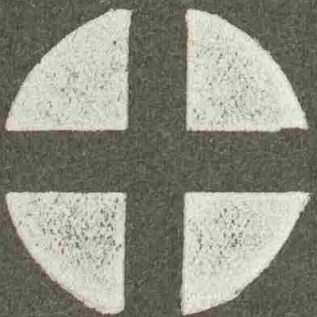


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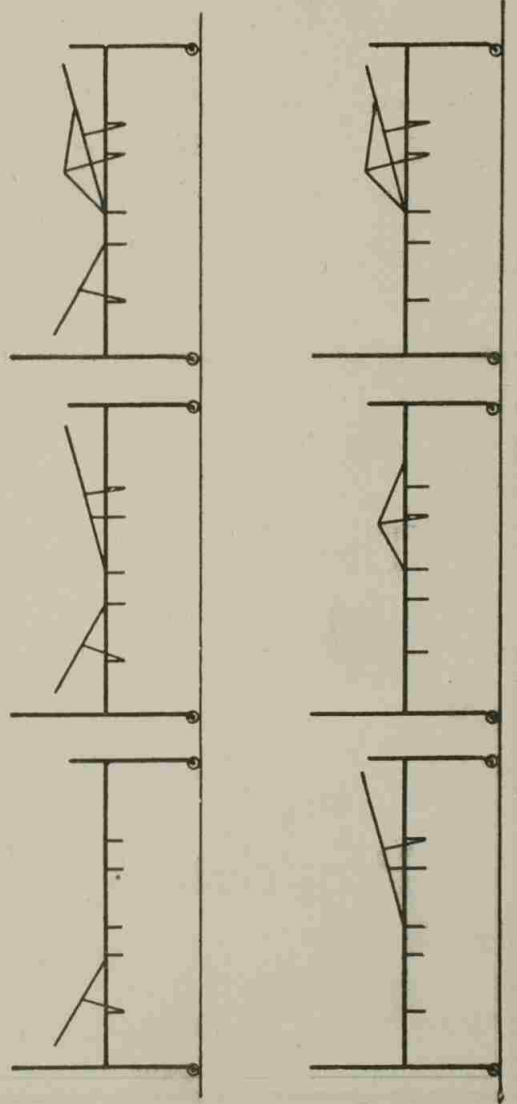
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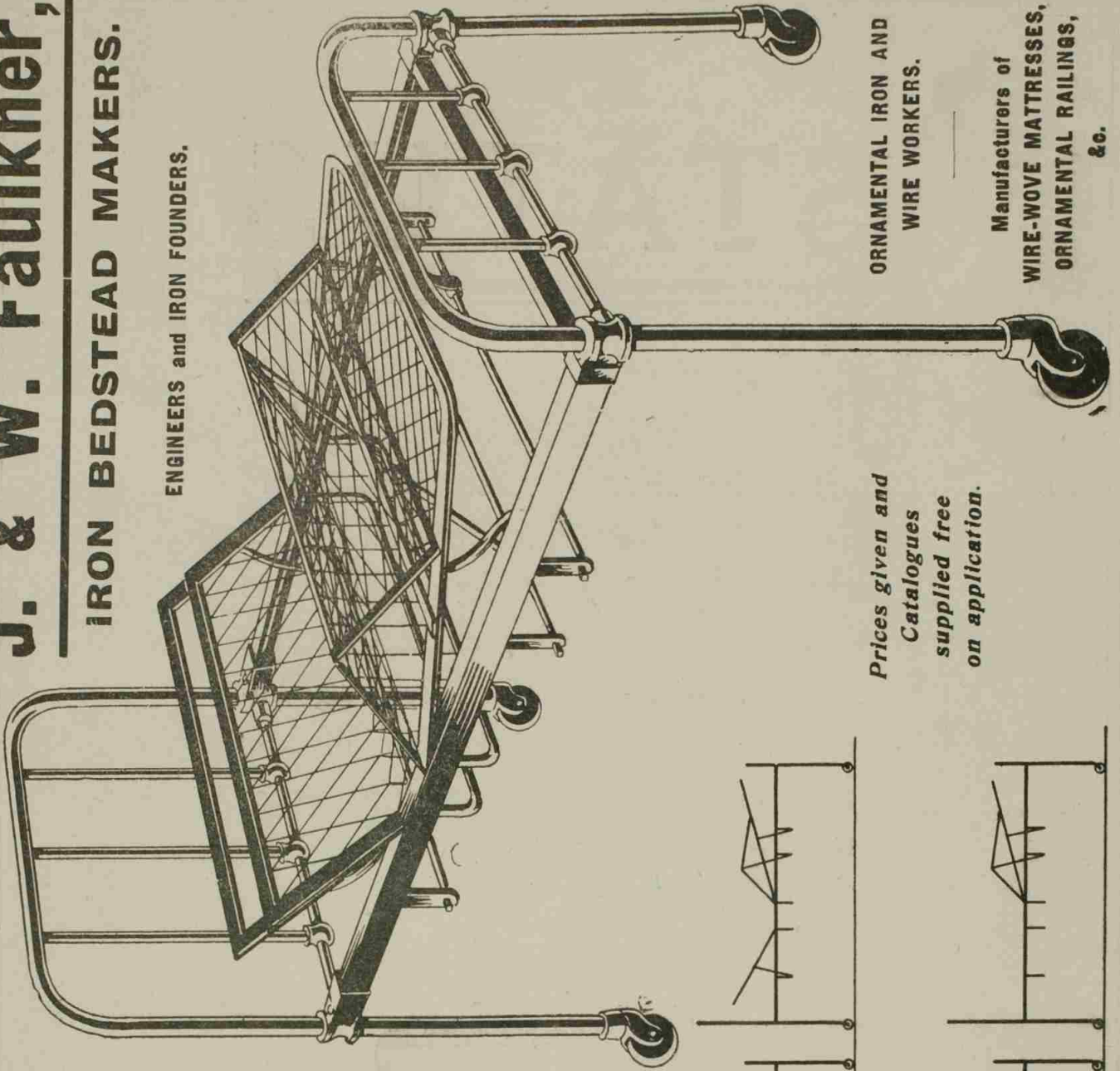
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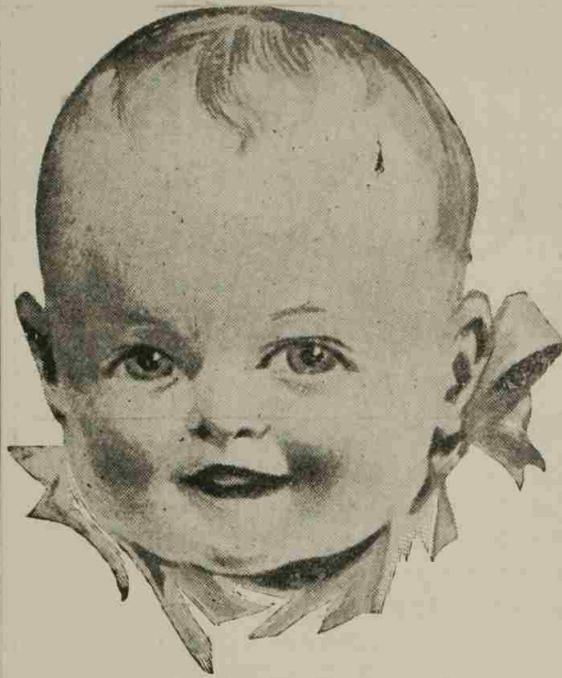
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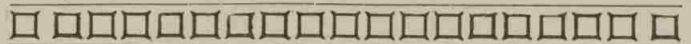
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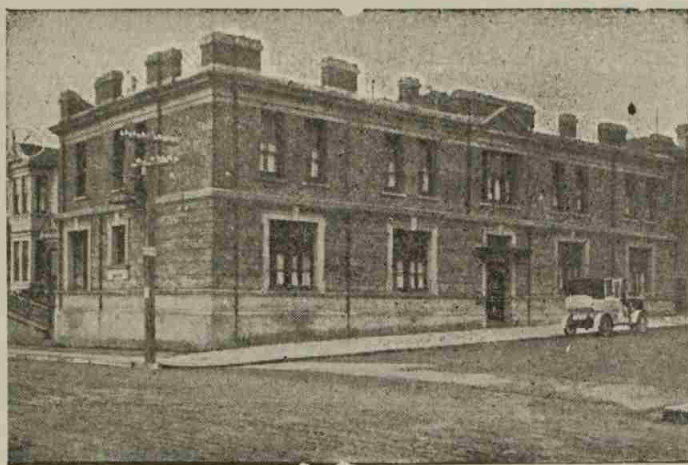
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(THE WATCHER—THE GUARDIAN)

The Journal of the Nurses of New Zealand

VOL. XVI. No. 2.

APRIL, 1923

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Nurses' Registration

While the question of registration is engaging the attention of nurses in many countries, and bills are being drafted in some of the British Colonies in which nurses have not already gained the legal status conferred by an Act of Parliament, it would be well for those so interesting themselves to study carefully the results of the Acts passed in 1919 in the British Parliament. Registration is a right which trained nurses have gained by the valuable services they have for many years rendered to the sick public. A right they have also gained is that of the management and control of their own profession.

This has not been secured to them under the British Acts, and it appears to us that the intrusion of lay people who cannot be expected to understand the needs of nurses, or the many variations of training, especially in a country like Great Britain, with its many specialised hospitals and widespread interests, is not, and cannot be, to the advantage of satisfactory control.

In what other profession are there on the controlling Boards members who are in

no way connected with the profession concerned, whose lives do not train them to understand the views of workers?

We certainly agree that on the Councils under the Nurses Registration Act it is advisable to have the Medical Profession represented, but to allow that profession to have the monopoly of control is a great mistake, and lowering to the status and independence of nurses.

We are not surprised that many nurses of an independent spirit have protested strongly against the late election of the General Nursing Council in England.

That the woman, to whose initiative and long-continued service in the cause the fact of registration being at last accomplished is largely due, is no longer on the Council to uphold the rights of nurses is, we consider, a great calamity. While, possibly at times, the keen sense of justice, the keen insight into the correct reading of the Act possessed by this lady may have led to a heated, rather than a calm and quiet opposition, to what she considered wrong and unjust to the nurses

she was so constantly championing, this keen insight will we are sure be missed.

The moral to be pointed is that a large and mixed Council is a mistake. The various classes of nurses must be represented, but persons entirely outside the profession itself and not in any way connected with it are neither required nor are their services of any value.

We do not advocate a purely Government

control such as we have had for over 20 years in this Dominion, though that system has worked well, and to the general satisfaction of the nursing profession. Rather, we consider that with members of the profession representing the many varied interests in the Old Country, and with nurses at the head of the different sub-committees a small Board with some medical representation should be the governing body.

British Medical Association

Letter from New Zealand Branch

(Copy)

Wellington,
Mar. 12th, 1923.

Miss Bicknell,
Acting Hon. Secretary,
N.Z.T.N.A., Wellington.

Dear Madam,

Referring to your letter of 4th January last, I have to inform you that a deputation consisting of three representative members of your Association waited upon the Council in Christchurch, with the object of pointing out the disadvantages to trained nurses through members of the B.M.A. countenancing the employment of untrained women by their patients. The deputation asked that members of the B.M.A. in New Zealand, be instructed not to work with an untrained nurse when there was a qualified nurse available.

In the course of a discussion which followed it was pointed out by members of the Council that as trained nurses could not be expected to undertake many of the household duties in the poorer houses, where there was no domestic assistance available, the doctor was compelled sometimes to avail himself of the services of untrained women who could assist in the house, and this must be so until there was some intermediate nurse or help obtainable.

The Chairman thanked the deputation for bringing forward a matter of so great importance to the profession. The whole question, including certain difficulties which had been referred to would be discussed, and a reply would be given the deputation later. The deputation then withdrew.

After further discussion it was resolved :—

“ That it be a recommendation to members to employ registered nurses in preference to unregistered whenever possible.”

Unfortunately the names of the members of the deputation were not handed to me, and I shall be obliged if you will kindly inform them of the decision of the Council as above.

I am, dear Madam,
Yours faithfully,
H. E. GIBBS,
Hon. Secretary.

In accordance with a resolution passed by the Central Council of the N.Z.T.N.A., a deputation consisting of Miss Hood, President, Misses Buckley, and Mulcock, Vice-Presidents of the Christchurch branch, waited on the British Medical Association's General Conference, on February 21st.

Miss Hood reports that they were very well received by the large Council present, and had a most patient and sympathetic hearing. Some of the Medical members expressed surprise that so many untrained nurses were employed. They were reminded that this was not the first time they had been approached on the subject, but the Nurses' Association hoped that some good would result from these appeals.

The Medical Association further discussed the subject after the deputation had withdrawn, and passed the following resolution :

“ That it be a recommendation to members to employ registered nurses in preference to unregistered, whenever possible.”

New Zealand Trained Nurses Association

CANTERBURY BRANCH.

A club room for the use of members was opened here early this year, and so far seems to meet the requirement of the association as regards the holding of Council and general meetings.

It is also a centre where nurses can meet for social intercourse, afternoon tea, read, or write letters, or any of the privileges obtained in a women's club room.

The idea was first suggested by some members, of having a place where books of reference, and others of interest to nurses, and nursing journals, could be seen, or some special treatment or subject studied.

After much delay and looking round for such a place, a room was found in the Square, on the top floor of the Royal Exchange Buildings (next the G.P.O.)

The lift is available till 6 p.m., but if required after that hour, it must be by arrangement.

We are renting the front part of a very large studio, our part being partitioned off to about seven feet, which ensures privacy, and at the same time gives the advantage of having the room open all day.

We are fortunate in having one of our members, who is not in active work, to keep the room in order, and attend to various little matters as regards books, etc.

We had to supplement the furnishing of the room by additional chairs, cushions and other articles, all of a very inexpensive kind, but which gave the room a cosy and home-like appearance.

The bookcases are gradually getting filled, and in time we hope to have quite a good library.

The medical men and other friends

have given, and some of our own members have contributed books and other things.

With our increased subscription this year we hope to be able to meet our liabilities. We hope the room will prove of advantage and be appreciated by the nurses.

We still give 3s from each subscription annually to the Nurses' Memorial Fund, and hope the fund will continue to grow as it is of great benefit to nurses requiring assistance.

A general meeting, followed by a lecture given by Dr. O'Brien on the eye and ear, was held on February 22nd in the Nurses' Club Room and was much enjoyed by those present.

The lecturer showed what advance has been made in recent years, and how much can be done when the cases are treated in the early stages, but if neglected are often hopelessly incurable.

A vote of thanks was accorded the doctor.

A deputation consisting of the president and two vice-presidents waited upon the B.M.A. members while here in conference in reference to the employment of so many untrained women while many of the trained nurses were unemployed.

After hearing our complaint, stating that so many homes were kept by unqualified women and many engaged in private nursing, to the detriment of our nurses, the Council were most sympathetic and expressed surprise that so many unqualified women were employed in New Zealand. Though the whole question seemed to bristle with difficulties, as regards the domestic problem, etc., they promised to do all they could to support the trained nurse, and to advance her interest.

We hope some good may result from the opportunity of airing our grievances.

Wellington Provincial Masseurs' Association

Towards the end of last year a meeting was called to discuss the advisability of forming an Association amongst the registered Masseurs of the Wellington province.

The meeting was well attended and provisional rules were formulated, and many of those present intimated their desire to form an Association. This has now been done, with the result that a young, but extremely enthusiastic Association has been established.

Meetings are held regularly, when most interesting lectures have been given by members of the Association.

Dr. Wylie, who has been away in America, has been invited to be the first President of the Association, and his reply is now awaited.

Miss Maclean, R.R.C., Matron-in-Chief, New Zealand Army Nursing Service, has accepted the position of honorary life-membership.

The Honorary Vice-Presidents elected for the present year are Dr. Eardsley Fenwick, Dr. Herbert, Dr. Hardwick-Smith, Dr. Bowerbank, Dr. Wilson, Dr. Duncan Stout, who have all accepted the office. The Committee of the Association is as follows: Vice-Presidents: Miss Brandon, A.R.R.C, Mr. R. T. McLean; Committee: Miss M. Mitchell, Miss Christine Smith, Miss M. Kane, Mr. R. James, Mr. Drummond Duthie, and Mr. W. Barke. Hon. Treasurer, Miss Gould, Hon. Secretary, Mr. C. O. Jorgensen.

Meetings are held regularly. A course of most interesting lectures has been promised by members of the Medical Profession, the first of which was given by Dr. Fenwick, on April 9th.

Dr. Fenwick urged the members not to depend only on lectures from the Medical Profession, but to discuss among themselves their work and the cases of interest they

are concerned with. Already one very interesting paper was given, in March, by Mr. R. McLean.

The lectures are to be typed and circulated among the country members, who are unable to attend.

Besides the lectures the meetings of the Association have been the means of bringing the members of the profession in closer touch with one another.

Arrangements have been made for meetings to be held in the Pioneer Club Rooms, and the following is the Syllabus of lectures arranged for the year:—

PIONEER CLUB ROOMS, LAMBTON QUAY.
MONDAY, 8 P.M.

April 9th—	
Dr. Fenwick	.. Suggestive Therapeutics
May 14th—	
Dr. Hardwick-Smith	Blood Pressure
June 11th—	
Dr. Bowerbank	.. Goitre & Hyper Thyroidism
July 9th—	
Dr. Herbert	.. Etiquette
August 13th—	
Dr. T. D. Stout	.. Fractures
Sept. 10th—	
Dr. Robertson	.. Electricity in Modern Treatment
Oct. 8th.—	Open Discussion amongst Members
Nov. 12th—	.. General Meeting.

EDITOR'S NOTE.

It is to be hoped that this beginning may develop into an Association for the whole Dominion. It is only by this means that the Masseurs Act can be improved and made to carry out the desires of the profession to attain a high standard of practice and ideals. There is now a local Association formed in Auckland, but unless linked up together these organisations will have little power.

Recently, in Australia, an Act was passed for the registration of Masseurs, which is based on very good lines, largely owing to the fact that there had been for years a very strong organisation, which, although a voluntary Association only, practically controlled the training and practice of Masseurs.

A good basis had therefore been established on which it was possible to draft a satisfactory Bill.

Presentation

Mrs. Jones *nee* Myra Cussen, who for the last two years has been working with the Plunket Society in Auckland, was last week the recipient of a presentation from the Committee of the Society, on the eve of her marriage. Lady Lockhart, Acting-

President, made the presentation, which took the form of a pair of silver candlesticks, and spoke of the high esteem in which Mrs. Jones was held, especially as regards her excellent work in connection with Plunket work.

A Happy Christmas in a Hospital

Hospital,
26th December, 1922.

Dear Pal o' Mine,

Notice the date and you'll understand the tone of this letter—the spirit of Christmas past. Have you forgotten our first Christmas in hospital in the good old training days? We always had war to contend with and in spite of our efforts even Christmas days were clouded.

I thought of you, so far away, and would like to have transferred you bodily to our wee hospital. For weeks preparations mysterious had been in the air, and one was continually hearing snatches of conversation floating down the corridor. "What do you think she would like?" "Do you think this would do?" "Goodness knows, one can't get anything decent in this place." "I wish I had been more canny in saving my money." They had a familiar sound which you will doubtless recognise. All the world seemed to think, talk, and turn round Christmas. Matron promised us things—at Christmas. Patients would go out—at Christmas. We would do all manner of things—at Christmas. The kitchen became a much frequented spot, and we were bidden to come and see (not taste, mark you!) if the cakes were too brown, if the icing looked all right, if the puddings were done. Of course we stirred the pudding for luck, and of course we all hoped we'd get the ring and somebody else the thimble. Some came at fortunate times, were tempted, and fell. I was getting off down the corridor consuming a perfectly scrumptious mince pie, and of course I met the matron. There were no doors handy either, but one's sins don't get their reward at Christmas. Matron smiled indulgently and doubtless thought thoughts beyond utterance.

Even in a small place there is rivalry about the decorations. Here it was women versus men with a vengeance, and I supposed the extras thought the corridors far eclipsed everything. Some of us were even moved to trudge long weary

miles for lycopodium. Its way lay amongst bog and blackberry, not to mention barbed-wire entanglements. Nothing daunted, we achieved our purpose and dragged home many sacks full without a growl, no, not even when a perfectly good pair of silk stockings were torn and likewise a pair of suede shoes. The unfortunate ones doubtless viewed the mischief with rose-coloured specs.

I really think that Charles Dickens or Father Christmas or the Prime Minister or somebody might have arranged so that Christmas didn't come on Sundays or Mondays. It is a little awkward to fit in. But anyway, we got to work on Saturday and when the M.O. arrived, ladders, lycopodium, twine and people were all in glorious confusion. He smiled benignly as becometh the Christmas season. Patients sat up and began to look interested and think Christmas in hospital isn't so beastly after all. Of course, the old patients gave instructions and related the history of last year's decorations and the year before that, until I am sure people like Rip Van Winkle turned in their graves and protested. We had lots of encouragement. "My word, Nurse! Them colours do brighten up the place. You ought to put a bit more this end." No use indulging in colour schemes. Colour wins. The gardener brought us loads of flowers. They were a message of peace and goodwill in themselves. You'd have loved the sweetpeas and phlox and lilies.

Who started Christmas trees? Do you think he or she thought of the hundreds of packages to be prepared and numbered and I wonder—oh, many things! Old Euclid doesn't solve Christmas problems. No wonder the Health Department are advocating well-educated nurses. For, if so many patients eat so much during many days, how much will an indefinite number eat in twice that number of days? How many extra patients will arrive Christmas night? How to make £1 buy £2 worth of gifts? Oh yes, we require brains.

But that is by the way. I wanted to tell you about our special Christmas. On Sunday morning even the tree was up in the ward (snow and all) just waiting for its load of gifts. On Sunday afternoon the band came to discourse sweet music on the lawn. There is something peculiarly beautiful about Christmas carols. Do you have them in the land in which you live? Sunday evening, of course, everyone had to hang up a stocking. My men were properly worked up to it, and such a time we had hunting up socks and finding places to hang them. "May I have a loan of Nurse ——'s stockings," someone said. The wag! But nurse is celebrated for the size of her pedal extremities. We heard a lot of tales of what we used to do when we were boys, and the night nurse had quite a time trying to get them all to sleep so that stockings could be filled in the time-honoured fashion. What did we fill them with? Oh, well, you know, socks and ties and things for the men, and handkerchiefs and soap, etc. for the women. Do I need to remind you of the filling up with whistles, peapods, potatoes? Same old jokes!

Father Christmas visited the Home at 4 a.m., quite early enough for those who had gone to bed in the early hours. Somehow there are so many things to do at the last. After the fun and the frolic came a quiet little interlude. Time for the Christ-Child to come in. Words are poor things to describe the holy places and holy times, so you will think all the nice thoughts for yourself, if I just say that at 6 a.m. a Communion Service was held.

I was nearly forgetting to tell you about an extra piece of goodwill on Christmas Eve—a secret little plot of Matron's—a Christmas Eve Supper. We were so surprised when Matron sent word for a general assemblage in the Dining Room, to find a nicely set supper. In each of our places was a wee box of sweets and we had cake and snapdragon and a "taste." A few improvised toasts and a talk about Christmas made us all troop off to bed happier for the goodwill begun. Don't you think little things count a great deal? I do!

What do you think? Some people chose Christmas Eve and Christmas Day to part with some of their anatomy. But nothing could disturb the serenity of the Theatre Nurse. She literally sat on the grunts and grinned.

We were ready for Father Christmas at 10 a.m. sharp. The band ushered him into the ward. How youthful he is by daylight! One would think he would begin to show his age by now. He at once started distributing good cheer to everybody. He is a witty fellow, and apt in his remarks so that the boy who got a necklace and the girl who got a knife were just as happy as possible. It didn't take long to unload that tree. Some wags had stolen a march on us and tied a few extras to the tree in the shape of carrots and things. But wait, Father Christmas is shrewd and they sure got them back again. Like Scrooge, they found that the Spirits had done it all in one night.

We were able to bring most of the patients into one big ward and they all dined together. The only complaint I heard was insufficient accommodation. There must have been a few cases of dilatation (not cardiac) judging by the inroads into poultry, pudding, and—drinks. Farinaceous folk and even Milk Diets don't come to any harm on Christmas Day. Anaemias, eat, drink, and be merry without an aftermath. It is passing strange.

We had hardly time after feeding the multitude, when our gong summoned us to a table that literally groaned with Christmas fare. "No thank yous" were missing, at least, until the last course. We did not inquire for a milk pudding. I just wonder if there would have been one forthcoming—those estimable standbys of everyday.

Shall I tell you of our Toast List? Matron had to amend it. In fact, in addition to an addenda I believe E. and O.E. were much in evidence. "The Father of us all" by his adopted family, was scarcely recognisable as our M.O. "Miss Maclean, Head of the Nursing Profession with which is associated the Medical Profession," passed muster. Matron puzzled

a few by proposing the health of the "Engaged Couples and those who are about to become engaged." A few of the hopefuls seemed to have doubts and they spent a busy few seconds standing up and sitting down at random. They regained their composure, however, when someone proposed the toast of "The big blasts which we got for the little things we did not do" and coupled it with one for the "little blasts which we got for the big things we did do." We didn't forget "Absent Friends," which for me, of course, meant you. "The King" was not forgotten, but some could see the bottom of their glasses by then, and we had to fill up again to propose the toast of the one who was mainly responsible for so much happiness in this place of abode—Our

Matron. I believe Matron thought she was safe when she granted permission for us to sing. She had no idea of the noise a few people can make when they sing: "For She's a Jolly Good Fellow"—and mean it. Three cheers are quite a fitting climax, too.

Write and tell me what you did. I don't know when I spent such a happy Christmas, and that seemed to be the general opinion. Amongst the patients it was not left to the children to wish for Christmas everyday. I am sure we will carry some of the goodwill far into the New Year, and work all the more harmoniously for the time of cheer.

Well, goodbye, lots of good wishes,

—From Your Mate.

The Central Midwives Board for Scotland

The examination of the Board held simultaneously in Edinburgh, Glasgow, Dundee, and Aberdeen, has just concluded. The following was the examination paper set:—

1. What bones go to form the false and true pelvis? Give the measurements of the diameters of the pelvic inlet and outlet.
2. A woman three months pregnant has some bleeding per vaginam; mention some conditions which might be the cause, and state how you would distinguish between them.
3. Describe in detail the management of a case of post partum haemorrhage.
4. (a) What is puerperal sepsis? (b) What

measures should be adopted to prevent the occurrence of this complication? (c) What are a midwife's duties if a case of this nature arises in her practice? 5. How would you deal with the following? (a) Cracked Nipple; (b) Secretion in breasts of newly-born child; (c) Vomiting and green frothy stools in a bottle-fed baby. 6. What are the duties of the midwife to the patient and child during the lying-in period according to the Rules of the Central Midwives Board?

—From "The Nursing Mirror," Feb., 1923.

(The above is of interest showing the very similar questions to those set in New Zealand. There is, of course, also an oral examination).

Red Cross Executive

In a report to the Red Cross, New Zealand, it was stated that Sister Webster had been granted leave to visit Paris, at the completion of her course, so that she might gain an insight into the work of the Red Cross League. Miss Webster passed first in the Red Cross League's Scholarship Examination

and was we understand specially selected to go to Paris for this purpose. She will be leaving for New Zealand in April.

A sub-committee, with the Director-General of Health, will be dealing with the allocation of the duties of the Red Cross Nurses on their return to the Dominion.

Dry Sterilisation of Gloves

Take a piece of heavy new sheeting 20 inches by 20 inches. Place it upon your work tray. Now fold parallel sides in 2 inches to form a strong case when folded. Take half-a-pound of talcum powder and cover centre two quarters of material, leaving one-quarter at either side free from talcum. Take left hand glove—which has been patched, if necessary—turn it right side out. Take talcum powder and dust it freely inside. Shake glove so that fingers will be thoroughly covered inside. Hold glove up by fingers so that any loose powder may fall out; do not shake. Place left hand glove upon one-half of your two-quarter portion of material; put plenty of powder between fingers so as not to allow them to lie close together; cover body of glove in same way. Now fold your one-quarter on the left side of material over glove, and leave it in its own case. Take right glove and examine as before, powder in like manner, place upon the other half of your centre two quarters, cover with powder as before and fold over right quarter of material. Now you will have a package. Do not handle roughly, or you will cause your powder to be misplaced. Now fold exactly in centre from right to left and you will have a complete package. Take up sides next to you, which will be open, and fasten by means of four paper clips (we use the one-inch size). Mark on outside of right side of package

with pencil, name of owner of gloves, patched, new, or otherwise, and size.

To sterilise, pack with dressings, sheets, etc., in steriliser and sterilise the prescribed time. When finished, place gloves in box marked with owner's name and number and put away in a cool place ready for use at a moment's call.

To put on gloves, surgeon has his hands ready and dried with a sterile towel. Package is opened upon a table by the nurse, and gloves exposed to surgeon, who is careful to pick his glove up two inches from mouth of gauntlet and allow powder to fall into same material in which glove is sterilised. He draws on his glove with great ease, picks up the left hand glove and does likewise. The sterile nurse gives him a sterile towel, which he uses to rub powder off and also to keep his hands covered until field of operation is ready for him.

This method has been used in this hospital for four years. It not only prolongs the life of the glove but many pairs can be ready for use at a moment's call. Our surgeons enjoy this method and appreciate the advantage over the boiling method. It takes one pound of talcum powder to put up each pair of gloves and the powder can be used over and over again; it is always dry and in good condition and is allowed to remain in its package to be used next time.

—From "The Pacific Coast Nursing Journal."

New Zealand Army Nursing Reserve

Regarding the notice recently sent to all members of the Reserve, which was formed of members of the Service still eligible by reason of age, health, etc., to remain on the Reserve, members may have wondered why, when the Matron-in-Chief knew well where they were, they still were expected to report to her.

It must be explained that although in her function of Director, Division of Nursing, she would be aware of the whereabouts of most of the nurses, yet there are many who move about unknown to her, and the rule

that members of the Reserve must report to the Matron-in-Chief at the beginning of each year must stand for all, and if this rule is not complied with, so that the notice may be attached to their papers, and their names noted as having reported, they will drop out, and be posted to the retired list.

Members have also occasionally failed to notify that they have changed their name and estate by marriage. This also involves being transferred to the retired list of officers. All that is required is a formal note to the Matron-in-Chief.

District Maternity Work

When asked to take over the position of District Maternity Nurse for this large centre, I felt rather afraid, especially as I had only recovered from a serious illness.

However, my predecessor persuaded me to call and inquire. I was told not to take too much to do at first, and accepted the post on trial. I have now been two and a half years busy amongst the babies.

For the first year I had 52 cases; for the second, with some assistance, 65 cases some of these a few confinements were over, and by memory I think three miscarriages. The hours are sometimes long, as two cases may occur in one day.

One day I had three cases, fortunately all were short cases and not very heavy.

I left home Sunday morning at 11 a.m. to go to a first baby case—was called from there at 6 p.m. to second case, arrived home 11 p.m., and had to go to a third case, reaching home at 2.30 a.m. Another day I was called at 10 p.m., having just gone to bed. I went by the last tram—case emergency. Patient had sent for the doctor. He arrived just after I did, but would not stay. I sent for him in two hours' time. He would not believe the messenger I had sent for him. Result—premature seventh month. Baby was born and everything fixed up before he came. I got home at 5 a.m. and went to bed, but got a ring on the 'phone at 7 a.m., a booked case this time, quite the opposite direction. Baby arrived 1 p.m. Doctor left everything seemingly normal, so I set to work to bathe baby after patient was fixed tidy in the same room. Patient said: "Oh, Nurse, I feel faint." I covered baby and just arrested a secondary haemorrhage—very severe. I took all precautions, raised bed at foot, gave ergot, controlled fundus, and after one hour started the baby again. Just got him to his dress, had to take fundus once more, and keep kneading it for an hour or more. Doctor

had been rung up to call on his afternoon round, and he arrived about 5 p.m. He said it would be safe for me to leave. He took me to the tram stop as he had to go farther on. I had then to visit my early morning patient before returning home after a long day and night's anxiety.

I am glad to say that that is my only haemorrhage case of any note, and the patient made a very good though slow recovery.

Of course the daily attention in such cases is of necessity heavier as a rule. That was my first year.

Last year I had an assistant part of the time, and she attended the cases whilst I went to all the new cases, sometimes coming to help me if a case was near where she was working.

For a time there were cases long distances from the centre where we live. That makes the day longer. Sometimes false alarms to these distant cases are trying or a patient sending too soon makes a long day with little to show in a report, but often a great deal of comfort to the patient, especially the nervous patient. It is a good work and much valued by the mothers, as several have been under my care twice in my two years, and several of my predecessor's old patients have come to me, being more than satisfied by the treatment given.

I might say my fear has quite left me and I am sure most of the doctors are very pleased that the District Nurse can be got in emergency cases.

Some of the homes are unsuitable for a nurse to stay in, but with daily attention to mother and baby the poorest are as well attended as the rich and prosperous, provided they can have a relative or friend to cook and wash for them. I teach them to do things for themselves in my absence and so make improvement in their knowledge for general health.

It is astonishing how ignorant some of the general public are.

One case recently was rather annoying and called for great patience.

I was called at 1 a.m. on Saturday morning and remained till daylight. Went down to the beach for a walk to fill in time till 4 a.m. At 6 a.m. I went along to fix up another patient in the same district, then back to see how things were going on. Decided to go back to town. Went down again, but did not like to leave the patient, as her husband had left her, and she was alone except for a little woman got in for company. So I stayed the night, sat up part of the time and then lay down on an old couch with a coat over me. After a time the pains left, so I went to my other patient, and then took a taxi home for dinner. I might add that the pains were caused through compact bowels also retained urine. I gave two enemas, castor oil and baking soda, which had good results.

Patient sent for me again on Tuesday. I gave more oil, which acted, and pains went off. Next Sunday evening I was called again. I sent for the doctor on Monday morning. He came at 11.30 a.m., found the os was dilating and gave Pituitrin. Ruptured membranes and the baby was born in a very short time. No complications whatever, although the patient had a bad finger which needed treatment daily. On the Sunday her temperature was 100 deg.—the evening before the child was born.

Some homes are ill provided with the best of all things in midwifery—"clean linen"—so to be sure I carry a rubber sheet and often two half sheets for use at case, old linen to tear up, and cotton wool. A great deal of heavy washing is saved in this way.

Almost all babies eyes are treated with 1 per cent. Silver Nitrate, and the mothers taught to feed their babies to the best of our ability. I have a number of cases without a doctor, but many of the doctors recommend the patient to me, especially where the means are limited. For the fees the Hospital Authorities allow me to fix the fee as I think, according to the patient's ability and also according to length of treatment.

During the year there was a case—Phlegmasia—requiring special treatment. Baby went back, had to be put on bottle, humanised milk, and still lost weight. I gave one feed of Benger's Food daily with humanised milk, and then he came along well. Patient recovered and was about in six weeks.

During the winter a few elderly ladies gathered together and made lots of clothes for the mothers and babies, also for the unemployed workers and their families. These ladies gave me a good many things which the mothers require whilst in bed. Extra clothing, bedding, etc., clothes to lend till baby was short-coated, etc. Some return them. Others never do, but they have done much to help the improvident or the extra hard pressed mothers in our town.

I fear I have expressed myself rather badly, but I thought a description of maternity work as district cases might interest some. The district is large and extends six miles. When a case is at each end, it is very tiring riding in the trams. I have a free pass, and find the trams good, but much time is wasted waiting for them when travelling between routes. One can never fix hours and the position is of necessity very tied, but I prefer it to private nursing.

All the same, private nursing experience is a good experience and helps one to sympathise with the blunders in household management one sees so often in the daily round. With tact we often get much improvement in many homes. Others are almost hopeless.

In all cases in all homes it is wonderful how the ex-babies love the new babies and often ask for more. We have our laugh with them when some tiny tot asks: "Are you the lady who brings the babies," or they amuse you by being afraid you will take it away when they see you handling the new arrival.

I am sure this is too long, so I will conclude, but I feel sure more District Maternity Nurses are needed because I cannot take all the cases offered to me and the district attention is better than bad attention.

Tribute to a Woman Doctor

A unique honour was paid to a lady doctor on January 25th of this year, when a statue, erected to the memory of the late Dr. Margaret Cruickshank, was unveiled at Waimate. As far as we are aware, this is the first occasion on which a statue has been erected to a doctor in New Zealand, and it speaks volumes for the love and esteem in which she was held by her fellow-townsmen, that they should have so honoured her.

Dr. Cruickshank was endowed with attributes of both intellect and character beyond those of most women. Born at Palmerston, and educated at the Palmerston School, she won a Board School Scholarship, and then went on to the Girls' High School, Dunedin. She became dux of this school, and later won a University Scholarship. She was a woman of strong character, great-hearted, generous, loving and sympathetic; in all her work she upheld the highest ideals of the medical profession, and when the great epidemic swept over New Zealand, she never spared herself. She remained at her post for several days after she had herself contracted the disease in a fatal form, and only gave in finally when she was completely spent.

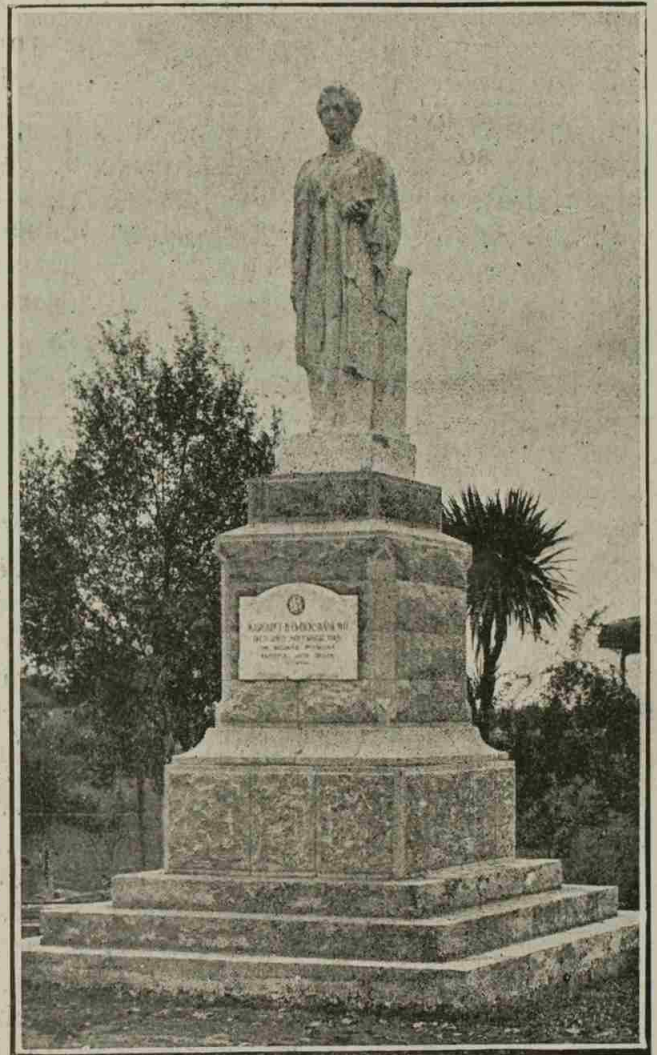
The inscription on her statue was chosen with full appreciation of the manner of her death:

The Beloved Physician
Faithful unto Death.

She has set a high standard for future female medical practitioners to live up to.

The statue is an imposing one, sculptured from the best Italian marble from Carrara, and is situated in Seddon Park. It stands about 17 feet high, the figure itself being 9 feet, and the sculptors have been fortunate in getting a remarkably true expression of the features. The speakers at the unveiling ceremony were Mr. Hart, Chairman of the County Council (in the chair), Mr. Bitchener, M.P., representing Government and Minister of Health; Dr. Emily Siedeberg, represent-

ing N.Z. Medical Women's Association; Miss Allen, representing Otago University Women's Association; the Hon. E. H. Clark, representing Palmerston friends; and Mr. C. E. Bremner, representing old friends. Wreaths were presented by the N.Z. Medical Women's Association, and by the O.U.W.A.



The unveiling was performed by Mrs. Barclay, in whose home Dr. Cruickshank had lived for twenty-three years.

A large number of people had come to the ceremony from surrounding districts, and the committee very cordially invited these and the speakers to afternoon tea, when Mr. Bitchener and Mr. Bremner took the opportunity to congratulate the sculptor, Mr. Tretheway, on the excellence of his work, and to express thanks

to those friends who had come long distances to be present. The Hon. E. H. Clark thanked the committee on behalf of the visitors for their hospitality and expressed his gratitude at having been invited to be present.

Mr. Cruickshank returned the thanks of the family for what had taken place that day; he realised that the loss of his

sister was not only the family's loss, but also a loss to Waimate.

The committee's arrangements were excellent, and the visitors from Christchurch and Dunedin were enabled to return to their respective cities the same day.

(Contributed by a friend and fellow-practitioner).

Farewell to Miss Inglis

On January 16th, the Nursing Staff of St. Helen's Hospital, Wellington, entertained their departing Matron, Miss Inglis, at a farewell tea. During the afternoon the nurses off duty were very busy at the Nurses' Home, preparing a few "good things." At the usual tea hour the nurses invited Miss Inglis to have tea with them for the last time as their Matron. The whole assembly sat at one large table, which was tastefully decorated with pretty pink clarkias. While everyone was busy chatting and partaking of the "good things," a parcel, containing a silver fruit and cake-stand, which was suitably inscribed, suddenly appeared on the table beside Miss Inglis's plate.

Nurse Newth then made the following speech: "On behalf of the Nursing Staff, I have much pleasure in presenting to you this small token. We deeply regret your departure from our midst, but at the same time we are fully aware that you have done a wonderful amount of work for the advancement of the nursing profession, both as Matron of this institution, and as President of the Trained Nurses' Association. You are leaving this institution with a splendid record to its credit, for I might add, that as a coacher of nurses for their

examinations you are known far and wide as second to none. Our home life in this hospital has been all that could be desired by any nurse. We sincerely hope that now you have decided to take a well-earned rest, you will find in your little home all the 'peace' and the 'crust' you desire—and 'Kia Ora.'"

Miss Inglis thanked the nurses for their generous gift, and hoped that all those present, and any other nurses whom she knew, would some day share the "peace" and the "crust" with her, for they would always be welcome to do so. Three cheers were then given for Miss Inglis, and then all joined in singing "For she's a jolly good fellow." Much to Miss Inglis's surprise, some of the senior nurses then carried her shoulder high along the corridor to her office. (Miss Inglis has decided to name her home the Maori equivalent for "peace and a crust," because she knows that after her many years' of active work she will find "peace" in her little home, and she will always find a "crust" to share with someone else).

The past nurses who sent a cheque to Miss Inglis to buy something for her house, will be pleased to learn that she got with it a china cabinet and a small writing table.

Serving Meals in a Public Ward

Each ward has a sort of tea-waggon, substantial and smooth-running. Just before meal-time, the kitchen sends up a "vacuum box" resembling a fireless cooker, containing tightly-covered receptacles, with the food piping hot. This box is set on the waggon, with the dishes and silver. Wooden standing trays have previously been taken into the

wards for those patients who need them. The nurses push their carts down the ward, serving from the vacuum box as they go, following the diet list on the back of the cart. A ward can be served in 10 or 15 minutes with scarcely an extra trip, and the food keeps hot.—From the John Hopkins Nurses Almanac Magazine.

Extracts from Reports of Nurses in charge of the New Zealand Plunket Centre in Jaffa, Palestine

June 8, 1922

Yesterday, June 7th, the New Zealand Plunket Centre, Jaffa, Palestine, was officially opened by Miss Zold (Head of the Hadassah Medical Organisation and Chairman of the Palestine Committee of the W.I.Z.O.) in the presence of the Mayor and several officials of Tel Aviv and Jaffa, the local committee and other influential residents. The Governor of Jaffa regretted his inability to be present.

The company expressed their surprise and pleasure at the appearance of the Centre, which certainly looks unexpectedly cool and fresh when coming in from the heat of sun and sand. (The rooms are cream washed, woodwork and ceilings painted blue, floors tiled, and furniture and curtains white).

Tea and cakes were served after the speeches, which were delivered in Hebrew. Our little knowledge of the language enabled us to understand some of the expressions of goodwill and encouragement towards the Centre and its workers.

The work is progressing slowly, but, we think, surely. The country is new to preventive work and does not readily understand the need of a clinic giving neither medicine nor food.

We are endeavouring to spread the idea of our work to the mothers through the midwives. We have seen many who have promised their support, and we are now organising a special meeting for them in order to explain our work and the need for their co-operation.

Our greatest hope, of course, is in the work itself, and we have definitely succeeded in restoring the breast milk in five cases, while in five others progress is satisfactory.

September 11, 1922.

This month we are able to tell you that Dr. Zlocisti has commenced to hold his weekly consultations at our Clinic. He attends every Wednesday morning at 8

o'clock, and already our numbers are increasing. We are enclosing you a photograph of a few of our babies awaiting his arrival; also one of the room in which he holds his consultations.

Fortunately, among our mothers is a large percentage of young women with their first babies. When there is no superstitious grandmother in the rear, it is easy to train these mothers in the way they should go. Some of the superstitions one meets with would be laughable if they were not affecting the well-being of tiny babies.

Our massage cases have again been successful, and it is pleasing to hear that some of the sceptical doctors of Jaffa and Tel Aviv are now admitting the value of our methods.

We find that the babies of Palestine compare fairly well with those of England. A large proportion of those who attend the Clinic are of Russian or Polish parents. Among these there is a marked absence of rickets, due no doubt to our abundance of sunshine and clear air, amongst other factors.

You will see by our monthly report that we are now visiting our mothers. This is no easy task as most of the streets have no names, and none of them have numbers. Many of the people still live in tents or barracks on the sand dunes, and sometimes after wandering from one to the other, one is unsuccessful in tracing the family.

The weather is still very warm and moist, but we are looking forward to the cool months, when we hope our mothers will find it easier to come to us.

The township of Tel Aviv is growing rapidly, and it is most interesting to watch a town spring up which is entirely inhabited by Jews.

October 20, 1922.

We thought it would be interesting to your members to hear about the general situation in Palestine with regard to the question of Infant Welfare.

In the Medical Officer's Annual Report for 1921 it is stated: "There are few problems more urgent than the establishment of centres for the teaching of midwifery and infant management." It continues that as at the present time the Government cannot afford to open centres, it is hoped that voluntary ones will be started. The enclosed cutting will show you that Lady Samuel is taking a personal interest in the welfare of the babies of Palestine. She has promised to visit our centre the next time she comes to Jaffa.

The figures given in the Medical Officer's Report show how very necessary it is to take preventive measures in the country. During 1921 the population of Jaffa, including Tel Aviv, was 45,100. The number of births per thousand was 29.4 and the number of babies who died under one year was 240.6 per 1000. Jerusalem has a population of 64,000; the number of babies born was 25.8 per 1000, and the number of deaths under one year was 150.6 per 1000.

The Infant Mortality rate of Jaffa is not the worst in the country. One Arab district claims 480 deaths per 1000 during 1921.

There are fifty-one qualified midwives in Palestine and a very large number of unqualified ones. Even some of the former are very out-of-date in their methods.

The September Report of the Centre is, I think, distinctly encouraging, not so much by the increasing number of attendances as by the look of the babies. There is an obvious improvement in their general appearance, and also in the way the mothers listen to our advice. Very different from their first sceptical look and hopeless shrug when they found that they got no medicine but wholesome advice. Of course the biggest trouble here, as elsewhere, is caused by either over-feeding, improper feeding, irregular and night-feeding. Objection to the latter is Dr. Zlocisti's strong point. No mother, from the daughter-in-law of the High Commissioner to our poorest Jemenite, escapes his thundered NO in reply to

their query about just **one** feed in the night.

The mothers here have my deepest sympathy, and I have a profound respect for the mother foresighted enough to suffer present difficulties and surmount them in order to secure for her baby regular good health in the future. In this country, where no one family has a house to itself, where flats and rooms, shanties, barracks and tents are the order of the day, it needs some strength of mind to refrain from quieting a crying baby any and every hour.

It is no uncommon thing to see babies at the breast the whole day long in the houses, yards, streets, and marketplace. Any remonstrance meets with its answer: "Well, what can I do, it is always crying?" Naturally we are doing our best to prevent the life-giving fluid being turned into poison in this fashion, and little by little, by weekly, bi-weekly and sometimes daily, repeating the same thing we are hammering home the first elementary rules of infant-feeding.

The change in a few weeks from a miserable, puling, weak scrap of humanity to a smiling healthily-kicking baby is very encouraging. The baby on its first appearance at the Clinic is quite unable to kick, as it is closely wrapped in innumerable odd cloths and then closely bound to a pillow with a long binder. The latter does not obviate the inevitable first binder. It requires much eloquence to induce mother to part with binder and pillow. Here again we are ably supported by Dr. Zlocisti, who is a true baby lover.

He is anxious that we should supply milk for nursing mothers who are unable to afford it. Here is still unfortunately a good deal of unemployment and some of the mothers who come to us are often sadly in need. We have made a practice of giving a cup of milk to drink after massage.

We have to realise that for these women to come to us daily for massage is an act of faith, because it not only means a trudge through the sand, but the time for it must be stolen from their household

labours. The mothers come to us once daily and for the second time we go to them, when the difficulty is to procure hot water and sometimes even cold. But results are decidedly encouraging.

We have among our mothers a pair whom I wish you could see. They are Jemenites, twin sisters 16 years old and very beautiful. One has a child of six months; the other a baby of five weeks. Both children were undersized and weakly but are now doing us credit. The two mothers have responded to the advice and assistance in a very intelligent fashion. Then we have a pair of twin babies of 11 months of Jemenite parentage. The

father is consumptive; he is a caretaker and has received no pay for quite four months. We are supplying the babies with milk and cod liver oil. They were underweight, flabby and pale, and took three weeks' anxious care and thought before they responded to treatment and began to progress favourably. One is doing better than the other, who unfortunately has glands.

I could go on indefinitely about our different babies, but I must not forget that infant care is far from unknown to you and there is no originality in the mismanagement of babies, it is much the same all the world over.

Plunket Certificates

The following trained nurses and midwives were successful in obtaining the Plunket Certificate, at the term examinations at the Karitane-Harris Hospital, Dunedin, during 1922 :—

April term : Nurses A. Brawn, K. Graham, H. Hyde, N. McClea, L. McDonald, J. Rogerson, F. Shirtcliff, E. Bevin, A. E. Elliott, M. Gell.

Aug. term : Nurses E. Barnby, M. Campbell, S. Duff, A. Hall, A. Lindschau, E. Makeig, H. Peters, E. Watson, E. Common, A. Currie, A. James.

Dec. term : Nurses L. Andrews, M. Carmichael, G. Crombie, G. Goldsworthy, M. Hitchcock, I. McRae, M. Cunley, F. Peacock, E. Nelson, A. Rae, R. Rawlings.

The following nurses were appointed to Plunket positions :—

Nurse E. M. Stronach	}	Auckland
„ Margaret Campbell		
„ Hilda Hyde	..	Carterton
„ A. Maclean	..	Dunedin
„ N. McClea	..	Christch.
„ Annie E. Elliot	..	Gisborne
„ Sylvia Goldsworthy		Invercargill
„ Jessie Rogerson	..	Marton
„ A. Wall	..	Nelson
„ A. M. Kearns	..	Palmston N
„ Olive M. Garrood		Taum'nui.
„ T. A. Foster	..	Wanganui
„ E. Makeig	}	Wellington
„ N. Barnby		
„ E. Baird-McLaughlin.		

A garden party was held on 28th March, at the Hon. A. T. Ngata's residence, at Kahakara, to farewell Nurse Blair, District Nurse to Natives, who was leaving the district, and to welcome Nurse Jamieson, who is succeeding her.

Speeches were made and Miss Blair was presented with a purse of sovereigns and many other tokens of esteem from the people among whom she had been working for the last two years.

Nurse Blair was the first nurse stationed here in the little cottage intended as a Home for the District Nurse and her assis-

tant, a young Maori girl, who cooks, keeps the place in perfect order, and occasionally accompanied the nurse on horseback round the district. The cottage has accommodation for one or two patients, but these are only admitted when absolutely necessary, as otherwise the nurse would be unable to attend to the needs of the country round.

At times the district is cut off by a flooded river and bad roads from any medical aid, except by telephone, and the nurse has to be entirely responsible for cases of accident, illness, or maternity cases.

Registration Without Examination

"The time during which existing nurses can place their name upon the State Register without passing an examination or paying examination fees is fast running out. We remember that after the Midwives' Act became operative, both in England and Scotland, a number of midwives, bona fide and otherwise, continued to write to us after the closing down of the time of grace to know whether there was not some way on which it would be possible for them to become certified midwives, without further training or passing an examination, and were considerably distressed when they realised that their opportunity had gone by. We are very anxious that history should not repeat itself in the case of those nurses whose training, followed by experience, has qualified them to be placed on the State Register without further difficulty or greater expense than the payment of £1 1s. In Scotland, the latest date is July 29 of this year; in England, though no definite

date has been officially stated, it is, we understand, July 14. And as there is sure to be a rush when the fateful month draws nigh, with consequent pressure of business at headquarters, we strongly advise all nurses who finished their training before November, 1919, to lose no more valuable time, but to make application at once to the Registrar, 12 York Gate, Regent's Park, London, N.W., or 13 Melville Street, Edinburgh, to learn whether or not they are eligible."

The above notice is quoted from "The Nursing Mirror," Feb. 24th, for the information of English nurses working in the Dominion. It would be well for nurses, to take advantage of the opportunity given them, as though they may feel no great need to register at present, no one knows what conditions may arise in the future, which may make them regret present neglect.

The Latest New York Hospital

5th Avenue Hospital,
New York.

The following account from Nurse Aston is very interesting:—

"Miss Harvey and Miss York, of Auckland Hospital, with myself, had the opportunity to see through New York's most recent and up-to-date hospital. It has just been completed and one or two of the floors are in operation. The "5th Avenue Hospital" is built on a plan so that each room is an outside room and the supervisor's room on each floor is in the centre with four corridors from each corner—the corridors have a rubber substance on the floor and the hospital throughout is done in a French grey and green—even the operating rooms are French grey as the glare of the white room is considered bad on the eyes. The anaesthetising room looks very homey with the padded chairs, etc., and every patient is anaesthetised here and hears or sees nothing of the operating room. Each floor has a nice witing room and loggia which commands a fine view of Central

Park. The children's floor is interesting with each bed isolated with glass partitions. The bathrooms where the children are all bathed with a spray which is operated hot, warm, etc., by a handle.

The food comes up to the floors, the trays all set and the dumb waiters, one with hot food heated by thermos method and the other cold. Two nurses who have to take three months in the diet kitchen come to each floor and serve the trays and all the floor nurse does is to run it in.

For a sterile dressing tray you push a bell, call through a speaking tube and up comes a tray—intravenous tray, G.V. tray—up on the floor in two minutes. All sterile dressings are prepared in the basement and the trays set up down there also, even all the operating drums and dressings are prepared down there. Everything in the kitchen is done by machinery, dish washing machines, bread cutters, etc. I will enclose a pamphlet and you can get an idea of what it is like.

The International Scholars

In view of the early return of Sister Webster, our first International Scholar, it is interesting to read what some of the nurses from foreign countries, who have taken the course at Bedford College, are doing.

We have interesting letters from Sister Clark, our present nurse, giving an account of her studies and practical work.

THE NURSE IN THE SCHOOLS.

The importance of education as a preparation for citizenship has long been recognised, but it is only comparatively recently that State authorities have realised the equal, if not greater, importance of health, and that the medical inspection of school children has become more or less general. It is true that as early as 1837 a royal ordinance was passed in France which charged the school authorities with the supervision of the children's health, but these early beginnings were not immediately followed by further development, and it was Brussels, in 1874, which first developed a system of school health inspection in the more modern sense of the term.

By health supervision of schools is meant the systematic examination of all school children by a qualified physician. Each child entering school is examined immediately before, or at the time of, or as soon as possible after his admission to a public elementary school. The physical examination includes measurement of height, weight, chest circumference; examination of eyes, ears, nose, throat, teeth, heart, lungs, the skeleton, vertebral column and skin. In the mental examination some form of mental age scale is usually employed as a routine measure to determine the mental capacities and abilities. The so-called "intelligence test," during which the powers of attention and observation, concentration, memory, imagination and reasoning come under review, is an important part of the procedure.

The examination frequently discloses one or more corrigible defect and the physician sends a written report to the parents with recommendations for treatment.

Before the introduction of the school nurse, these written reports were often entirely neglected by the parents, nothing was done to remedy the defects and the work of the doctor was seriously handicapped. The advent of the school nurse, however, has greatly enhanced the success of the medical inspection of school children and her work has proved to be of inestimable value. She supplements the work of the medical inspector and her chief duties may be briefly summarised as follows:—

(1) She helps the school physician during the medical examination of the children;

(2) She visits the homes of the children and sees that the doctor's recommendations are carried out.

(3) She visits the school regularly for systematic inspection of all scholars.

(4) She attends the school clinic which is frequently established in urban districts.

(5) She gives health instruction to the children in the schools.

That the school nurse must necessarily be a person of superior education and possessed of a pleasing personality is very evident. Her relationship with the doctor must be one of helpful co-operation. She must employ the greatest tact in her relations with the principals and teachers of the school, as upon their goodwill often depends the success of her work. She must gain the confidence of the parents, making them understand the nature of the child's defect or illness, not coercing them to action, but getting their free consent to the treatment prescribed. She is able to be of the greatest assistance to the families she visits, as she gains insight into the conditions of their lives and is constantly asked for advice and help even in matters unconnected with the child in question.

Children at the receptive school age readily take instruction in matters of hygiene, and can often effect changes in the mode of living at home that could not be brought about by an outsider. In this connection organisations such as the Junior Red Cross, are of great value and a feeling of friendly rivalry can be created among the classes competing for the best conditions of cleanliness and health.

Health as an ideal cannot be held too prominently before children and we find that wherever medical inspection and school inspection have been carried out, epidemics of infectious diseases have been controlled or avoided, the general health of the children has greatly improved, and time lost through illness has been considerably reduced.

THE STATE SCHOOL OF NURSING IN PRAGUE.

(Written for the Czechoslovak Red Cross Magazine).

In July, 1914, the Department of Health was authorised to establish in Prague a School of Nursing with separate Czech and German departments. Previous to this young women who wished to study nursing were obliged to go to Vienna or to Germany for their professional education and training.

The first class entered the school in 1916, and since that time a considerable number of young women have taken the course in the Czech section and have received the diploma in nursing.

From the beginning the school has had high standards and in spite of the hardships of war time, and the difficulties of the reconstruction period following the revolution, this standard has been steadily maintained. Only young women of some education and of irreproachable moral character have been accepted as students and the school is organised and conducted on the general plan of a good boarding school.

In the summer of 1919 the American Red Cross became deeply interested in the nursing problems of the new Republic, and in the following year the Czecho-

slovak Red Cross took over the administration of the school for a period of two years, so that the two organisations might co-operate more effectively for the advancement of nursing education in Czechoslovakia. Two American Red Cross nurses were appointed to have charge of the school under the Czechoslovak Red Cross, and at the same time two Czech diplomaed nurses were given scholarships by the American Red Cross for two years' post-graduate study in America so that they might return to their Alma Mater and bring to it the benefits of their wider experience. It is expected that they will be placed in charge of the school on their return to Czechoslovakia.

The entire course in the school covers a period of two years and includes the study of anatomy; physiology; bacteriology; hygiene; medical, surgical, and gynaecological nursing; the care of infants and children; psychiatry; hospital administration; civics and public health laws; and social care. A course in English is also given so that the wealth of professional literature in that language may be available for Czech nurses as, so far, there are very few text books and no magazines on nursing in the Czech language.

In the first year of the course the work is chiefly theoretical, but in the second year the emphasis is placed upon experience and practice in the different departments of the hospitals where the students receive their training in the technique of nursing. In planning the curriculum the aim has been to make the course cultural as well as technical, for the modern nurse must have broad sympathies and social vision as well as professional knowledge and skill.

Instruction is given by professors of the medical university, by physicians on the hospital staff, and by diplomaed nurses who have had special preparation for teaching in schools of nursing. The school is especially fortunate in having on its staff of lecturers men who are leaders in the medical profession, and whose interest in the advancement of the nursing profession is active and sincere.

All students live in the school, where every effort is made to provide a comfortable and home-like environment for them. There is a well-equipped class room where nursing procedures are taught by a diplomaed nurse and a pleasant salon where the students may receive their friends or have parties if they wish. A music club has been organised and has both graduates and students among its members; during the winter a teacher came weekly to instruct them in singing.

The alumnae association (Spolek Absolventek Statni Skoly v Praze) has done much to promote the social life of the school by arranging parties and occasional lectures. This association deserves more than a passing mention for its existence is due to the initiative, the idealism and devotion to the nursing profession of a few of the graduates of the school. Though it was organised quite recently, its influence is already being felt; its aims as stated in its constitution, are:—

1. To create an interest in nursing in young women of higher education and good character.
2. To elevate the standards of nursing in the hospitals of this country.
3. To work for the social and economic interests of nurses and for the maintenance of high ethical standards for the nursing profession.

An organisation of earnest intelligent women with such objects in view, cannot fail to be of great value to their school as well as to the individual members themselves, and one may look forward to the time when the Alumnae Association of the State School of Nursing in Prague will be represented in the International Council of Nurses.

The school is still young, and it has had the handicap of being organised at a time when conditions were particularly unfavourable for new enterprises, yet it has grown steadily stronger; it numbers among its graduates and students women that any school might be proud to claim. Many of its graduates have remained in the State hospital where they have won the respect of the physicians and have

done much to improve conditions in the wards; some are filling responsible positions in other institutions.

Thus far the State School of Nursing in Prague is the only one in Czechoslovakia which gives a recognised course of training and a diploma in nursing, therefore, great responsibility rests upon it for this school must not only provide skilled care for the sick, but it must also prepare its nurses to be the future teachers, executives and leaders in this country.

Other schools of nursing are urgently needed, for the whole extensive programme for public health is handicapped by the lack of thoroughly trained nurses to assist the physicians in its development. But these schools cannot be established until there are diplomaed Czechoslovak nurses qualified to direct and to teach in them.

The belief that nursing is an occupation fit only for the ignorant and degraded has long been outgrown in England and America—it will soon be a thing of the past in Europe. As the aims and possibilities of modern nursing are better understood young women of good education and social background will see in it a dignified means of earning a livelihood and the opportunity for a wide variety of talent to find expression.

WORK AMONG THE REFUGEES IN GREECE.

Mrs. Charlotte Heilman, an American Red Cross nurse, who has been directing the child welfare work in Athens for some considerable time, gives a most interesting account of the refugee situation in Greece.

She has visited the refugee camps at the port and found the people in a very bad condition. The better class refugees are, where possible, taken into homes in Pireaus and Athens and are provided with clothes by the families who take them in.

The American Committee, of which Mrs. Heilman is a member, has taken a

market place in Pireaus and is collecting families with small children to the number of 1000, who will be cared for until some other provision can be made for them. The chief doctor and most of the personnel are taken from amongst the refugees, and all except the doctor work without remuneration. Infant Welfare workers are volunteering their services and a British nurse has agreed to work for a small sum sufficient for her board.

Mrs. Heilman reports that the Greeks are giving liberally to the General Committee, but that vast sums are urgently needed until industries can be developed to give the people employment. The housing situation is one of the most serious problems and is causing grave anxiety.

DIVISION NOTES.

The Third International Course: The session opened at Bedford College for Women on October 5th and the following students are attending the course:—

- Austria, Miss Frieda Soche.
- Brazil, Mme. Rosa Rabello.
- Czecho-Slovakia, Miss Frantiska Sucha.
- Finland, Miss Gurlu Segerberg.
- France, Miss Marie Lebel, Miss Marthe Aeschmann.
- Great Britain, Miss Ida M. Simmons, Mrs. Maynard Carter.
- Iceland, Miss Gudny Jonsson.
- Italy, Miss Itta Frascara.
- Latvia, Miss Milda Karin.
- New Zealand, Miss Catherine Clark.
- Roumania, Miss Marie Cernat, Miss Aneta Bernescu.
- Serbia, Mme. Katrina Majitch.
- Spain, Miss Luisa Martinez de Aguiar y Pedroso, Miss Mercedes Carrasco.
- Siam, Miss Clara Xavier.

In order to facilitate the college work, it was arranged this year that those students whose knowledge of English was limited should come to London in September and devote a month to the study of English and to some practical school

and district nursing work before the opening of the college term.

The students are residing in comfortable boarding houses near the college and are under the able direction of Mrs. Maynard Carter, who is taking the course herself and who helps them with their notes and their English, arranges their practical work and generally sees to their comfort.

Mrs. Carter reports that the students all display great interest and enthusiasm in their work and she feels sure that they will all reap great benefit from the course.

Miss Anna Erma, of Esthonia, after the close of the second International Course, spent three months at the Sussex Hospital, Brighton, and is now on her way to her own country to take over the direction of the Red Cross Nurses' Training School and to give public health nursing courses. Miss Erma spent a few days in Paris seeing the Red Cross and other public health activities, and is now visiting the work of the Comite Americain pour les Regions Devastees de la France.

Miss Mechelynck, of Belgium, writes of the success of the public health nursing courses given in Brussels under her direction, and says: "We have this year (for a six months' course) 42 students, all trained nurses and some with the full three years' hospital training." Miss Mechelynck was asked to write a report of her work for the congress of the "Ligue contre le Peril venerien."

Miss Hiriakoff, of Russia, is still in Czecho-Slovakia. She assisted in the organisation of a Baby Week held at Bratislava from October 8th to 15th.

Miss Danko, of Austria, upon her return made a tour of inspection with Miss Nelson, of the American Red Cross, through Upper Austria, Salzburg and the Tyrol. Miss Danko is taking over the direction of the nursing service of the child welfare work started by the American Red Cross in Austria.

Books for Study and Recreation

"COMMON SENSE IN THE NURSERY."

By Charles Burnett, M.A., Oxon.
(Certified Midwife by Examination.)

This little book has been sent to us for review. It is pleasing to receive a book written from a purely practical point of view by a practical woman. In the introduction the writer points out that her book corresponds to "the cookery book not yet written that will tell you how to fry an egg, how to make toast, and how to simmer a stew." The elementary things that every woman, certainly every nurse, ought to know are the subjects dealt with. It is truly a commonsense book and the many suggestions and advice given for the treatment and general bringing up of young children are sensible and should be useful to mothers who have not thought how easily, and how very early, a child is affected by the words and actions of the older people around him, and how very much happier a childhood he will have if proper obedience be instilled into him from the very first. In regard to the dietary of infants the writer has quoted largely from Dr. Truby King's publications, as well as from other authorities. The agents for the book in New Zealand are Messrs. E. J. Hicks and Co., 54 Victoria Street, Wellington.

"ATLAS OF NORMAL LABOUR."

(By G. Drummond Robinson, M.D.
and B.S., Lond. F.R.C.P.)

We have just received the above book and recommend it for the students of midwifery. The illustrations show most clearly the different stages of labour and the various presentations. The photographs are taken from an actual case of labour, and every movement of the descending foetus is shown in detail. The only omission which of course was inevitable in taking the photographs was the usual method of applying warm flannels

as soon as the breech is born. The treatment of asphyxia monotorum by both Sylvester's and Schultze's methods are very clearly shown.

"NOTES ON VENEREAL DISEASES."

This little booklet by Dr. Scharlieb gives a very complete synopsis of the facts connected with venereal diseases, especially as affecting the work of midwives and nurses. It is, of course, written primarily for Great Britain, where, as the writer points out, 75 per cent. of all the confinements are conducted by midwives who thus have a great influence over public opinion. Syphilis in infants is especially interesting and instructive to maternity nurses.

"LECTURES ON SURGERY TO NURSES."

(By Alan H. Todd, B.Sc., M.S.,
Lond., F.R.C.S., Eng.)

This book, published in 1920, has just been received in the Health Department's Library. It would be a very suitable addition to nurses' libraries in the training schools. The author states that the book is based upon the course of lectures on surgery he has given in recent years to the probationers at Grey's Hospital. It is not a manual of surgical nursing, as the author says: "the greater part of nursing properly so-called, cannot be learned from books at all." It is merely an attempt to give the nurses that insight into "the why and wherefore" of what the surgeon does and what the nurse is told to do, that will enable her to be an intelligent co-operator in everything that is done. He maintains that if she does not know exactly what she is driving at, she cannot possibly nurse intelligently, or get the best results.

The author's previous book, "Practical Handbook of Surgical After-Treatment" gives the details of nursing treatment which are purposely omitted in this book.

"THE TALE OF TRIONA."

(By William Locke).

This book by a very popular writer is exceedingly interesting, although one cannot help regretting that the hero should be such a thorough paced fraud. Alexis Triona, really "John Briggs," is a man who achieved fame by writing a novel of war, adventure, and thrilling experiences, and claiming the story as his own. Olivia Gale meets this author with the halo of renown surrounding him. After living a quiet retired life in the country after her mother's death, she has gone to London to try what living in the great world means. They marry, and are for a short time very happy, but events disclose the true identity of Triona, and it

is only after disillusionment and disappointment that Olivia decides to forget and forgive all and John Briggs, retaining his nom de plume of Triona, and she are reunited. The part played in the story by Myra, the maid and devoted attendant of Olivia, is pathetic. While many of William Locke's books are more pleasing than this, "The Tale of Triona" is well worth reading.

Other books recommended by a contributor as entrancing and useful books for nurses are:—

"The Fundamental Basis of Nutrition" (Small edition). By Graham Lusk. 2/6 Yale University Press.

"Food in War Time." Lusk.

Reception and Farewell

At Dunedin Hospital, in the Nurses' Home, on February 28th, a very pleasant dance was given to welcome the new Matron, Miss Brown, and to farewell Miss Nosworthy, Sub-Matron, and Acting Matron, prior to her departure on leave for a visit to England. Only the Hospital Staff, the Honoraries, and their wives were present.

A rug was presented to Miss Nosworthy.

Mrs. Falconer also gave an afternoon tea to Miss Nosworthy and her special friends. Many gifts were presented to Miss Nosworthy, with hearty wishes for a happy holiday.

A very successful function was also held

by the members of the Nurses' Association, Dunedin branch, to welcome Miss Brown, and to farewell Miss Nosworthy, and also Mrs. Balfour (Miss Mackenzie) an ex-Matron of Dunedin Hospital, who was leaving New Zealand to reside in Scotland.

The function was an afternoon At Home, in the Plaza Lounge Rooms. There was music and recitations, and a very enjoyable and sociable afternoon was spent. There were about 80 members present. The President, Miss Young, made a neat speech of welcome to Miss Brown, and of farewell to the guests, who were on the eve of their departure for the dear Home Country.

Bush Nursing in Australia

The Bush Nursing of Australia is being developed at an extraordinary rate, the latest being that of flying nurses. To get over the great difficulty of the roadless, or almost roadless districts, and to cover long distances quickly, an aeroplane service has been instituted. At short notice Doctor or Nurse is transported to the scene of an accident or illness, or it may be the patient is brought to a hospital or a cottage centre for treatment.

To nurses of an adventurous spirit this

mode of carrying out their work will appeal, and it will surely not be difficult among the young Australian nurses to find those who will join this service with anticipation of excitement and variety.

One of the great drawbacks of District Nursing work in the Bush is the monotony and loneliness of the work, and any means of linking up country centres and back districts with the town, by rapid communication is likely to be appreciated.

Karitane Nurses

The following is an examination question in a recent paper set for Karitane Nurses and an answer written by Dr. Truby King as an indication of one way in which the main practical essentials could be marshalled. No attempt is made to crowd in everything that might be said, and no candidate is expected to give necessarily as much as Dr. King has set down, or to answer in the same way. Originality and self-expression are of all things desired, Dr. King's aim being to get nurses to marshal the main facts in their own way, in a simple, logical sequence. He wants them to give not what they can cram up but what they can master and can be fairly expected to know, retain, and always keep "on tap" for practical purposes, rather than cover paper with irrelevancies—the bane of examinations and examiners.

(Karitane Nurses, who are nursery nurses, must not be confused with Plunket Nurses who receive naturally a fuller and more advanced training).

Give the average composition of human milk and cow's milk respectively. What variations are commonly met with, and how may these need to be allowed for, compensated and counteracted when feeding a baby?

1. Composition

	Sugar	Fat	Protein
Human milk	6.75	3.5	1.5
Cow's milk	4.75	3.5	3.3

The fat of human milk is more oily (lower melting point) and therefore more easily digested by the baby than that of cow's milk, and the human protein is mainly in the form of soluble lactalbumin, whereas in cow's milk the protein takes the form of a relatively indigestible, coarse, insoluble casein.

2. Variations in Composition.

(1) **Human Milk.** In the early part of the first week after childbirth, the "first-milk" or colostrum may contain 6 per cent. or more of protein. At the end of a month it averages 1.5 per cent. At the end of six months it averages 1.2 per cent.

While the average protein content of "mature milk" is about 1.3 per cent., it may be over 3 per cent. or below 1 per cent. in particular cases. Similar variations occur in the **fat-content**, which may be over 5 per cent. or below 2 per cent. Such variations are often found on **analysing** specimens of human milk, but, in most cases the wide departure from the normal is due to the fact that the **samples** have been **wrongly taken**—being "strip-pings," on the one hand, or the **first milk** drawn off on the other, or being in any other such way not representative of the 24 hours yield of the breasts. But wide variations do take place, due to individual idiosyncrasy or to wrong habits on the part of the mother, as regards food, drink, feeding, exercise, etc. The remedy in every such case is to regulate the diet and general hygiene of the mother, and if this is not enough to modify what the baby receives, by such measures as giving water before each nursing, besides supplementing the fat or sugar in accordance with the needs of the case, or reducing excess of fat by skimming. There is rarely any wide divergence from the normal in the sugar-content.

(2) **Cow's Milk.** Jersey milk averages from 4½ per cent. to 5 per cent. of fat, and a single cow's milk may average above 6 per cent.

Holstein milk averages only from 3 per cent. to 3½ per cent. of fat, and may fall much below this, especially when the cows are feeding on young, watery, immature grass in early springtime, or at any time in the case of a particular cow. Similar variations may occur in the protein content. As in the case of human milk, the sugar-content is more constant. The variations in the proportions of fat and protein are of prime importance—especially the fat variations, which are the main causes of trouble in artificial feeding (so far as the composition of the milk supply is concerned) and are easily detected and remedied. Protein analysis is expensive and difficult.

The main practical measures needed to ensure suitable percentages in humanised milk are as follows:—

(a) The use of milk from a herd, rather than from a single cow.

(b) Inquiry as to the average composition of the milk of the particular district, city or town. Thus in Wellington the Municipal Milk Supply averages above 4 per cent. of fat, while in other places the average is only 3 per cent.

(c) If one cow's milk must be used, the breed, and if possible the fat test, should be ascertained and taken into account.

(d) No careful inquiry, as to why a modified milk is disagreeing with a baby, is complete without finding out whether the milk fairly represents the yield of the herd or of the particular cow. Modified skim-milk or modified "strippings" or top-milk are not "modified-whole-cow's-milk." Carelessness in the household—dipping off "top-milk," or taking as whole milk a remainder which is virtually skim-milk—is accountable for many failures in artificial feeding.

(e) Finally, a nurse or mother should never rest content, if a baby persistently does badly on a modified milk, until she has had a specimen of the preparation, as used, tested for fat at least—and it is desirable also, in difficult cases, to ascertain at least the proportion of **total-solids** in the milk. This is easily ascertained by a chemist, and taken in conjunction with a definite knowledge as to the fat percen-

tage, and the known comparative constancy of sugar and salts, enables the protein percentage to be inferred with sufficient accuracy for most practical purposes.

The essential basis for modifying normal cow's milk, for baby feeding, is to reduce the percentage of protein, by dilution with more than an equal quantity of water, and to make up the sugar and fat by adding lactose, cream, or emulsion of oils and fats. Where **setting for top-milk** is used for concentrating the fat, full account must be taken of the variations before referred to. While a quart should be set in the case of average milk, in order to prepare 1½ pints of humanised milk, 35 or even 30 ounces may suffice in the case of Jersey milk, and 45 to 50 ounces could be used for very poor Holstein milk. Setting the milk for shorter or longer times than the normal average requirement may be resorted to; but in the case of Jersey milk the most economical and rational alteration is to set less milk.

Note.—Karitane nurses are young girls who enter the Karitane Hospitals for a year and are trained in the care of normal infants to recognise infantile sickness and to understand and carry out the feeding and general care of babies, either breast fed or artificially fed. They are not trained for Plunket work, which requires a qualified nurse or midwife but understand, after their course, the Plunket methods so far as possible.—Editor.

Opening of Tennis Court, Waimate Hospital

The sun, which has not been good to us this summer, excelled itself for the official opening of the Nurses' Tennis Court, on Thursday, March 1st.

The court, the cost of which has been defrayed by public subscription, fills a long-felt want on the part of the Nursing Staff, and is a decided adjunct to our pretty Nurses' Home.

Dr. Pitts, Medical Superintendent, on behalf of the Matron and Staff, thanked all those who had so generously contributed, and also Dr. T. W. Wylie, to whose efforts the accomplishment of the court is perhaps wholly due.

Mr. Tweedy replied on behalf of the subscribers, and Mr. Geddis, Chairman of the Hospital Committee, after a brief speech, declared the court open, the first ball being thrown over the net by Mrs. Geddis.

The Matron, Miss Nicol, then entertained the guests to afternoon tea, whilst the more practised displayed their skill at the net.

Though the season is somewhat advanced, we may still look forward to some play during Canterbury's bright winter days, while the trainees of tennis seasons to come may indeed consider themselves lucky, and I trust that they will sometimes pause to call the givers of their court blessed.

Premature Infants

With Special Reference to Feeding and Nursing Treatment

The significance of the large number of infants who are unable to survive the first month of life, brings right to the forefront the great necessity for more general widespread knowledge on all matters affecting this infant mortality rate. The outstanding feature of the whole problem is the paramount need for such universal knowledge on general health matters as will enable the mothers-to-be to become strong, resistive, and as independent as possible of the risks which are associated with child birth. Undoubtedly, a large number of these infant losses are associated with prematurity.

Usually the term "premature" applies to the infant born between the 7th and 9th month of intra-uterine life. The chance which these infants have for life and good development depends upon many conditions. The one born of syphilitic parents probably has little chance. One born of healthy parents, when the weight at birth exceeds 4lbs, has a fairly good chance for life and normal development, provided the application of heat can be regulated from the beginning, and the baby can receive breast milk.

The human young born into the world ahead of its allotted time of nine calendar months within its mother's womb, has to start the battle for its existence handicapped by an immature organism, consequently we know that our efforts for the preservation of the wee mite will be taxed to the limit.

Very small premature infants, say, born weighing less than 2½lbs, who cannot receive even a small amount of mother's milk, have a relatively smaller chance of normal growth and development.

Signs of Prematurity.

These, of course, differ according to the degree of prematurity. If baby is under 5lbs, and less than 19 inches in length,

it is best to treat as premature, whether or no, to get satisfactory results. The body is very soft and limp; the skin transparent and downy; the cry very feeble or even absent at first. Pulse and respirations irregular; suction weak, spasmodic, irregular or even absent, and deglutition difficult and prolonged.

The first and most difficult problem confronting the organism of the premature newborn is the maintenance of its body heat. It's relative body surface is considerably larger even than that of the mature baby, and the chance for giving off heat into its surroundings must therefore be correspondingly larger. At the same time, the amount of protecting fat under its skin is much less and its apparatus for the regulation of heat is entirely inadequate. In fact, we may say that the baby born prematurely is started without the necessary fuel to light its fire, and until can be remedied this deficiency it has to be kept in a very warm medium. Then we add to this that its digestive apparatus is not nearly built up to the demands of independent life, and it can only deal with very small amounts of easily assimilated food, i.e., human milk.

There are THREE PROBLEMS to attend to in the correct care of the premature:—

1. To thoroughly maintain and regulate the body heat.
2. To feed baby, supplying both correct food and the necessary amount of fluid.
3. To prevent subjecting the baby to any infection on account of the special lowered resistance (attendants with colds, etc.)

The quicker the prevention of loss of heat from the body takes place, the better the chance for the baby. Life itself depends on maintaining the required temperature steadily and evenly.

Means of Maintaining the Body Heat.

1. By placing the baby in a warm room and keeping the temperature of the room even (commencing with 65-70 deg. Fahr.) and then gradually lowering as the infant's condition improves.

2. By placing the baby in a cradle especially prepared to prevent any undue escape of heat from the body, and also to supply heat by hot water bags, **well protected**, these being filled in rotation regularly—one each hour. There should be three hot water bags, one on each side and a third at the foot, if necessary, and filled at a temperature of 166 degrees Fahr. for the sides and 180 degrees Fahr. for the foot bag.

3. By oiling baby (not bathing) and wrapping in cotton wool jacket and light flannel or knitted garments. (All clothing must be light and no special pressure). Oiling the skin prevents unnecessary loss of heat from the body, and also protects the delicate skin.

Keep the room thermometer on the wall near baby's cradle, also room thermometer in the cradle outside baby's clothing and inside the shawl or blankets. (Temp. 85-95 degrees Fahr.) Guard against overheating the baby by filling the bags with too hot water, or by filling them all at the same time. Take rectal temperature of the baby twice daily, or four hourly, as necessary, and regulate the application of heat and temperature of the room accordingly, i.e., while baby's temperature remains sub-normal the room must be kept at the warmest, and the bottles in the cradle must be filled in rotation, one each hour. Also the baby must be handled and exposed as little as possible to change the position—the latter must be done regularly—at least 4 or 6 hourly.

The correct ventilation of the room is essential; the heat should not be raised by excluding all inlets for fresh air. Clothing should be light, no direct pressure, and some freedom of movement (muscular contractions) allowed for. Even the slightest cooling during exposure whilst changed or weighed, etc.,

will not only subject them to a fall in temperature, but will also cause a standstill or loss in weight, because the abstraction of heat will deprive the system of the small surplus energy which could have been used for a gain in weight.

HOW LONG should these babies be kept in a warm room? As soon as a regular gain in weight is established and the baby's temperature remains normal, the room temperature may be reduced very gradually under a continuous control of the baby's weight and temperature. Abrupt changes must be carefully avoided.

An initial loss in weight during the first week or ten days of baby's life must be expected.

Feeding of Premature Infants. With the feeding of premature babies it must always be remembered that the digestive apparatus is not built up to the demands of independent life, and consequently it can at first probably only deal with small amounts of the most easily assimilated food—i.e., Mother's Milk—and it may be necessary even to dilute this in the first instance. It is somewhat difficult to lay down any hard and fast rules regarding the feeding of these infants, as their natural adaptability and certain other compensating factors differ so in individual cases. Some infants are several days, or even weeks probably, before they learn to suck consistently, while others may commence comparatively good suction in a day or two. In the case of the former, it may be necessary to use a good pipette with a soft tubing (about two inches) attached, and to give the food carefully and slowly by this method. This method may be used until it is noted that the babe attempts to suck, when a small teat and bottle should be quickly substituted (if artificially fed). Great patience and understanding is necessary on the part of the nurse when feeding these premature babies. One mother or nurse will succeed where another fails entirely to get the desired result. Seven months' babies seldom manage to obtain their full requirement direct from the breast for

the first few weeks even if they seem to suck well, and in practice, we have found it necessary to express the mother's milk every three or four hours, and then to feed the baby as afore mentioned, putting it direct to the breast, say, two or three times daily only. Constant lifting is not good for these weaklings and interferes with the regulation of the heat application, so necessary to their progress. No pains should be spared to secure mother's milk for the baby, and the usual means to establish a good milk supply should be pursued with even greater vigour and zest, as the necessity is so great.

At the Infants Hospital (Dr. Emmet Holt) in New York City, this was considered such a necessity for their premature cases, that arrangements were made whereby they collected and bought breast milk from healthy nursing mothers, for their infants in hospital. One worker was employed just especially to supervise the homes and to assure and collect the milk in a thoroughly clean way.

At Karitane Hospital, when a premature baby is admitted, they always endeavour to get into touch with the mother or nurse immediately, and ask them to persevere with the methods for establishing the milk supply, also to arrange for the mother to come into residence as soon as she is able to travel, if at all possible. This is done in order to assure Natural Feeding whenever possible, and thus gives the baby the very best chance.

Frequency of Feedings and Amount

The amount and frequency of feedings depends on the size of the infant and the degree of prematurity. If the baby is able to take from $\frac{3}{4}$ oz to 1oz at each feeding during the first week, it is usually not necessary to feed oftener than every three hours, with one feed during the night, that is, 7 feedings daily. **The total amount able to be taken at one time, without exhaustion, usually decides the number of feedings necessary in 24 hours.** Consequently, a careful record of the actual amount taken should be kept. The night feed (7th feeding) is usually discontinued when the baby is able to take the required amount for growth and de-

velopment in 6 feeds instead of 7, that is to take and deal with a larger amount each time. In practice we find this usually occurs when the baby is between 5lbs and 6lbs in weight. The intake of fluid is very important and it is no guide to wait for the usual signs of hunger or thirst in an infant, as a premature baby will sleep on and soon suffer for lack of fluid. A good average guide as to the minimum amount of fluid necessary is—to endeavour to give three ounces of fluid for each pound of body weight (i.e. in the case of an infant weighing three pounds, endeavour to get it to take 9ozs of fluid daily, at least as soon as possible). When the baby's sucking ability increases rapidly, it usually takes over this amount, but considerably under the amount for age.

Kind of Food.

First.—Baby's own mother's milk. It may be necessary to dilute this at first, but soon give it undiluted. There is no comparison between the progress of a premature baby breast fed and a premature baby artificially fed—the one is soon weeks head of the other in general progress.

Secondly.—Another healthy mother's milk, diluted at first and later undiluted (sometimes this is procurable temporarily).

Thirdly.—Even a small amount of breast milk daily, say, 2oz to 3oz, and complemented with an easily digested artificial food, cow's milk modified to the human standard, peptonised, and diluted, and with a low fat percentage. The extra diluent is carefully reduced daily.

Fourthly.—If mother's milk is absolutely impossible to obtain, and we have to depend on artificial food only, we find in practice that the best is Humanised Milk No. 1, made with the unset milk and Plunket Emulsion gradually introduced to bring the fat percentage up to say 3 per cent. The milk is usually peptonised for from half an hour to one hour for a week or two. The fat is kept at a very low percentage and extra dilu-

ent is added. The average two months premature baby shows definite signs of inability to deal with any full strength artificial food (i.e., food yielding about 19 or 20 calories per ounce) under six weeks of age at least.

To repeat what has been said previously: All feedings are more or less dependent upon the general development of the infant in relation to its digestion and retention of food. Careful attention has to be paid to such points as—abdominal distention, vomiting, character of motions etc. Begin with what are considered minimum quantities and gradually increase the strength and amount of food as able, i.e., as the infant develops the ability to deal with the food. It is best to give water only, or weak Sugar of Milk solution until there is some indication of the first bowel movement. If the baby is totally unable to take a sufficiency by mouth and suction, one must resort to catheter feeding (lavage) giving larger amounts at longer intervals for the time, or until the baby commences to suck and swallow properly.

The following are brief summaries of some of the cases which have been cared for in Karitane Hospital, Dunedin. Many people think that these wee things are not worth working with, but we have so often proved that a weakling premature baby may (if correctly cared for from the beginning) develop into a bonny, sturdy youngster, that we feel the most we can do for these handicapped babies is the very least we **should** do.

Baby Ruth, admitted when four hours old, weight 2½lbs, premature 2½ months, artificially fed for 10 days with dilute breast milk, then mother came to the hospital and we developed and established her milk supply; baby was fed with mother's milk diluted at first, and later undiluted. Baby was a very poor sucker, and could not suck direct at the breast until about six weeks old, and even then had to be fed with expressed milk afterwards for several weeks. Mother and baby left hospital when baby was seven weeks old and weighed 5lbs 2½ozs. Baby

was breast fed until one year old and then weighed 16½lbs, and developed well in every way. She was seen again at two years old; was up to the normal standard in all ways regarding weight, height, mental development and physical activities; in fact, was a real "live wire" and had splendid health.

2. Baby Patsy, admitted when 5 hours old, weight 3lb 15oz, 2 months premature. Baby was born while the mother was dangerously ill with pneumonia. She was given the usual treatment for a premature baby and fed three hourly, the food being, to begin with, peptonised whey with equal parts of water, followed later by Humanised Milk No. 1 mixture with a low fat percentage. Baby progressed steadily and well, and now weighs 8lbs 7¼ozs at three months. She is small, but very firm and well developed in every way, also has a good colour.

3. Baby Mavis, admitted when 32 hours old, having been brought by train journey in Mid-winter. Condition precarious to weigh on admission, but birth weight was stated to be 2¼lbs in cotton wool. Baby weighed 1lb. 13ozs when two weeks old, and general condition was not good. Routine treatment was pursued with, and her condition gradually improved; at four months of age baby was discharged, weighing just under 5lbs.—was very vigorous, with good muscular tone and colour and treated as a normal baby. Baby seen again at 8 months, weighing 10lbs., small-framed, but plump, excellent colour, and general development quite up to standard, head being held erect, and baby smiling and alert, and grasping for her toys. She had gained 3¼lbs. the previous 6½ weeks.

One might go on instancing case after case, having knowledge of a large number of premature infants who were primarily treated in Hospital, and whose mothers kindly report progress every six months. The main fact emphasised in one's mind is—that these handicapped babies must be given the best possible chance to attain normal growth and development in every way.

A.P.

Reminiscences of a District Nurse

Wanted, for ———, a District Nurse; general and maternity, £— per annum; furnished quarters.

This last item attracted me tremendously, as most district nurses know the hopeless joy of furnishing for Lord only knows how long! I applied, secured the post, was directed to proceed by so and so steamer, sorry it was only cargo and not going direct, but if I was a good sailor it was an interesting round trip, etc., etc. So, a beautiful day saw me embarked on the father and mother of all tramps. Cargo and deck fittings appeared mixed up in hopeless confusion from one end of the ship to the other, cattle on top, pigs underneath. Coal, for use during the voyage, was on deck, the door through which it was shot to reach the furnaces was also the route to the dining saloon. There was one other first class passenger, a medico. I had already been introduced to him, but whether it was "Ma face he didna care about," or the fact that I was a district nurse undertaking some of his work, well, I can't say, but I was limited to one curt nod per diem. After an eight days' passage we reached the promised land. The ever courteous kindly skipper pointed out the post office, saying: "The Postmaster was general major domo of the district of about one thousand five hundred Maoris." The P.M. passed me over to a half-caste Maori, who was my landlord, and would take me up to my rooms. Phew!! The wind was taken out of my sails considerably so when I viewed those furnished quarters! The house was a bungalow of four rooms. Of the two allotted to me, one was bare of furniture, the other one contained a huge four-poster wooden bedstead—early Victorian, feather bed, same period—this was all, and not even passably clean. Breath returning, I weakly inquired where I could cook, feeling a sudden want of sustenance after such a shock. The man answered: "Well, we ourselves cook Maori fashion. You can use the stove in the Mission House kitchen. Come along, I show you." On the way I learnt that the missionaries had been away for two years

returning bye and bye. The P.M. had charge of the house, which consisted of two rooms, with verandah, kitchen and wash house; some furniture, such as lamps, chairs, tables, iron bedstead, stove. After inspecting the place, he thinks: "Oh, joy! What with the few things I have myself, why, I am quite set up." Returning quickly to the post office and bouncing in on the P.M., I exclaimed: "Say! Mr. ———, those furnished quarters you arranged for me are the dizzy limit. Eight children and four adults and not the shadow of a door inside the house. Look here, if I can use the mission house stove temporary, why not the whole house?" He agreed, and that point settled, proceeded to the stores for supplies and was fortunate in securing a woman to scrub, and we two put in an afternoon and evening of solid hard work house-cleaning. After a supper of fresh fish and kumeras sent in by a kindly Native, I rolled up in my eider down and slept the sleep of the seven sleepers.

During the busy days that followed, I kept a sharp lookout for a passable future residence. The missionaries were returning and those furnished quarters (?) were a positive nightmare. Eventually I found an old disused store house of one room, with a big verandah in front and one behind. The latter I got the owner to close in for use as a kitchen, put in shelves and cupboard, had the whole place painted inside and out, and got some odds and ends of furniture. It was not much of a place, but it was central and high up, with a grand outlook over the sea. Here I passed three very happy years working amongst the Maoris. I then left to give place to a younger and more energetic nurse, who wailed to heaven so loudly and so often at the quarters she had to occupy that the powers-that-be decided to build a cottage. By the last mail to hand, I hear that the cottage was built, furnished completely, even to d'oleys on the mantelpiece, all ready for the incoming new nurse, Lucky No. 3!!

Recipes

Egg Lemonade.—It is astonishing how very few people have heard of this excellent beverage. It is so useful that I think it should be more widely known. This is the way to make it: Slightly beat up an egg (white and yolk) in a glass with a pinch of salt. On to it squeeze the juice of a large lemon, or two limes according to taste and the amount of juice in them, you need about two tablespoonfuls of juice. Beat the egg and lemon juice well together till it is thin and not at all stringy. Fill up the glass with cold water and sweeten to taste. It should be served as cold as possible. The important point to remember is to squeeze the lemon juice on to the egg before adding the water. The juice of the lemon partially digests the egg white and makes it easily assimilated. This simply made drink is very useful in hospitals, as most patients will take such a palatable beverage, and it is a valuable method of administering nourishment. Being easily digested it does not interfere with ordinary meals. In Infant Welfare it is especially useful, as the egg and lemon juice combined is an easy way of adding vitamins to the diet of ill-nourished children, also to expectant mothers. For growing girls it is excellent, if they are inclined to be anaemic, then it could be made with the yolks of two and the white of one egg, when one remembers that the yolk of egg is a good source of iron, the benefit will easily be seen. It is a good pick-me-up for tired nurses, and is especially nice if some crushed ice is added before filling up the glass with water. There is absolutely no taste of raw egg. I have given it to patients who could not bear raw eggs in any form, and they have not known it

was egg. Orange lemonade can be made in the same way and is equally nice.—*Nursing Journal of India.*

Smelling Salts.—Break rock ammonia into small pieces. Put into a bottle, cover with lavender water or Eau de Cologne and cork tightly.

To Prepare Lavender for Sachets.—Take $\frac{1}{2}$ lb of lavender, freed from the stalks, $\frac{1}{2}$ oz dried mint and thyme, $\frac{1}{4}$ oz ground carraways, $\frac{1}{4}$ oz ground cloves and 1 oz dried salt. Dry the lavender and also the thyme, if fresh, in a slow oven. Put into little bags.

Bath Crystals.—2 lbs washing soda, broken fairly fine, $\frac{1}{2}$ drachm each of oil of lavender and oil of rose, geranium or bergamot. In a 2 lb jar place layer of soda, about 2 inches and sprinkle with 15 drops each of flower essences. Put lid on jar, shake well, and let it stand for a day in a cool place. Repeat process till soda and oils are finished. Close jar securely and set aside for a month, giving an occasional shake. Use a tablespoonful in bath.

Effervescent Bath Tablets.—10 parts tartaric acid, 9 parts carbonate of soda, 6 parts rice flour. A few spoonfuls in bath is most refreshing. To form tablets, make powder sufficiently damp with methylated spirit to form tablets about the size of half-a-crown. A little oil of lavender may be sprinkled over powder before damping it. Keep in tightly closed tin. Three or four tablets for a bath.

A Certain Snail Destroyer.—2 double handfuls bran, 1 cup sugar, 1 teaspoonful Paris Green. Mix dry and leave about the garden. Snails like the mixture and next morning are found dead in large numbers.

A new form of Certificate has been adopted for issue by the State, after registration, either on passing the State Examination, or on a certificate of training from overseas. These Certificates are a great improvement on the old form.

A little girl of 4 or 5 years of age, from the City of New York, visiting her grandmother in New Zealand, remarked that she liked her New Zealand grandmother best, as she was so pretty, and her face was not a bit crumpled!

Food, Feeding and Nutrition

Extracts from an article by DR. TRUBY KING.

Foods, Feeding and Nutrition.

In the middle of a week devoted to focussing public attention on matters affecting the health and well-being of the community—physical, mental and moral—it seems worth while to set down what the word “nutrition” really means; how and when we came by our modern knowledge of the subject, and why everyone should have some working acquaintance with the science of nutrition, in its practical bearing on the rearing and growth of children, and the everyday life and fitness of the family.

Science Means Simplification.

Huxley used to say how strange it was that the man in the street should shy at the word “science,” and conclude that it meant something unpractical, complex, and hard to understand or apply, whereas in reality it was simply crystallised commonsense, and needed for its comprehension and daily use only such faculties as we all of us possess more or less. Science means systematising and simplifying—making things easier, not more difficult; knowing instead of guessing. Science means seizing the essentials and applying them; but it means much more than this. No great scientific progress has ever been made without exercise of the higher vision and imagination. In astronomy this has always been recognised; but the general feeling is that such cannot be said in regard to the mere stoking of the human machine. However, the mistake is to regard “nutrition” as stoking. Nutrition is not mere feeding; it affects and involves every tissue and function of our being.

Knowing Our Food.

The greatest and most fascinating authority of the day on nutrition is Professor Graham Lusk, of Cornell Univer-

sity, and it is significant that the greatest restaurant corporation in the world—the Child’s Restaurant Company, U.S.A.—called Lusk into its kitchens, and got him and his staff to work out the menus for their hundred branches and show for every article or “serving” of food, as it appears on the day’s list, the calories or “fuel value” opposite the price. Presently I shall explain the kind of thing one was confronted with at these wonderful establishments throughout America in 1917, soon after the United States entered into the War. It was sheer wonderment as to how the company had worked out its scheme in practice that caused me to consult and confer with the head of the concern on arriving in New York. The immediate response to my inquiry was terse and characteristic:—

“We just looked round, laid hold of the man who knew all about the subject, and asked his help and advice, and got him and his staff to help us to put it into practice—that’s all!”

On entering the restaurant, any new customer was handed a tiny pamphlet, from which the following is an extract:—

Eat According to Your Requirements.

“On our menus, the figures in parenthesis indicate calories, as computed by an expert in nutrition. The quantity of food needed depends on the physical work done—brain work does not increase the need of food. For each day choose foods that will furnish the daily number of calories needed by you. Boys and girls over 12 generally need as much food as their parents.” (It might have been added that between 12 and 16 they may come to need from 20 to 30 per cent. more than their parents!)

“The daily average requirements of calories are as follows:—

Occu- pation	Example	For Wo- men	Example	For Men
Sedentary	Secretary	2000	Clerk	2300
Manual				
Labour	Waitress	2500	Shoemaker	2500
Muscular strength	Laundress	3000	Carpenter	3000
			Soldier or Navy up to	4000

The Nutrition of Man.

The nutrition of man, as I tried to show recently, is not a narrow, dry-as-dust question of merely stoking the animal furnace, but is our most fundamental requirement, affecting and calling for the co-operation of every tissue and function of the body, and reacting on the mind, feelings and moral nature.

It was the vision of a poet and seer that led Schiller to say: "Love and hunger rule the world." Most of the great contests of mankind—epic and sordid alike—have had roots not merely in patriotism, love, hatred, ambition or predatory greed of territory, but largely in the means of subsistence; and what the countries of the world are contending for now is, of course, to a great extent, the ensuring of ample food supplies, fuel, and clothing, for use or exchange. This is the essential economic relationship of nutrition and war—regarded from the point of view of cause and effect.

But to the physiologist and humanitarian the problem of Nutrition presents other aspects. Recently I have described some of Professor Graham Lusk's work in America, as illustrating the daily application of science and system to improving the provision and use of meals in restaurants. I may refer now to what led up to his practical life-work.

In a little book of some sixty pages, "The Fundamental Basis of Nutrition," written nearly 10 years ago, before the war, Lusk says:—

"It seems as though mankind had a right to a knowledge of the foods which a bountiful Nature has provided for his use.

How We Came by What We Know.

Lavoisier:

"A true conception of the nutritive processes could only be formulâted when a knowledge of the existence of the various gases was revealed. It was Lavoisier who first showed, about 140 years ago, that when an organic substance burned, the products of combustion were equal to the sum of the original substance and oxygen. Oxygen had but recently discovered by Priestly.

Lavoisier burned plants and found that carbonic acid and water resulted. He therefore concluded that they contained Carbon and Hydrogen. Animals and Plants) contained Nitrogen in addition. This was the first analysis of organic material.

"Lavoisier went further and found that an animal or a man, like a burning piece of wood, absorbed oxygen and gave off carbonic acid gas. He discovered that the process of heat production in man was due to oxidation. . . He measured the gases given off by the animal, in order to determine whether the heat produced could be accounted for by the oxidation going on.

"He furthermore determined that oxidation in man was increased by giving him food, by causing him to do mechanical work, or by subjecting him to the influence of cold.

"To the darkness of the history of the French Revolution belongs the fact that Lavoisier, begging, according to Carlyle, for two weeks more of life in order to complete his experiments, was guillotined thereby becoming the greatest sacrifice to the insensate fury of his age.

Carl Voit and Rubner.

"Carl Voit, to whom the world owes so much of its fundamental knowledge of nutrition, used to say in his lectures: "Continual decompositions of matter are always going on in the living cells, and the energy liberated in these decompositions is the power upon which the motions of life depend. Phenomena of life are phenomena of motion.

"In truly poetical language, Rubner (Germany's great authority during the late war), the most eminent of Voit's pupils, has written: 'Mute and still by night and by day, labour goes on in the workshops of life. Here an animal grows, there a plant, and the wonder of it all is not the less in the smallest being than in the largest.'

"The Workshops of Life require fuel to maintain them, and a necessary function of nutrition is to furnish fuel to the organism that the motions of life may continue. Furthermore, the workshops of life are in a constant state of partial breaking-down, and materials must be

furnished to repair the worn out parts. In the fuel-factor and the repair-factor lie the essence of the science of nutrition."

Lusk ends his introduction with the following reflection, called up by the death of a gifted and heroic explorer and investigator in Labrador:—"The following lines convey the spirit of the lost explorer, as indeed they represent the spirit of all true investigators:

Something hidden, go and find it,
Go and look behind the ranges,
Something lost behind the ranges,
Lost and waiting for you. Go!"

Obituary

It is with deep regret we record the death of Miss Godfrey, one of the oldest and most respected members of the nursing profession in New Zealand, who passed away on March 11th. It is 25 years since Miss Godfrey retired from the Matronship of the Wellington Hospital, and started a Convalescent Home at Karori, which, some years ago, she gave up. She still retained her interest in the profession, and was a constant subscriber to the nurses' journal. Miss Godfrey was one of the early trainees of the Wellington Hospital, before the registration Act was passed, and was on the staff for 5 years before becoming Matron in 1890. Under her was trained Miss Payne, who took up the Matronship in 1899, and so from Miss Godfrey's influence have sprung many of the most capable nurses of New Zealand.

During the latter part of her life Miss

France was living with her old Matron, Miss Godfrey.

On March 30th the Nursing profession sustained a great loss in the death of Miss Marian Little, Matron of Hokitika Hospital. Miss Little had been ill for several months with heart trouble, and was devotedly nursed by her own staff. She was never able to leave the hospital, though arrangements had been made for her to return to her sister's home. Miss Little was trained at Christchurch Hospital, under Miss Ewart, and was one of those with the most high ideals of the profession of nursing, ideals which she carried out in daily practice.

She took up the Matronship of Hokitika Hospital in 1909, and since that time many improvements have been made in the old West Coast Hospital.

Private Hospital Inspection

At a recent meeting of the Board of Health, it was decided to form a small Sub-Committee to meet the Nurse Inspectors, and discuss the methods of inspection and supervision more especially of the Maternity Hospitals, and to determine what further steps can be taken to improve the equipment and general management of the hospitals.

Miss Mirams, Nurse Inspector Auckland District, is now in Wellington, assisting

temporarily, at the Head Office of the Nursing Division. Miss Broad, from Dunedin, and Miss Buckley, from Christchurch, came up to meet the Committee on 16th April. Miss Bagley, who has been so long engaged in the work of inspection, also came from Auckland.

Two meetings were held, and much evidence and information given to the members of the Board, which is hoped may result in good.

Mental Patients Burned to Death

A terrible fire broke out on Sunday last in the Manhattan State Asylum, New York, and resulted in a large number of casualties. The wing affected was that in which the most violent and homicidal patients were confined, many in padded cells, and the fact that the fire occurred on a bitterly cold morning, at 5 a.m., added to the horror of the situation. The firemen and nurses are said to have succeeded in persuading the majority of the patients to leave the building in an orderly way by calling "Breakfast is ready," and thus getting them formed into a line and marched outside, but some of the more violent cases refused, and clung screaming to the bars of their cells, resisting the persuasions of three nurses, who eventually perished in the flames with some 25 of their charges. We hope that the "padded cells" alluded to exist more in

the imagination of the reporter who sent the details than in reality. American hospitals have a high record for their treatment of mental patients, and it is difficult to believe that padded cells are common in the Manhattan State Hospital. Precautions against fire are apparently by no means perfect. The fire engines from New York City could not be brought across the river, and the river fireboats were unable to play effectively on the flames, which were fanned by a fierce gale, for more than half-an-hour after the outbreak.

—"Nursing Mirror."

This terrible disaster reminds us of a fire in Sunnyside Mental Hospital some years ago. Fortunately all patients escaped and nurses and attendants were not called upon, as in this case, to lay down their lives as these so heroically did.

Dr. and Mrs. Walker Farewelled by Hospital Staff

Dr. E. A. Walker's popularity as Medical Superintendent of the New Plymouth Hospital, both with Board and Staff, was evidenced at the Nurses' Home, on a recent date, when he and Mrs. Walker were the guests of honour at afternoon tea given by the Matron, Sisters, and Nurses. The nurses' sitting-room had been tastefully decorated for the occasion with dahlias and asparagus ferns. In addition to members of the staff there were present Mr. M. Fraser, Chairman of the Board, Drs. Leatham and Home, and Miss Barnett, who acted as relieving Matron while Miss B. A. Campbell was away. Prior to the serving of afternoon tea, Nurse Openshaw presented Mrs. Walker with a delicately-tinted bouquet of pink and heliotrope flowers.

In asking Dr. Walker to accept a set of monogrammed military hairbrushes, the Matron wished both himself and Mrs. Walker a pleasant holiday in the Old Country and a safe return.

"The Matron and Staff are sending their friendship with Dr. Walker," said Mr. Fraser. On behalf of the Board he expressed appreciation of Dr. Walker's work in the hospital. He had worked there for a very long time, and had had a strenuous time during the epidemic; in fact, during part of that period he had carried the responsibilities alone, for he was the only member of the medical staff not in bed. He deserved every praise for the splendid service he had given the Board. The people he had saved from the "Old Reaper" would

be thankful to him. Dr. and Mrs. Walker richly deserved a holiday, and the good wishes of their friends would go with them. (Applause).

On rising to reply Dr. Walker was greeted with prolonged applause. His was the trying position of saying goodbye to many friends. He thanked them for their gift. It was now 12 years since he had become superintendent at the local hospital, and during that time many changes had taken place. When he took over they were working in the old building and there was constant overcrowding. As showing the growth of the institution, in 1911 when he took over, the number of patients was only 392, whereas in 1922, 1,096 had passed through their hands. In 1911 there had been 215 operations, as against 618 in 1922. All this showed the big advance made. The hospital had done its work well. He acknowledged the co-operation of the Taranaki medical men and the nursing staff, without whose assistance it would have been impossible to have carried on. He was pleased to say that during his term all the demands made on the hospital had been met. In Miss Campbell the hospital had a Matron to be proud of. He could say that his 12 years' work here had been the happiest of his life. Dr. Walker concluded by paying a tribute to the staff for its loyalty.

Dr. and Mrs. Walker, and Miss Walker sailed for England by the Port Elliott, on February 8th. It is their intention to return some time in December.

Swab in Abdomen

At the present time a case is being tried in Auckland, which is of great interest to Surgeons and Nurses. An action is brought against Dr. Frazer Hurst, formerly Medical Superintendent of Whangarei Hospital, by an ex-patient, who, in November, 1920, was taken to hospital for Caesarean Section. This was performed successfully and both mother and child recovered, but subsequent operations were necessary, one to drain off fluid from the abdomen, and one for appendectomy. Later, it was suspected that a swab was still in the abdomen, though no peritonitis was present.

A fourth operation was therefore performed, the abdomen opened up and the swab found and removed.

The defence rests on the fact that the first operation was an emergency one,

performed with an inefficient staff, owing to the outbreak of influenza and the illness of the then Matron, who although present was not able to give her usual able assistance, and although there is no denial that the swab was actually left in when it should have been accounted for, the circumstances were a partial excuse for this accident.

The jury disagreed as to the verdict, and a fresh trial has been ordered.

Such cases are fortunately not very common, and are frequently only discovered after the death of the patient. In this case the fact that the life of the patient and her infant were saved considerably lessens its serious aspect. It appears strange that so long a time should elapse before the action was taken.

An Act of Heroism

A stirring act of bravery on the part of one of the Bush nurses is reported from New South Wales. Nurse Hulbert, of Lightning Ridge, had the misfortune to break her leg in a tiny village where no medical help was available. In great pain she managed to crawl back to her cottage, only to find a message summoning her to a maternity case some distance away. Nothing daunted,

she set forth on crutches made out of broomsticks and linen, duly delivered the woman and then got back to her home, but so ill that immediate surgical attention was imperative. In spite of a long ride to the nearest hospital over many miles of rough country she did well. It is pleasant to learn that a special vote of thanks and appreciation was accorded her by her Association.

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Probationers at Christchurch Hospital

At Christchurch Hospital, where an appointment as Sister Tutor has now been made, it is intended to take on probationers only twice a year instead of as at present, at any time vacancies occur.

During the first three months the tuition of the probationer will be concentrated in the elementary scientific subjects and general and practical nursing, with a minimum of ward work.

It is also proposed to introduce a new subject into the curriculum, namely: Elementary Chemistry, a subject, an elementary knowledge of which is required in order that the pupil may be in a position to understand the subject of physiology. At the present time the subjects, anatomy and physiology,

are supposed to be taught in twelve lectures, a physical impossibility. It is proposed to give tuition daily for three months in these subjects, as also in chemistry and practical nursing.

NOTE.—It must be pointed out that in regard to teaching of anatomy and physiology the minimum number of twelve lectures laid down in the regulations under the Nurses Registration Act, could not possibly give anything like the instruction required in the Syllabus, but text-books must be studied by the Nurses themselves, in addition to these lectures. Without individual study, nurses cannot expect to qualify themselves for their profession. Assistance must be given them and guidance in the course of their study; but it would be impossible, as well as undesirable, for them to depend on lectures only. Lectures are merely a peg to hang the study on.—ED.

Classification of Doctors and Nurses

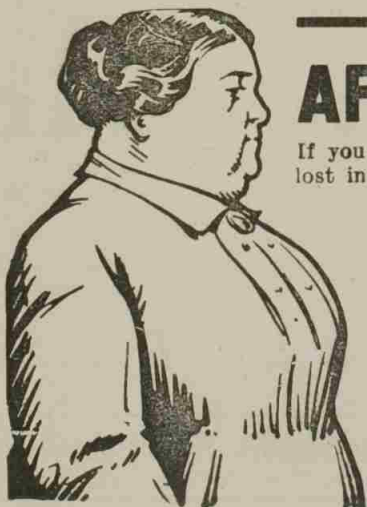
“The profession of Medicine is made up of three groups: an upper third—leaders in research, thought and helpful action, self-immolating altruists, the flower of civilisation; a middle third—strong, able, clear-minded men, who follow the lead of the upper third; and a lower third—prejudiced, ignorant, self-centred, whose approbation is undesirable. The Sanitarian must have the upper two-thirds with him, the lower third against him.

The Nurses may be roughly classed as are

the Doctors: upper, middle, and lower thirds.

The upper and middle thirds are priceless boons to the community; the lower third almost as pernicious as the corresponding class of doctors

A Health Department cannot successfully administer without the Public Health Nurse, who, if wisely chosen will respect the rights of the doctor, and add to his honour and influence. If she be of the lower third she will embitter, and justly so, the best men of the profession.”



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If you have been putting on flesh, and your figure has become lost in rolls of annoying, useless fat; if you are short-winded, puff when you walk, and puff when you talk; if you feel heavy and cumbersome; if your skin is sallow and pasty through inactivity, or red and flushed after any exertion; if you have any symptoms of indigestion, flatulence, and constipation; **DON'T DESPAIR!** You can treat this condition by a simple home remedy, without drugs, and endorsed by doctors. You need not be fat any longer. You can reduce right from the start, restore your figure, and regain your former health and activity. Write for free particulars to **MR. HARRISON, DEPT. K 131 FEATHERSTON ST., WELLINGTON, N.Z.** Enclose three stamps for postage.

Notes from the Hospitals and Personal Items

Births

On November 17th, 1922, at Napier, to Mrs. Taylor (Nurse Ashworth of Auckland Hospital), a son, George Gibbons.

On December 12th, at Kopatri, to Mrs. J. Bartholomew (Nurse Rubi Craigie), a daughter.

Mrs. Deller (Sister Mildred Jackson, late N.Z.A.N.S.) forwards the notice of the birth of a little daughter, on February 1st.

On March 11th, at Picton, to Dr. and Mrs. K. G. Salmond, a daughter (Mrs. Salmond was Nurse Isobel McLeod). Dr. and Mrs. Salmond are leaving Picton to reside in Feilding.

Marriages and Engagements

On December 20th, 1922, Miss A. J. Morton, trained St. Helens, Invercargill, was married to Mr. William Sinclair, of Dipton.

Miss Alice Price was recently married to Mr. G. B. Powell.

Mrs. Ray Donnelly, trained Wellington Hospital, was married recently, to Mr. Crawford.

Miss Lily Cowie, late of Hawera Hospital, and St. Helens, Wellington, was recently married to Mr. F. J. Hardy, and lives at Puniho, Taranaki. Mrs. Hardy being far from a doctor, is often called upon for advice and help.

On December 27th, 1922, Nurse Margaret Copland was married to Mr. Harry Collins, of Woolston.

On January 30th, Sister E. M. Gebbie, late N.Z.A.N.S., was married to Mr. D. McCurdy, of Dipton.

A very pretty wedding was solemnised on 1st February, at St. Andrew's Presbyterian Church, Palmerston North, when Mr. Arthur Leonard Berry, eldest son of Mr. and Mrs. W. Berry, Wellington, was married to Miss Margaret Campbell, only daughter

of the late Mr. Andrew Campbell, and Mrs. Campbell, Awahuri. Mrs. Berry was trained at Waipukurau Hospital.

Sister Dora Holmes, late N.Z.A.N.S., and lately Matron of the Waikane Hospital for Consumptives, at Dunedin, was quietly married on 17th February, at Kilbirnie, to Mr. Drummond, of Mowhiti, Sutton, Otago Central, also a returned soldier. A reception at which a few relatives and friends were present, was held at the bride's brother's residence at Kilbirnie, and was very pleasant and informal. The Matron-in-Chief, and Miss Willis, A.R.R.C., were present.

The bride looked very nice in a dark-brown coat and skirt and hat. Her sister, as bridesmaid, in dark blue.

The marriage took place in November, of Miss Murdock, late Masseuse at Trentham, and during the war, at Hornchurch, to Mr. A. Nutter, of Remuera, Auckland

Sister Emily Mitchell, late N.Z.A.N.S., is now Mrs. Guild, and residing in Temuka.

Nurse Gladys Kate Sears, trained at Auckland St. Helens Hospital, is now Mrs. Pilson, residing in Napier.

At St. Matthew's Church, Dunedin, a marriage was celebrated between Nurse Telford, of St. Helens, Invercargill, and Mr. Joek Sinclair, of Balclutha. Sister Jean Trotter attended the bride. Immediately after the ceremony, Mr. and Mrs. Sinclair left for a motor tour through South Lakes, Mount Cook, and Canterbury. Their future home will be at 'Rosebank,' Balclutha.

Miss Baker, late of Private Hospital, New Plymouth, is engaged to Mr. Gould, of Pingarihu. Miss Baker has gone on a trip to England before her marriage.

Hobcroft—Blair. On March 29th, at St. Andrew's Church, Gisborne, Miss Mary Blair, District Nurse at Kahukura, and daughter of Mr. Adam Blair, of Greymouth, to Mr. G. W. Hoberoft, of Kahukura.

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For Hours of Duty and Hours of Leisure

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Ivory Jap Silk Shirt Blouses, in new styles, plain and hemstitched, from 15/6

Crepe de Chine Blouses, plain and coloured, from 35/-

Embroidered White Cotton Voile Jumpers, from 27/6

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Nurses' Ward Shoes, 17/6 to 25/-

Plain Grey Nurse Cloth, 40 in., 2/11 yd
Striped Cambries, 32 in., 2/3 yd.

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CHRISTCHURCH.

Nurse Kathleen Tobin, of Christchurch Hospital, was married on 12th April, to Dr. Widdowson.

Michie—Grigor. The culmination of a school-day courtship in Scotland was celebrated on Saturday, March 3, when the Rev. Dr. D. G. McQueen united in marriage, Miss Mary Gordan Grigor, R.N., R.R.C., late of New Zealand, and Mr. Charles Michie, M.M. of Cherhill, Alberta.

Miss Grigor served in Egypt and the Mediterranean with the Imperial forces in 1915 and 1916, and was twice mentioned in dispatches. During Gallipoli operations she had many thrilling experiences while serving in troop and hospital ships, and later was awarded the Royal Red Cross while with the A.N.Z.A.C.'s, with which she saw service up to the time of the Armistice. Since coming to Edmonton seven months ago, Miss Grigor has been associated with the Royal Alexandra hospital.

Mr. Michie won the M.M. on the Western Front.

A reception was held for the happy couple at the home of Capt. and Mrs. J. E. Lee, 108th Street, where a few intimate friends extended congratulations.

—From a Canadian Paper.

Nurse Dorothy Wiseman, late of Wellington Hospital, was married on December 6th, 1922, to Mr. Henry Burrell, of Feilding.

Miss Amy Clougher, late of Wellington Hospital, is engaged to Mr. Ferguson, of Coromandel-st.

Miss Beatrice Gubbins, late N.Z.A.N.S. Massage Branch, is engaged to Mr. Barton, of Blenheim.

Resignations, Appointments, Etc.

Miss Alice Harris, trained at Greytown Hospital, and at St. Helens Hospital, Auckland, has been appointed Matron of Westland Hospital, Hokitika. Sister Harris has been for five years on the staff, and has been acting as Matron during the late Matron's illness.

Nurse Annie Tocker, Christchurch Hospital certificate, has been appointed Staff Nurse at St. Helens Hospital, Wellington.

Sister Maud Burrell has been appointed Senior Sister, and Sister Florence Cheverton Junior Sister; both Sisters were trained at the Hokitika Hospital.

Miss Isobel Jeans, trained Wellington Hospital, and in midwifery at Hokianga Hospital, has been appointed Matron of Clyde Hospital, in place of Miss Hotop, who resigned recently.

Miss Margaret Jardine has resigned the position of Matron of the Rangiora Maternity Hospital, under the North Canterbury Board.

Nurse Florence Bascaud, trained at Christchurch Hospital, and at Whangarei Maternity Annexe, is taking her place.

Miss Kitto has resigned her position as Matron of the Greymouth Hospital of which she has been in charge for twelve years. She wishes to be in Christchurch near her own people, and has been appointed Matron of Quambi, the McLean Institute for poor gentlewomen.

Nurse Agnes Muir, for a long time District Nurse in the Kaitai district, has now joined the staff of the Timaru Hospital, as Sister.

Sister Christmas, late N.Z.A.N.S., has been appointed Sister-Tutor at the Christchurch Hospital. Sister Christmas was trained at the Hospital, and has much experience since, having served throughout the war; she was one of the sisters who were on the ill-fated "Marquette."

Miss Rennell, Matron for many years in the Tourist Department at Hanmer and Rotorua, recently retired from the position of Matron of the Rotorua Government Sanatorium.

Miss Macdermott, trained Auckland Hospital, was appointed in her place.

Nurse Nellie Jamieson has been appointed District Nurse at Kahukura, and left Auckland for the District Nurse's Cottage, on 20th March.

Miss Elsie Taylor, trained at Dunedin Hospital, and at St. Helens, Invercargill, has been appointed Matron of the Waiuta Cottage Hospital, near Reefton.



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Good health is impossible when the lungs are not sound.

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The most comfortable, stylish, and best wearing corset ever worn.

Gives freely to every movement of the body, yet holds the figure firmly.

Especially suitable for the Smart Dresser and Athletic Girl, also made in special models for stouts.

Absolute Comfort Always

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Recommended by the Medical Profession

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— **WEAR, VALUE AND COMFORT** —

Also "TREO" Elastic Brassiers
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Nurse Blair, after being the first District Nurse at Kohukura, has now resigned her position.

Miss Effie Bremner, Sub-Matron St. Helens, Invercargill, has resigned her position and intends to go to Hobart, Tasmania.

Sister Laura Rood has resigned her position at King George V. Hospital, Rotorua, on account of her approaching marriage.

Sister Williams, late of Queen Mary Hospital, Hamner staff, has now taken over the Private Maternity Hospital in Abel-Smith Street, Wellington, owned by her late half-sister, Miss Murphy.

Miss Williams is assisted by Miss Reinberg, trained at St. Helens Hospital.

Nurse Ngapori Naera, who for several years was a Native Health Nurse under the Health Department, and who has recently been on leave of absence, has resigned her position, and is now engaged in private nursing at Hokianga, where she has had a number of maternity cases.

Sister Siddons, who was for a long time in charge of Craigholme Private Hospital, in Hawera, has resigned that position and is at present in Auckland.

Sister Ella Miller has also left Craigholme, and is with Miss Siddons in Auckland.

Sister Kate Barnett, late N.Z.A.N.S., who was recently acting Matron at New Plymouth Hospital during Miss Campbell's leave of absence, is now taking charge of Craigholme.

Miss Donovan has given up the charge of the Maternity Hospital, Geraldine, and is now at Karitane Harris Hospital. She expects to return to Wellington after the examination.

Nurse Mary G. Roberts, trained Dunedin St. Helens, is now in charge.

Mrs. Sheridan, late of Te Arawa District Nurse's Cottage, has been appointed Matron of the new Cottage Hospital at Waiuku, under the Auckland Hospital Board.

Miss Macdonald resigned her position as Matron of Whitianga Hospital on account of her marriage to Dr. Redpath.

Miss S. A. Wright, trained at Brownlow Hill Hospital, Liverpool, England, was appointed Matron to the Whitianga Hospital, Mercury Bay, but has since resigned.

Nurse Violet Bayley, has resigned her position as School Nurse at Te Awamutu, Waikato District.

Nurse Lees has resigned her position as School Nurse at Dunedin.

Sister Barbara Garland, N.Z.A.N.S. Reserve, has been appointed School Nurse at Te Awamutu in place of Sister Bayley.

Miss Jean Trotter has been appointed Sub-Matron St. Helens Hospital, Invercargill.

Sister Janet McGhie, late N.Z.A.N.S., has been appointed Matron of the Fever Hospital, Lake Logan, Dunedin.

Sister Valentine, late Matron, has been appointed Matron of Waikari Sanatorium, Dunedin.

Sister Jermyn has resigned from the staff of the Picton Hospital.

Sister Macdermid has been appointed to fill the vacancy.

Miss Warnock has been appointed Matron of the Motueka Private Hospital, under the Nelson Hospital Board.

MASSEUR PRAISES Q-TOL

A Masseur of wide Government Sanatorium Experience writes:—"I have given Q-tol a good test, and it acts very well indeed. It has a most soothing effect when massage treatment is prescribed, and when being applied, seems to make my fingers very flexible." Q-tol is an ideal skin tonic and hand emollient especially for use by nurses and medical men. 2/- Everywhere

AN ENGLISHMAN'S CATARRH

Mr. E. R. Broughton of 21 Cambridge Road, South-end-on-Sea writes:—"While in N.Z. I made the acquaintance of Fluenzol. Have been a frequent sufferer from colds and catarrh in the old country, and find your specific wonderfully efficient. It does all you claim for it. Please let me know your Selling Agent's address in England."

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Time and time again, after much study and many tests, Oat Foods have been pronounced the most economical and nourishing of cereals.

Health Authorities recommend Oat Foods, particularly coarse oatmeal—a meal that tones up the digestive organs and exercises the teeth to do their proper function. It was these facts, coupled with many requests which prompted us to prepare

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ERGOAPIOL (Smith) is a singularly potent utero-ovarian anodyne, sedative and tonic. It exerts a direct influence on the generative system and proves unusually efficacious in the various anomalies of menstruation arising from constitutional disturbances, atonicity of the reproductive organs, inflammatory conditions of the uterus or its appendages, mental emotions or exposure to inclement weather.

As an analgesic in gynecological cases, Ergoapiol (Smith) is superior to opium or coal-tar derivatives in that, besides relieving pain without exposing the patient to the danger of drug addiction, it also offers a tonic and restorative action upon the pelvic viscera.

It is a uterine and ovarian sedative of unsurpassed value and is especially serviceable in the treatment of congestive and inflammatory conditions of these organs.

The anodyne action of the preparation on the reproductive organs is evidenced by the promptness with which it relieves pain attending the catamenial flow, and its anti-spasmodic influence is manifested by the uniformity with which it allays nervous excitement due to ovarian irritability or other local causes.

Ergoapiol (Smith) proves notably efficacious in amenorrhea, dysmenorrhea and menorrhagia.

Miss Florence Taylor, from Sydney, has given up private nursing in Wanganui and has taken the position of Maternity, Charge Nurse at the Wharewhitu Private Hospital, Dannevirke.

Miss Marion McNicol, trained Auckland Hospital and St. Helens, Wellington, is now Matron of the Apia Hospital, Samoa. Miss McNicol served previously on the staff as Sister.

Sister Aiken, from Pukeora Sanatorium, and Sister Harper from the same institution, have joined the staff as Sisters in place of Sisters Adams, Smith, and Mackenzie, who returned to New Zealand after a year's service.

Miss Latimer has resigned her position as Matron of the Costley Home, Auckland, and applications have been invited for the position of Lady Superintendent.

Miss Beatrice Maclean, late N.Z.A.N.S., has been appointed Matron of the Children's Homes, at Napier, and will take up the position early in May.

Personals

Many nurses who served in Egypt under Miss Dodds, R.R.C., Matron of the Citadel, will be grieved to learn that she has been in hospital for twelve months, suffering from neuritis, due to war service.

Sister Evans of Evelyn Frith Home, sustained a fracture of the fibula, by slipping in Queen's Park. She is now off duty, and in plaster for three weeks.

Miss Florie Smith, has returned from Karitane Harris Hospital and resumed her work as Sub-Matron at St. Helens, Wanganui.

Sister Lea will remain on during the leave of Miss Elliot, who has gone to stay with Miss Inglis, in her new home at Napier.

Miss Frances Price, R.R.C., is now going through her midwifery training at Townley St. Helens Hospital, Gisborne.

Sister Violet Oppenheim of the staff of Queen Mary Hospital, Hamner, is entering for her maternity training in June.

Nurse Cameron, District Nurse at Opotiki, is now to have a motor car to take her round to her work, and is learning to drive. It will, much facilitate her getting round to cases and to outlying districts.

Sister Alithea Scott, late N.Z.A.N.S., who has been a patient in Otaki Sanatorium, discharged well, is returning to take a position on the staff.

Miss Eva Macdonald, late of Taumarunui Private Maternity Hospital, has now returned from a visit to Sydney, and intends to resume work in New Zealand.

A letter recently received from Sister Margaret Simpson, late of the staff of the Apia Hospital, Samoa, says she is very well, and enjoying the change from the tropics exceedingly. Sister is at Los Angeles with her uncle. She specially remarks on the beauty of the flowers.

Sister Edith Harrison has rejoined the staff of the Napier Hospital, after two years absence.

Sister Bernau has resigned on account of her approaching marriage.

Sister Somervell has also joined the staff of the Napier Hospital.

Mrs. Smale, ex-N.Z.A.N.S., has come to Wellington to do private nursing from the Club. She had recently been working in Napier.

Miss Theresa Butler, late N.Z.A.N.S., has now left Ruakura Farm, where she was taking a course in Bee Keeping, and is going to Karitane Harris Hospital this month. Miss Butler has been much better after her term of open-air life at Ruakura.

Sister Keith has also left Ruakura.

Sister Edmonstone, who was at Ruakura for several months, has left, and is under medical treatment in Sisters Sanderson and Hawkins' Private Hospital, Hamilton.

Sisters Siddells, Person, and A. B. Smith, have purchased Miss Winifred White's Private Hospital at Masterton.



A Great Help to Nursing Mothers

"Ovaltine" should be regularly taken by the mother for several months before the birth and continued throughout the nursing period. By this method an adequate supply of rich milk is ensured and the mother is enabled to maintain her strength under the strain which nursing throws on the system

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1. High Food Value.

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No cooking—no fuss or trouble. One or more teaspoonfuls are merely added to hot milk, or milk and water, in a glass or feeding cup.

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"Ovaltine" is prepared by a special process of extraction and desiccation which ensures rapid digestion and complete assimilation, even when the digestive functions are impaired. It is retained and absorbed when other foods are rejected.

4. Delicious Flavour.

"Ovaltine" makes a beverage with a delicious flavour which is always enjoyed. It is a marked improvement on heavy or insipid foods.

Miss Alice Keyte, late of Christchurch Hospital, a member of the N.Z.A.N.S. Reserve, is leaving for England, in April. She expects to be away about a year.

Mrs. Falconer (Sister Metge) has recently returned from Home to Auckland, with her two little children.

Nurse Martin, District Nurse at Wairoa, Hawke's Bay, returned to duty in March, after her long and trying illness. She was glad to find work awaiting her, and some improvements instituted by the Board. Electric light in her house, and a hot-point for electric iron; also a motor car in place of the horse and gig, which they thought would be too much for her to manage. Nurse is now learning to manage her car, and feels she must work hard to repay the consideration of the Hospital Board.

Nurse Rita Gilbert, trained at Wellington Hospital, left on 7th April, in the Corinthic, for India. She has joined the Lady Minto Nursing Association and looks forward to five years' work in India.

Nurse Esther Brodrick, of Palmerston North Hospital, is leaving New Zealand, in September, for a year, to take a position in Melbourne.

Sister Margaret Hitchcock, N.Z.A.N.S. Reserve, is at present relieving Plunket Nurse in Pahiataua. She is shortly to return to Dunedin, on the staff of the Karitane Harris Hospital.

Nurse Linda Andrews, has been appointed temporary Matron of the Karitane Hospital, Christchurch.

Sister Kate Cumming, N.Z.A.N.S. Reserve, is intending to visit Australia with her mother. They are now living at Papakura.

Miss Gladys Box, who was for some time on the staff of the Otago Hospital Board at the Dunedin Hospital, and at Palmerston Pleasant Valley Sanatorium, is now undergoing her midwifery training at the Queen's Home, Adelaide. Miss Box writes expressing her happiness in her work in New Zealand and with New Zealand nurses, and hopes to again come to the Dominion.

Nurse E. M. Prentice who has for years been engaged in Mission work in China, has been obliged, for health reasons, to give up her work, and has returned to Mosgiel, New Zealand. Nurse Prentice promises an article on work among the babies in China, to which we look forward.

Miss Gertrude Greaves, who has recently been a Sister at Dannevirke Hospital, has resigned her position there.

Nurse Dorothy McCarthy has left the Waipukurau Hospital, where she was trained, and is now getting some post-graduate experience at the Wanganui Hospital.

Sister Crompton, N.Z.A.N.S. Reserve, who has been relieving sister at Evelyn Firth Home for some months, spent a long holiday at Waitakere on the West Coast, and is now at her home in Auckland, intending to do some private nursing.

Nurse Doris Menzies, trained at the Auckland Hospital, has finished her midwifery training in the Denniston Hospital Maternity Ward, and will sit for her examination in Auckland.

Sister Crowley, late of the Masterton Hospital staff, is entering the Denniston Hospital, with a view to getting her maternity training.

Sister Gertrude Petre, N.Z.A.N.S. Reserve, has resigned from the staff of Monticelli Home, and is now practising massage in Christchurch.

Miss Chapman has resigned from the position of Matron at Karitane Hospital, Christchurch, after over three years' service. Her resignation was accepted with regret, and the value of her services to the hospital was placed on record.



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TERM OF MEMBERSHIP is for a period of 20 years, but a member may withdraw after she has made one payment in her fourth year, obtaining a cash refund of a reasonable proportion of the total amount subscribed, but to obtain the full benefits for which the Fund is created the **full term of membership must be completed**: or, a member may elect, after one payment in the fourth year, to stop her further payments and obtain a certificate for a fully "paid up" interest in the Fund for a proportionate part to be calculated on application, the amount of which will be handed to the member after the expiration of the 20 years.

SUBSCRIPTIONS AND BENEFITS.—Payments at the rate of £6 yearly; £3 3s. half-yearly; or £1 12s. 3d. quarterly to members up to 40 years of age; and £6 5s., £3 5s. 8d. and £1 13s. 8d. respectively for members between the ages of 40 and 45 **secures** a sum of £100 and bonus interest at the end of 20 years.

A sum of £33 6s. 8d. and bonus interest if death occurs before the expiration of 20 years.

£1 weekly for 26 weeks during total incapacity from accident. £1 weekly for 26 weeks during close confinement to bed or home arising from any sickness.

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PROPORTIONATELY INCREASED BENEFITS are of course obtainable by higher payments.

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APPLICATION FOR ENROLMENT should be made to the **Trustees of the Fund, Messrs. Stringer & Bridge, Public Accountants and Auditors, 81 Cathedral Square, Christchurch**, or to **Mr. Conrad Boyes, Travelling Representative, care The Colonial Mutual Assurance Society Limited, Wellington**, but before doing so full particulars and all other terms and conditions should first be obtained from either of the above, or from the Head Office of The Colonial Mutual Life Assurance Society Limited, Customhouse Quay, Wellington.

Commended by public and business men.

ENROL NOW!—Delay is always unwise.

Sister Mary Sutherland, late N.Z.A.N.S., is returning to her old training school, the Auckland Hospital, as a Sister.

Sister Metherell has returned from America after eighteen months' absence, during which she was busily employed in nursing and in seeing the country, and has gone to her home in Christchurch.

Nurse Wynnifred Gray, is now at Karitane Harris Hospital, for the special course of training.

Miss Fanning, A.R.R.C., is taking the course of training at the Karitane Harris Hospital.

The Sisters E. and H. Riddell, who for the last two years have had Braeside Private Hospital, Matamata, have disposed of their interests and left for Honolulu, on April 3rd, where they intend having a good holiday, and if conditions are favourable they will do a little nursing; otherwise they will proceed to America.

Nurse Cheek, trained at Picton Hospital, and at St. Helens, Wellington, has joined the staff of Miss Flower, at Marton, to act as manager of the Maternity wing of the Private Hospital, when completed.

Nurse Lorna Bridge is now taking charge of Dr. Wright's private hospital at Manaia, in place of Miss Mary Muir, who has been in charge for some months, and is now returning to New Plymouth.

Miss Sealy, Matron of Otaki Hospital, paid a visit to her old friend Miss Carston, at Quail Island, while on her annual leave.

Nurse Amy McIntyre has joined the Greytown Hospital staff, as Staff Nurse.

Sister Alice Ingold, who was Senior Sister at Karitane Harris Hospital, for fifteen months, has recently left there to relieve the Matron at Karitane Hospital, Wanganui, for a short term.

Nurse Ethel Bevin, was appointed Sister at Karitane Harris Hospital, Dunedin, last September.

Nurse Carmichael was appointed to the Auckland Plunket nursing staff, on March 1st, in place of Nurse Cussen-Jones, who is leaving to be married, after two years' Plunket district work.

Nurse Hodgetts has been appointed to a position on the Auckland Plunket nursing staff.

Nurses Gorrie, Aitken, O'Shea, Currie, Osborne and Hall have been doing relieving Plunket work the last few months.

Nurse Bolton is remaining at the Ashburton Hospital as staff nurse.

Sister Smith, of Ashburton Hospital had the misfortune to break her leg above the ankle, by a fall in the corridor.

Sister Withel is relieving at the Ashburton Hospital.

Nurses Vera and Hettie Simpson, trained at Leith Hospital, have been appointed to the staff of the Christchurch Hospital.

Nurses Cox, Ward, and Bryce Wright, of Christchurch Hospital, have resigned from the staff of that institution.

Nurse T. Campbell, after qualifying at the Cook Hospital, last year, was temporarily on the staff as Sister in Charge of the Children's Ward, and is now private nursing in the Hawke's Bay district.

Miss Mary Geddes, late of Timaru Hospital, has given up nursing for a time, and is housekeeping for her brother at Waihi Forks.

Nurse C. Mercer is shortly going to Sydney, where she hopes to work as a midwifery nurse.

Miss M. Worthington has left Stratford Hospital, and is now in Auckland.

Nurse Emily Booth, trained Invercargill and afterwards Sister at Ashburton Hospital has resigned that position and is doing private nursing.

Nurse Kaja Hansen is now private nursing, from the Nurses' Bureau, Napier.

Sister K. Welch, N.Z.A.N.S. Reserve, who recently took her midwifery training at the Rotunda, Dublin, is still remaining in London.

Nurse E. Patterson has given up her private hospital at Otaki, and is now at New Plymouth, with Miss Lock.

A number of farewell parties to Sister Rood were given by the staff and others, at the King George V Hospital, prior to her departure, on 1st April. Sister Rood is shortly to be married; she has been a very popular member of the Army Nursing Service since 1915, when she first went to Egypt.

Among the presents she has received were a very beautiful silver hot-water jug, from the soldier patients, and a silver afternoon tea service from the nursing staff.

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, Health Dept., Old Parliament Buildings, Wellington.

Subscriptions to be sent to — Miss Maclean, Health Dept., Old Parliament Buildings, Wellington,

All communications *re* advertisements, etc., to be addressed to the publishers, Messrs. L. T. Watkins, Limited, 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.



