, the institutions, scarcely altered by a flight of three centuries, apart from its magnificent situation, make Quebec a perpetual charm.

For the modest sum of fifty cents, one can take a trip by motor car round the city. The trip takes about an hour and a half. The car accommodates about fifty persons; a man stands up and points out places of interest to the occupants. Situated in the Governor's garden is the Wolfe and Montcalm monument which was completed in 1828. The inscription on the western side of the column is as follows: "Valour gave them a common death, History a common fame, and Prosperity a common monument." We visited the House of Parliament and gave the man who attended us a quarter for his trouble.

Quebec abounds in churches, mostly French Roman Catholic. We visited one Irish Roman Catholic. At 9 a.m. we visited the English Cathedral of the Holy Trinity. After we had been in the building for about fifteen minutes a man came in and switched on the lights. We then saw the stained glass windows to perfection. I counted twenty of them. The chancel window is the finest on this continent. The subject is "The Ascension"; I never saw a more beautiful piece of work, the colouring is superb. I could have returned again and again to look at it. This church was built in 1804. Fifty-two mural and brass tablets are placed on the walls. King George III presented the church with an elaborate

communion service which cost \$20,000. Above the chancel hang the tattered colours of the 69th Foot.

St. Matthew's Episcopal Church is surrounded by an old burial ground, in which is buried Thomas A. Kempis, brother of Sir Walter Scott, and many British officers. One monument bore the date 1750; the stones are very old.

Of the Roman Catholic institutions which we visited, the most interesting were the Ursuline Chapel and the Franciscan. We called at the convent of the former. This convent was established in 1639. The buildings are of grey stone and most extensive. In the nave of the Chapel repose the remains of Montcalm and what are claimed to be the following relics: A piece of the Holy Cross, 1667; a portion of the Crown of Thorns, brought from Paris, 1830; the body of St. Clements, from the Catacombs of Rome, 1687; the skull of St. Justis, 1662, may be seen. In the Chapel of the Saints—an annex through all the startling changes of two centuries—the Votive Lamp, first trimmed by Marie Repentigny in the days of the French regime, is still kept steadfastly burning. Here I saw several nuns at their devotions. We slipped a quarter into the maid's hand as we thanked her and passed out again into the bright sunshine.

The Franciscan Chapel is situated further from the city; it is an imposing building. Here General Montcalm drew up his army prior to his fatal charge upon the British lines which quietly awaited his attack about a quarter of a mile away. The Franciscan Church has many attractions for visitors. The perpetual adoration is one of its features, and there is not an hour in the twenty-four in which white-robed nuns may not be seen on their knees in front of the altar. There were five of them; they looked as if they were carved out of stone, they looked so motionless. I don't know how often they are relieved. How unnatural such posturing and adoration seemed to us. But I must hurry on.

One day we took a trip to Saint Enne de Beaupre, about thirty-five miles from Quebec. At certain seasons the Roman Catholic Churches arrange for a pilgrimage to the shrine of St. Anne de Beaupre, and people come from all over this continent to visit the shrine of good St. Anne. Dur-

ing our visit a pilgrimage was being held. St. Anne is supposed to be the mother of the Virgin Mary, and was buried near Jerusalem. In the first century, A.D., the greater portion of her body was brought to France. These poor pilgrims are told concerning the removal of these precious remains, that one day a mysterious barque was seen to approach the shores of France. It had neither sails nor rudder, but God was its pilot. Never had the ocean borne a greater treasure for in this barque was St. Lazarus with his two sisters, St. Mary and St. Martha, together with several saintly women. They were fleeing from Palestine, carrying with them a number of precious relics, the most precious being the hallowed body of St. Anne. This treasure was placed in the hands of the Bishop of Apt, France. Some Breton mariners, while navigating the St. Lawrence, were overtaken by a storm. They promised St. Anne, who had never remained deaf to their prayers, that if she would save them from shipwreck they would build her a sanctuary. Their prayers were heard, and true to their vow, they raised a wooden chapel. This has been replaced by a handsome wooden building.

St. Anne is supposed to have miraculous power, hence these pilgrimages. It was sad and heartrending to see the lame, the blind, and the deformed there, seeking healing. On each side of the entrance doors are large pyramids of crutches and various surgical appliances that have been left by those who have been cured through the intercession of good St. Anne.

At the extremity of the middle aisle of the Basilica a few feet from the communion rail, a statue of St. Anne stands on a pedestal ten feet high. It is the miraculous statue to the church. Here the pilgrims come to kneel and implore the intercession of the Wonder Worker. I sat in the front seat and watched the poor souls. The Church, a large one, was nearly full; sight-seers do not seem to disconcert the people, but they kneel and pray as if no one was near. We saw no cures wrought. At the four corners of the pedestal are receptacles wherein are placed the offerings and written prayers of the saints, nothing unless one pays. People leave money, watches, jewels, etc., for favours received. Some of the jewellery has been melted down and made

into a Chalice valued at \$10,000. The miraculous statue stands on a pedestal. She holds in her arms the immaculate Child, in whose pleading she is supposed to share. She wears a diadem of gold with which she was crowned in 1887. At her feet crutches and votive offerings are displayed. Several pairs of crutches bore the date 1916. In front of the pedestal, under glass, is part of the wrist-bone of St. Anne. It was pathetic to see men and women kneel, turn about in front of this bone, bring out their rosaries, press them on the glass, lay their bottles containing holy water against it then kiss the glass. Round the Chapel proper are small Chapels to the Saints—St. Patrick, Anthony, Paul de Vincent, Francis Xavier, John the Baptist. In one of these Chapels was a life-sized figure of our Saviour lying in a coffin. In another was a wax model of a hand with a nail driven through and blood streaming from it. Everything to appeal to the senses. In a magnificent adjoining building—the Scala Santa—are the “holy steps.” Pilgrims go up these on their knees, count-

ing their beads and saying their paternosters on every step and then kissing each step before ascending. A young man asked us if we would like to go up by another way, for no one is allowed to walk up these “holy steps,” so he showed us up back stairs by which the pilgrims descend. I believe no one is supposed to get up save the pilgrims. Up the stairs were altars, a life-size figure of Christ hanging on the Cross with the blood streaming from his side; a group of figures representing the agony in the garden, etc. I heard one girl say: “I feel as if my knees would burst.” Her companion said: “You can’t expect a blessing if you don’t suffer.” The priest told me that some people wear nails inside their stockings. As the Scala Santa building is built on a terrace, a great many steps have to be climbed in order to visit it. The day was a broiling one, about ninety degrees in the shade. One man had a boy of about eight years of age with withered legs, in a wheeled chair. Before carrying the boy and pram up I heard him say: “Daddy is going to take you where

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he took you last year. You remember the place where you kissed the steps?" We were standing half-way up these steps, and as he passed us carrying his boy, pram, and hat, he said: "It's very hot." I said: "Yes, and it must be hard for you carrying the boy." He replied: "We can't expect a cure without a sacrifice." Poor things, it was all very sad, but these devout souls were a rebuke to me. Next week there is to be another pilgrimage; one of our neighbours who is a devout Roman Catholic is going. They believe in it all.

On our return to Quebec we paid a visit to the Montmorency Falls. On arriving we stepped into an elevator and were taken to the top of the falls. These falls are 274 feet, or 100 feet higher than Niagara. After viewing them we walked to Kent House, once occupied by the Duke of Kent, visited the zoological garden, then returned by electric car to Quebec, eight-mile trip. The following day we paid a visit to Valcatier (pronounced Valcartya) where 25,000 men are under canvas preparatory to going overseas. These volunteers come from all parts of the Dominion. So far Quebec has not raised one battalion. The French Roman Catholic clergy are held responsible for this. They advised the French to stay at home to protect their rights here. The bi-lingual question is acute just now. Even in Ottawa some French people refuse to have an English person attend to them in the stores.

We were sorry to leave Quebec, but the time had come. We arrived in Montreal by 11.30 p.m. train. At the hotel our meals were served a la cafeteria—same style

as in Chicago—the menu was varied and everything was nicely cooked. Montreal has a population of six hundred thousand. It is largely made up of French-speaking people. I think there are 70,000 Jews, some of whom are very poor, and atheistical. Crossing the Atlantic, they jettisoned their fathers' faith, their fathers' God. We spent a considerable time in the fine stores there, took a trip to the top of the mountain by car; the view from the top was panoramic and superb. We spent a night at the Hotel Joliette. All the people there are French, the menu was in French, and we had a French waiter, a small, perspiring, fussy creature, who gave us some vile concoctions. Our train left at 5.30 a.m., and this villian wakened us at 3.30 a.m. On our way to the station we saw the people coming out of a large Catholic (French) Church from a service. The grounds surrounding the church were spacious, the large residence near was the home of the priests. On the streets were large crosses, about eight feet high, and hanging on the crosses with the head drooping on the chest, were life-size figures of Christ. These shrines were protected from the weather by a small rotunda.

We arrived back in Ottawa at 11 a.m. It was an interesting trip.

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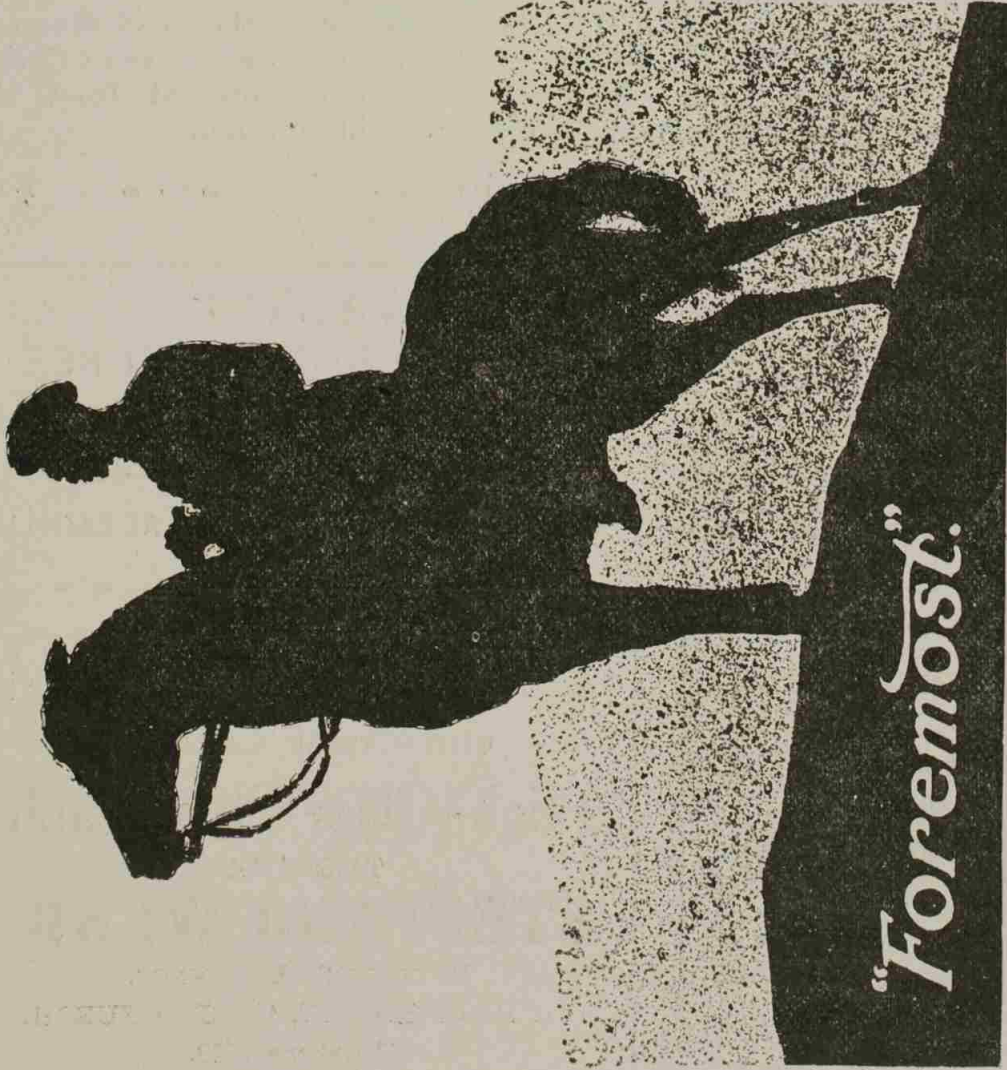
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## Notes from the Hospitals and Personal Items

### Births

On July 14th, at Kya-lama Home, Remuera, to Mr. and Mrs. Hart (Sister Minall) a son.

At their residence, 463 Palmerston Road, Gisborne, on May 2nd, to Mr. and Mrs. C. Percy (late Frances J. Parsons) a daughter.

### Marriages and Engagements

An interesting war wedding took place on May 10th at St. Paul's Church, Southampton, England, the contracting parties being Mr. Rowland Harris, chief officer of a troopship, and Sister Haidee G. O. Edgerley, N.Z.A.N.S., eldest daughter of Mr. and Mrs. John Edgerley, Epsom, Auckland. The bride, who was given away by her cousin, Q.M.S. Alex. Menzies, and supported by Sister Amy Metge and Sister Ruby Edgerley (cousin of the bride) wore her military uniform, as did also the bridesmaids. Two small nieces of the bridegroom, Doris and Nancye Widgery, were also dressed as nurses. The bridegroom, who wore naval uniform, was supported by his cousin, on leave from France. The bride and bridesmaids carried sprays of red carnations, tied with red and grey ribbon (military nurses' colours). After the ceremony the wedding party were entertained at "Kenilworth," the residence of the bridegroom's parents, and later in the day the happy couple left for the Isle of Wight to spend their honeymoon.

TENNENT—MILLAR.—On 22nd May, 1918, at London, 2nd Lieutenant Hobart Cotha Tennent, eldest son of W. J. Tennent, Masterton, to Ruby Millar, second daughter of W. Millar, Invercargill. (Advice by cable.)

Miss Ethel Hooper, late of the N.Z.A.N.S. who was away on active service for nearly three years in Egypt and England, was married on June 19th to Mr. Garnet G. Bell, of Matamata, Waikato.

Sister Beattie, who returned in the "Athenic" in May, was quietly married immediately after her return, to Corporal Ross, who was awaiting his discharge. Mrs. Ross, after a short honeymoon, in Wellington, returned to her home in Auckland, and is now, at her own request, discharged from the service.

Nurse Isbister, who has been for some years Native Health Nurse at Tuahiwi, was married recently to Mr. Fieldseth, of Kaiapoi.

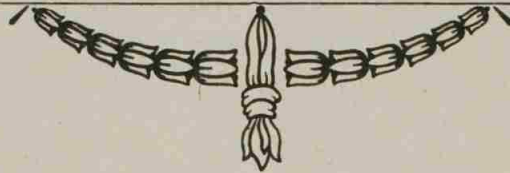
Miss A. L. Webb, maternity nurse, trained at the Alexandra Home, was married on 11th April to Mr. Ian Buchanan Macdonald, son of J. Macdonald, Esq., of Morn Hill, Farnham, Surrey, England. Mrs. Macdonald is now living at Woodruff, Brockenhurst, with her husband, who is stationed at Brockenhurst Hospital. Mr. Macdonald went from New Zealand in the Ambulance two years ago. Among the wedding presents was one from the bridegroom's father of £10,000.

A marriage of interest took place on March 27th at Apia, Samoa, at L.M.S. Church, when Captain Howard C. Edwards, eldest son of Mr. and Mrs. C. H. Edwards, of Shakespeare Road, Napier, was united in matrimony to Miss Jessie Hendry Craig, matron of the military hospital at Samoa, and second daughter of Mr. and Mrs. R. Craig, of Devonport, Auckland.

The marriage of Miss Dorothy Millar, masseuse, N.Z.A.N.S., who recently returned from active service and who has been on duty with the returned soldiers at Southland Hospital, is shortly to take place. Her engagement to Mr. Wheeler, son of Major Wheeler, N.Z.M.C., was misprinted in the January number.

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The wedding was celebrated recently at St. Peter's Church, Willis Street, of Miss Janet Stout, daughter of the Chief Justice, Sir Robert Stout, and Lady Stout, to Captain Trevor Holmden, M.C., of the Worcestershire Regiment, son of Mr. Holmden of Kelburn. Captain Holmden left New Zealand with the Main Body, N.Z.E.F., and has served with distinction in Gallipoli and Mesopotamia. The ceremony was performed by the Bishop of Wellington, assisted by the Rev. Mr. Kempthorne. The bride, who was given away by her father, wore a coat and skirt of cream gabardine and large hat of leghorn and blue brocaded ribbon bow and large pink rose. She carried a bouquet of violets, and freezias, and wore her mother's wedding veil as a scarf, with pretty effect. The bridesmaid was Sister Cronin, of the Napier Hospital, who wore a navy blue costume and black velvet hat, and carried a bouquet of violets. The two little children of Mrs. Webb (sister of the bridegroom) also attended the bride, the little girl wearing white muslin with a blue sash and black velvet hat, and the boy in Scout costume. Mr. Thorne George was the best man, and Dr. Fyffe presided at the organ. A reception was held after the ceremony by Sir Robert and Lady Stout at their home on The Terrace. Only the relatives of the bride and bridegroom were present, and a few old friends, including Sir John Findlay. Miss McDonald, Matron of Napier Hospital, where the bride received her training as a nurse, was also present.

The wedding was a violet one, the table being decorated with these flowers, which also appeared on the wedding cake. Scarlet anemones decorated the drawing-room, and pink flowers in the bride's own sitting-room. Lady Stout was wearing a costume of grey poplin with hat to match, and carried a bouquet of violets and crimson roses. The bride and bridegroom left for their honeymoon in a car decorated with the Union Jack, Scottish and New Zealand flags, while a returned soldier in uniform was the chauffeur. Captain Holmden, who is on furlough, returns shortly to the front.

On July 14th the marriage took place of Nurse Nancy Price to Mr. Arthur Cranwell.

LITTLE—McCOSH-SMITH.—On 24th April, by Rev. G. J. Chree, B.D., at St. Andrew's Church, Cairo, 2nd Lieut. Little, General List, to Christina Violet (Sister, N.Z.A.N.S.), daughter of Rev. James McCosh-Smith, M.A., B.D., Otago Central, New Zealand.

Sister McCosh-Smith left New Zealand in 1915, and has been on service in Egypt, latterly in charge of hospital trains, up to the date of her marriage. She was one of the sisters rescued from the torpedoed transport "Marquette." She is shortly arriving in New Zealand.

In June, Nurse Gertrude Hogwood was married to Mr. Magnes, of the s.s. "Ngapuhi."

Cabled news has been received of the marriage on June 19, of Miss Jessie Orr, late Lady Superintendent of the nursing staff of the Auckland Hospital, to Mr. Ernest Bates, of Winton Croft, Purley Downs, Surrey, England.

The engagement of Nurse Francis Brandon, trained at Napier Hospital, to Mr. William Galloway, of Waikato, is announced. The wedding is to take place in about two months, and Nurse Brandon's future home will be in the Bay of Plenty.

#### Resignations, Appointments, Etc.

In a letter from Miss Cameron's sister she says how much Miss Cameron has improved. She can walk quite by herself for quite a distance, and her speech is gradually coming back. She takes great interest in all that is going on in New Zealand, and, we are sure, would be very pleased to hear from any of her old friends. A recent portrait is reproduced (page 143) and it will, we are sure, please many of our readers to see how well she looks.

Sister Preston, of the Wellington Hospital staff, has been appointed assistant matron.



**“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.

Miss Jean Modd, who for the last two years has been assistant-matron at Wellington Hospital, has resigned that position. The Board, in accepting her resignation, expressed high appreciation of her services.

Nurse Christina Pilkington writes, that after completing four years in the Thames Hospital she intends to extend her training by entering St. Helens Hospital, Auckland, for midwifery training, while waiting to be called up for military service.

Nurse Catherine Kane writes that she has resigned her position as sister on the Westport Hospital staff after five years' service. She is now having a six months' holiday at her home at Addison's before entering for midwifery training at St. Helens Hospital, Christchurch.

Miss Rule and Mrs. Henderson, so long proprietors of the private hospital in Ashburton, have taken over Miss Bishop's hospital in Greymouth, Miss Bishop having left on the staff of the Hospital Ship "Marama."

Nurse Boyd writes from her district at Wairoa that she is very comfortably settled in her cottage and has the school teacher living with her. The hospital is going to allow her money to procure another horse. Nurse Boyd has a gig and a smart little horse, but her work necessitates a great deal of travelling, too much for one horse.

Sister M'Gann, A.R.R.C., writes from Maryborough, Queensland, that since she returned home her health has very much improved. Her training school was giving her an "at home" to welcome her back.

Nurse Ngaro Ngapo, trained at Hamilton Hospital, and afterwards Native Health Nurse, has joined the staff of the Woodside Private Hospital, Auckland.

Miss Polden, who during the absence of Misses Bicknell and Bagley on hospital ship service, has been assisting Miss Maclean in her office work, has now left the Public Health Department, and is visiting her sister in the Auckland district.

Miss Bicknell has now returned to Wellington, and Miss Bagley has resumed her work at Auckland.

Nurse Helena Humphreys, of Masterton Hospital, has now entered St. Helens Hospital, Dunedin, for her midwifery training.

Miss S. Josephine McGinley has resigned her position at Townley St. Helens Hospital, Gisborne, in order to enter a general hospital for training.

Miss Dewar of Invercargill Hospital, has been appointed Matron of Waihi Hospital.

Miss Scolon, Matron of Patea Hospital, resigned her position in May. Miss Lockhead, late Matron of Kumara, was appointed.

Miss McGregor, Matron of the Riverton Hospital, has resigned her position owing to family reasons. Miss McGregor will be much missed in the nursing world, where she has always been an influence for good.

Miss Agnes McLaren, whose appointment as Native Health Nurse was announced in our last issue, is now remaining by the desire of the residents, at Tuatapere, and is intending to carry on visiting private nursing there.

Sister Nora Kelly has been appointed Matron of the Kawa Kawa Hospital.

Sister Hildreth, of Hamilton Hospital, is night sister at the New Plymouth Hospital.

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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. 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 Dormer has resigned her appointment at the Whangarei Hospital. Miss A. E. Banbrey was appointed to fill her place.

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Nurse H. E. Roberts, trained at Hamilton Hospital, has been appointed to the staff of the Whangarei Hospital.

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Miss Olive Drewitt, late sister at Christchurch Hospital and formerly of Greymouth, has been appointed Matron of the Whitianga Hospital, Mercury Bay.

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Miss Adeline Webb, of Auckland Hospital, who has been Matron at Whitianga, has resigned in order to join the Army Nursing Reserve.

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Sister Ida Willis, A.R.R.C., who returned recently on duty and who was one of the first nurses to join the Army Service for service in Samoa, has gone to Featherston Camp as Matron, vice Sister McAllan, who has left in charge of the "Maheno" fifth commission.

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Sister Whitehouse, acting sub-matron of St. Helens Hospital, Wellington, has resigned her position and has accepted the position of midwifery nurse on the staff of the Apia Hospital, Samoa, Miss Mitchell, who has been there for nearly three years, having resigned.

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Miss Mirams, of Auckland Hospital, who has been Matron for two years of the Northern Wairoa Hospital, resigned that position to join the Army Nursing Service, and has left New Zealand on the staff of the Hospital Ship "Marama."

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Miss Mary Anderson, who has been Matron of Coromandel Hospital for several years, has been appointed Matron of Northern Wairoa.

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Nurse Anna Tancred has been appointed staff nurse at St. Helens Hospital, Wellington.

Miss M'Millan, trained at Dunedin Hospital, and well-known in connection with the St. David Street Hospital, has been appointed Matron of the Convalescent Home for soldiers at Dunedin. Miss M'Millan has seen active service in the Queen Alexandra Reserve in France and England, and has now joined the N.Z.A. N.S.

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Sister Bird, A.R.R.C., of Wanganui, who went away with the first contingent of nurses from New Zealand, and who returned invalided about eight months ago, since which time she has been on a military pension, has, our readers will be very pleased to learn, quite recovered her health, and is to be the Matron of the Convalescent Home for soldiers now established at Wanganui.

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Miss Alice Harris, late of Greytown Hospital and St. Helens, Auckland, has resigned her position of Native Health Nurse at Te Araroa and has been appointed Matron of Paparoa Cottage Hospital.

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Sister Janet M'Ghie, who was invalided from England six months ago and discharged on a military pension, is much better, and has joined the Public Health Department as sister at Te Waikato Sanatorium. When fully recovered she hopes to rejoin the Army Service for Home duty.

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Sister Tilly, late of the staff of the "Marama" fourth commission, has returned for a time to the Auckland Hospital staff.

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Sister McKay, also of the staff of the "Marama" has returned to the Christchurch Hospital as night sister.

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Mrs. Janet Bartie has been appointed staff nurse at Townley St. Helens Hospital, where she has recently completed her training.

## 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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