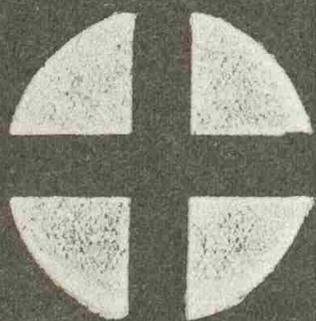


# KAI TIARI:

The Journal  
of the Nurses of  
New Zealand





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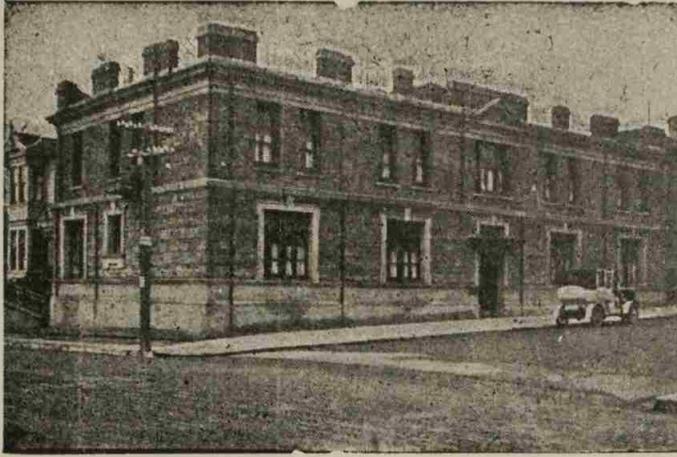
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# Kai Tiaki

(THE WATCHER—THE GUARDIAN)

## The Journal of the Nurses of New Zealand

VOL. XVI. No. 3.

JULY, 1923

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### The Terms "Nurse" and "Probationer"

It has frequently been said that the term "nurse" is used in so many different connections and for so many varying classes of workers, that it does not properly describe the qualified attendant on the sick. In the first sense it is to "nourish," and in that way indicates the act of a mother feeding her infant; it also means to "cherish," "take care of," and indicates the ordinary care of a maid attendant in charge of young children.

It is applied to persons who are attendants to doctors in their consulting-rooms, who open the door, usher in the patients and make appointments, and whose occupation—though in a few cases some of the duties of a trained nurse may be included—in the ordinary case are not engaged in any way in sick nursing.

It is also used in connection with dental work, and quite recently in this country a number of young women have been trained and are being trained to carry out minor dental operations, and are styled "dental nurses," whereas "dental assist-

ants" would more properly describe them.

The difficulty is to find any other term which shortly and adequately describes a trained nurse. The French have even adopted the term from the English instead of their rather cumbersome "garde-malade," and in France, as it is not used for so many other classes of people, it is more distinctive. The army designation of "sister," applied to all ranks of nurses in the service, is not quite so abused, though it has been for many ages a term used in the Catholic Church for nuns and in Protestant churches for deaconesses and church visitors.

Even more than "nurse" is the term "probationer" applied indiscriminately to all and sundry. There are "probationers" serving a term for ill-doing; there are "probationers" on trial for their suitability as pupils to be accepted as trainees for the nursing profession, and frequently they continue to be so called for far longer than the ordinary three months' term. After the three months

they should be styled pupil nurses, this implying that they are under instruction and studying for their profession.

Why should girls serving in private hospitals be termed "probationers?" They are not on "probation" for any future teaching in nursing, although in some cases they may go on to public hospitals and eventually qualify. The proprietors of private hospitals are to blame for applying this name to girls they engage for the

domestic work of their hospitals and for the ordinary fetching and carrying of the meals and the minor duties which may be assigned to them. In Government hospitals, the designation "hospital aid" has been applied to those girls who are doing this very useful and necessary work, and appears to cover any duty they may be given, and at the same time does not encroach on the domain of the girl who is qualifying for the profession of nursing.

## New Zealand Trained Nurses' Association

### AUCKLAND BRANCH.

The usual monthly meetings were held during the quarter and were well attended, and routine business was transacted.

The club has been busy this winter, there being more residents than usual. Work was not so plentiful for a time. Several nurses have gone abroad and others have taken their places.

During the quarter nine nurses were accepted as members of the Association.

Dr. Beattie has promised to give an address at the next general meeting on "Mental Nursing."

### WELLINGTON BRANCH.

Members of the above association are reminded that nominations for members of the Council for the ensuing year will close on 15th October, 1923.

Nominations must be in writing, and signed by the proposer and seconder, also by the nominee.

The above notice is in accordance with the new rule passed by the Wellington Branch last year, "That in future a notice of the date when nominations for members of Council for ensuing year will close, should be posted in the Clubroom on or before 1st October, and also advertised in the July number of 'Kai Tiaki,' instead of sending out nomination forms by post."

### CANTERBURY BRANCH.

There is not much of special interest to record from this branch on this occasion.

Council meetings were held each month in the Nurses' Clubroom, on the third Thursday of each month, the afternoon being chosen for meeting, instead of the evening, as being more suitable for most of the members.

General meetings followed by a lecture were held on the fourth Thursday of each month, and were well attended and much interest shown.

Members are availing themselves of the privilege of taking out books from the library, and are finding the room very convenient.

Miss Muir gave an address on her recent travels, in March, and it was much enjoyed by the members.

The Rev. J. Pattison gave a fine lecture on Egyptian history, which was of special interest at present, as the wonders of the old tombs are being revealed. The lecturer threw a new light on the meaning of so much treasure being buried with the kings, which to many is so hard to understand, or so unnecessary. We hope to print this lecture in next issue.

Sequel to school medical officer's lecture on gargling to school children. Schoolmaster (to small boy): "Where is Freddy to-day?" "Please, sir, he is ill." "What is the matter with him?" "Please, he's got the Condy's fluid, and won't be back till Christmas."

## Suggestive Therapeutics

A Lecture given before the Members of the Wellington Provincial Masseurs' Association by Dr. D. Eardley Fenwick, April 9th, 1923, Miss Hester MacLean, R.R.C., Matron-in-Chief, in the chair.

I am afraid I am going to disappoint you to-night, because—rather than attempting to describe in detail to you various methods of treatment applicable to functionable nervous disorders—I want to help you, if I can, to a clearer understanding of the nature of these cases, and particularly to get a grasp of the main factors to the causation of these diseases. For, unless you understand what is the underlying cause of the complaint you are healing, it is highly improbable that you can treat your patient with the intelligence he is entitled to.

As you know, the neuroses have in recent years—during and since the war, in fact—come very much to the fore in medical discussions and as a result a regular list of new names and diagnoses have come into existence. I see no reason why you should be bothered with these, but I do think that it is of the utmost importance that you should be able clearly to recognise three main comprehensive classes—neurasthenia, psychasthenia, and hysteria. If you will realise the essential differences both as regards symptoms and treatment of each of these disorders from the other, you will be well on your way to having a clearer understanding of, and being as a result able to give more satisfactory treatment to, these cases when they come your way.

Neurasthenia defines itself. It is an asthenic condition of the nervous system, i.e., a condition of exhaustion of the nervous system; and with exhaustion of any organ or any system an irregular, irritable action of that system manifests itself. In that lies the explanation of many of the symptoms of nervous exhaustion, the tachycardia or rapid heart action, for instance, the headaches and the insomnia.

Hysteria is a condition much more difficult to define. Unfortunately, the name "hysteria" has become widely used, and

its real meaning lost by many of the laity. It has come to carry a certain sense of blame with it. It has become confused with imagination, and the fact that hysteria really denotes a pathological condition—an illness for which the patient is no more responsible or blameable than for pneumonia—has been lost sight of.

Now, contrary to neurasthenia, hysteria is not necessarily associated with a condition of exhaustion or asthenia. On the other hand, hysteria patients are frequently the opposite. They may be physically fit—the neurasthenic never is—and the distinctive feature of hysteria is a distortion of the natural workings of the central nervous system. Such distorted nervous action may show itself in the way of contractures of muscles, of loss of power of speech or of loss of feeling, anæsthesia. That is, there are very definite physical signs of hysteria. But these various phenomena are all brought about by a mental impression. Babinski, one of the greatest of all neurologists, has laid down as part of his definition of hysteria that all the signs and symptoms of hysteria can be produced by suggestion, and removed by suggestion.

I have seen anæsthesia produced in a patient by the unwitting suggestion of a doctor during the course of a routine examination. The patient was a soldier with a hysterical forearm paralysis. This patient had before examination had no sensory changes at all. During examination the doctor said, "Tell me if you feel my touching you just as plainly in the right arm as in the left." This was putting a direct suggestion into the patient that he should—according to the usual run of cases—have some difference of sensation in his two arms. The suggestion took effect at once. The patient said he could not feel in his right arm. And the chief point is this: not only did he say so,

but he could not feel. I may add that, in accordance with Babinski's statements, the anæsthesia was removed by suggestion at one sitting.

To leave hysteria for the time being, let me now consider Psychasthenia.

Psychasthenia is a more serious, but not less common, affection than either neurasthenia or hysteria. It is a condition in which the mental phenomena overshadow the physical signs. Neurasthenia is a condition brought on by some outside cause—prolonged business worry, overwork, and so on. Psychasthenia, on the other hand, is the outcome of a neuropathic disposition. The psychasthenic is born such. He may go through life without grave trouble; on the other hand, his psychasthenic disposition may get the better of him till his life becomes a misery. The chief characteristic of psychasthenia is the presence of obsessions. He becomes obsessed with a thought, usually a dread or a fear, which by no effort on his part can be thrown off. He is not insane. He has no delusion. He knows his fear is unjustifiable, but he cannot get rid of it. He is a prey to his thoughts. In some cases he has a vague fear. He does not know what it is he is afraid of, but the fear is there, and he becomes miserable and depressed. In other cases the fear is a well-defined one. He is afraid of open spaces, of closed rooms, of hills, of railway travel, of cancer, of microbic diseases. The fear goes further than this in many cases. The patient is afraid that he may give way to some uncontrollable impulse to throw himself from a height or from a car, because he has actually felt the impulse to do this thing at some time.

Now I have spoken rather at length about psychasthenia because of the functional nervous diseases it is the commonest. It is not the most commonly recognised, but it is the commonest. Most people have a psychasthenic tendency, though it does not in most cases amount to anything in the nature of disease. Many people have some peculiar little habit, a sub-conscious habit which is bordering on a minor psychasthenic state. It is instinctive in man to step over ditches,

holes, etc., when he is walking. A psychasthenic burlesque of this is when he carefully, yet almost sub-consciously, avoids the cracks in a pavement and becomes irritated without reason when he steps on one. The minor obsession is instanced in the person who cannot get a catchy tune out of his head even when he tries. That does not matter much, but it is quite obvious that an irritating train of thought, equally persistent, may become a matter of very serious import to a man.

Now to come a bit more to the practical bearing of all this. You must, many of you, have had patients sent to you whom you have been asked to massage or give some form of electrical treatment. You have faithfully carried out your instructions, and you have gone through that depressing experience of watching your patient make absolutely no progress. The fault does not lie with you; and yet I hope to be able to point out to you that you are in a position to be able to help considerably in correcting this fault. The original failing lies with us medical men. It is only in very recent years that a proper—a scientific—appreciation of the types of neuroses has come into vogue. The average medical practitioner looks, I am afraid, on the neuroses cases which come to him as rather a distasteful part of his practice. He has been a bit inclined to label them all neurasthenia, and to prescribe something that he optimistically calls a nerve tonic, perhaps Weir Mitchell treatment, a course of massage or some form of electrical treatment, and if the case is one of psychasthenia he might as well prescribe a dose of Epsom salts.

You may say, "If massage and electricity are of little service in these complaints, why bother us about them? What can we do?" Well, I think you can do a great deal, and I will attempt to show you how. To do this I must just hark back for a moment to the cause of psychasthenic states. The emotions are at the bottom of all—fear, love, hate, anxiety—any emotion. And at some time in the lives of these patients they have received an emotional shock or injury, or a series of

such. Now at the time the unpleasant experience that the patient went through had no obvious and lasting effect. But an impression, perhaps a very deep impression, was made on the patient. He succeeded, however, in suppressing, or rather repressing, this shock. He relegated thoughts and memories of it to his sub-conscious mind, and there this impression lay buried, not destroyed. Some permanent damage was done at this time to the patient's emotional equilibrium. Later in life another direct jar to his emotions, or some situation remotely resembling the original nervous shock, occurs, and a train of symptoms is set up, due in the first place to the original shock and particularly to its repression in the patient's sub-conscious mind. Fear, dread, and obsessions come on, absolutely without cause as far as the patient can see, because he is not aware of the emotional activities that are going on through this repressed memory in his sub-conscious mind.

Now if this repressed incident, incidents, unpleasant experiences, or emotional disturbances can be discovered and brought to light, the patient is half way on the road to recovery. This is, roughly, the *raison d'être* of a form of psychotherapy elaborated by Freud's Psychoanalysis. And the essentials of it are the discovery of the repressed emotional injuries in the sub-conscious mind, and the bringing of them to the surface so that their relation to the present illness may be demonstrated to the patient, and that he may deal with this by a reasoning process of his conscious mind instead of allowing it to deal with him by an unreasoning emotional process of his conscious mind.

Now please do not imagine that I am suggesting to you that you should dabble in psychoanalysis. I am not; for there may be as much harm done by clumsy methods in this respect as good by skilled methods. But here I suggest that you can quietly go far towards finding the real cause of the patient's illness. From your very circumstances I think you are in a more favourable position to do this than the medical practitioner. Personally I think the ideal of the doctor and the mas-

seur or masseuse to whom he sends his patient should be that of consultants. Outside of the special hospital for these cases at Hanmer, I know of no doctor, practising in New Zealand, who is able to give up the time to these patients for their adequate treatment, because it means no less than an hour daily to each patient for some time. You can realise the impossibility of the busy general practitioner allowing this.

Now may I outline what to me seems a reasonable attempt to treat such patients fairly and adequately? Each case would be a case unto itself, of course; but perhaps a rough general idea of routine might be attempted.

The doctor at the first consultation must be prepared to listen to his patient with the utmost patience. The patient must be encouraged to relate every trouble, little or big, which he is contending against. He must not be afraid that anything is too trivial, and he must give as far as possible an outline of his previous life. The doctor arrives at a diagnosis. He is satisfied, we will say, that he is dealing with psychasthenia as distinct from neurasthenia or hysteria. But it is almost a certainty that he has not arrived at the original cause of the trouble. Nevertheless he must, for the patient's sake, start his treatment at once. He sends his patient to a masseur or masseuse. Now I know you want specified directions from your doctor. Personally my directions to you would be something like this: "Firstly I want you to gain your patient's confidence. I want you to make him realise that your doctor has explained his case to you, that you fully appreciate his troubles and that your one aim will be to remove these troubles. Above all, I want you to let him see that you have no shadow of doubt as to the certain successful outcome of his complaint. It may seem a small point, but it is an important one, that you should not let your patient believe (as they are only too anxious to believe) that theirs is an extraordinary case, something different from what has been seen before, and as such less likely to respond to treatment. You will start with general mas-

sage. In this case your chief aim in giving general massage is to induce a sense of comfort and well-being, and you will endeavour to teach your patient the meaning of relaxation. When you have once taught him how to truly relax himself, you will find that you can get him to relax his mind, and when you have once got him to that stage, you have got him to a stage when he is particularly susceptible to good suggestions. I want you to pay particular attention to this point. I want you to allow your patient to talk freely to you all the time you are treating him. I don't want you to ask questions—questions are always dangerous to the psychoneurotic. Unless they are very guarded, you do not know what unmeant suggestion they may convey to his ill-regulated mind; but I want you to encourage him to confide in you, to tell you any little trouble, however trivial it may seem, and to tell you anything he likes about his history or his family history. And each day you should make a note of anything which, knowing how the neuroses occur, you think may have any bearing on his condition. After three or four treatments we shall meet and discuss the patient. I shall have a further talk with the patient, and I should by that time be able to arrive at a fairly reasonable judgment as to the origin of his trouble. Up to this point I do not want you to attempt anything at all in the way of explanation to the patient, because nothing can be more fatal to the success of treatment than for you to explain matters to a patient in one way and for me to do in another way. We shall discuss the manner in which this trouble is to be explained to him, and then you can repeat these explanations to him daily, or as often as he brings up a point about which he is troubled. Once he accepts these explanations the success of his treatment is assured. As regards treatment by suggestion, be guarded in what you do in this respect. The best suggestion you can make is just a quiet, deliberate expression of your conviction that he has started on the road to recovery, and that each day will see an improvement in some respect. The matter of detailed suggestion is a difficult one, and unless

you have your patient in a condition particularly receptive to suggestion—a condition, in fact, in which his conscious reasoning power is almost in abeyance—any detailed suggestion you may make (e.g., the prophesying of a good night to the insomnia patient, or the loss of his phobias to the phobia patient) is more than likely to act by direct contrary, in the manner explained by Coue."

Now this brief outline is just my idea as to how a physician and a masseur or masseuse might start in their combined attempt to cope with the difficulties of such a patient. I cannot go more into detail, for, as I said, the details of no two cases are the same. But I want to impress on you how great can be your service to these unfortunate people. They are trying patients—extraordinarily trying—but if you will remember that they are ill, and that their troubles, far from being imaginary, are terribly real to them, you will give them of your sympathy and help, I know.

I would like to say just a few words about the other types I mentioned—the neurasthenic and the hysteric.

There is little to be said of the neurasthenic proper. He is a straight-out case of exhaustion of the nervous system. And rest is his chief indication. Because he must be deprived of exercise, massage is indicated to keep up muscular tone. And almost daily every neurasthenic is constipated. In my opinion, a portion of the daily massage given to the neurasthenic should be abdominal massage, for this reason. The other most important part of the masseur's duty to the neurasthenic is his education in relaxation. Nothing can be more valuable than this. One word of warning I may perhaps be permitted to give here. The neurasthenic is a tired person. Start gently with your massage, and never leave him more tired than when you started, and in every case insist on an hour's absolute rest after massage.

And another point. The neurasthenic, in contradistinction to the last class of patient, should not talk during his treatment. Talking is not going to help him

to reach the stage which is more valuable to him than anything else—relaxation.

Hysteria is too wide a subject to do more than touch upon. It is in hysteria that the therapy of suggestion comes in more than in anything else. The hysteric is a person susceptible to suggestion. That is how he developed hysteria. And you must remember this point: Suggestion, to be efficacious, must be made to the sub-conscious mind. Now that is a vague, impossible kind of statement. I expect most of you appreciate the meaning of the sub-conscious mind. But as briefly as I can put it, the meaning of the term is this: We all have two separate and distinctly acting parts of our mind: (1) our conscious mind, with which we deliberately initiate thoughts and actions, with which we reason—our reasoning mind; and (2) our sub-conscious mind, which plays its part in all sorts of automatic actions which we perform. We say that we do these things by instinct; that is the same thing as saying that our sub-conscious mind impels us to do them. In the same way our sub-conscious mind often brings certain thoughts into being. You have surely all often found yourself thinking things you had no intention of thinking, that occurred through your sub-conscious mind. Dreams also are very obviously activities of the sub-conscious mind. Now in the normal person there is a definite balance between the two minds, and the conscious mind is in the ascendancy. The position is reversed in hysteria. A single example of the production of hysteria is hysterical aphasia. This occurred often during the war as a symptom of shell shock, but it is a fairly common occurrence in civil life. Here the sequence is: the patient has an attack of laryngitis. He is particularly impressed by the fact that he has lost his voice as a result of this inflammatory condition, and after the laryngitis has cleared up, he still is unable to speak because of the emotional impression made on his mind that his voice was gone. Nothing is easier to cure than this condition. The shell-shocked patient could be immediately cured by hypnotic suggestion, or by suggestion to the sub-conscious mind under light anæsthesia. I used this latter

method at No. 1 N.Z.G.H. during the war with excellent results. The same result can be attained at once in civil practice by the application of a Faradic current to the throat. And you know perfectly well that Faradism in such a case can do nothing except by acting as a convenient and striking vehicle for suggestion.

It is in hysteria then, that the practice of suggestion has its greatest applicability and usefulness. And suggestion is a means of therapy which I consider you masseurs should certainly carry with you.

I advise you to read a little of this, and you will get no better insight into the elements of suggestion therapy, its practical application and its possibilities, than by reading Baudouin's book, "Suggestion and Auto-Suggestion," which is an exposition of Coue's methods and theories at the Nancy clinique. Just a word of caution here, however. In reading a book like this, do not take everything it says as incontestable fact. Criticise it yourself, remember that it is written by an enthusiast, who is possibly a little blinded by his enthusiasm. Coue's theories are not accepted wholeheartedly by the English psychologists. His great point is that suggestion, to be efficacious, must be auto-suggestion—i.e., the suggestion must be made by the patient to himself. Now this, I think, is too dogmatic. Suggestions made by the physician or by the masseur may and do become converted into auto-suggestions later on, but the original suggestion must be made by the person treating, and the wisdom of leaving any patient to develop his own suggestions is very doubtful.

I had an interesting example last week of the possibilities of suggestion therapy as applied by a masseuse. My patient is a case of combined spinal sclerosis, to which is added a mild hysteria element, which has interfered greatly with the patient's sleep. I saw her the other morning, and she said to me entirely voluntarily, "Do you know, doctor, I had the best night last night that I have had for months, and the funny part of it is that I remember Miss So-and-So (her masseuse) saying yesterday afternoon that I would

sleep well, though I didn't pay any attention to it at the time." Now it was because she did not pay any attention that that suggestion was efficient. Let me explain this by another example. Let us suppose you are treating a stiff arm—an arm stiff originally from some injury, but remaining stiff purely from hysteria, and this is the commonest form of hysterical manifestations. An injury or organic disease produces a disability, a very definite emotional impression is made on the patient, and the disability remains long after the original cause has been removed. The remaining disability is functional; it is what is called conversion hysteria. Well, supposing during your treatment of that arm you say to your patient: "Now you can move that arm more than you think. You must make up your mind that you are going to do so. You must say to yourself, 'I'll move this arm a bit more every day.'" Well, if you go about it that way you will inevitably fail. Why? Because you are appealing to the patient's reasoning conscious mind, and the disability is one produced by an emotional impression in his sub-conscious mind. You will simply fix his mind more firmly on the fact that his arm is disabled. It is what Coue describes as the Law of Reversed Effect. But if during your treatment, possibly by means of Faradic stimulation of certain muscles, you demonstrate to the patient the fact that a certain range of movement is possible, and you say to him that "Your muscles work all right. There is no essential difference in the working of a muscle stimulated by electric current and a muscle stimulated by a nerve stimulus originating in your brain. Certainly your muscles may be a little weakened by long disuse, but that part is being remedied. They are being toned up by the massage and electrical treatment you are having. Don't worry about it, and, above all, don't concentrate your mind on trying to get it better yourself. You will find that to-mor-

row there will be a definite increase in the movement of your arm." If you speak to him like this you are leaving a definite impression in his mind, and that impression will develop into an auto-suggestion which will surely take effect. At subsequent treatments there should be no more explanations, but there should be made repeated confident statements that a further improvement will be manifest each day.

Now these are just rough examples of the working of suggestion therapy. You will, I am sure, realise the enormous number of cases in which this therapy is applicable. I do not want you to go away with the idea that suggestion therapy is a simple matter. I warn you it is full of pitfalls, but I hope I may have interested you sufficiently to induce you to study this matter a little on your own account. You will never regret it if you do.

My main object to-night has been to enlist your support and to stimulate your interest in these unfortunate patients, and to urge you never to be satisfied to accept a patient under that faulty comprehensive term—which is really a cloak for ignorance—functional nervous disease. Distrust also the diagnosis of neurasthenia. Fifty per cent. of cases diagnosed neurasthenia are hysteria or psychasthenia. Do not be satisfied till you know definitely what type the patient you are asked to treat comes under.

Perhaps I might conclude by just repeating the most essential points in the treatment of these types.

For the Neurasthenic: General massage. Relaxation exercises, and avoidance of fatigue.

For the Hysterical: Explanation, suggestion, and re-education.

For the Psychasthenic: Observation, encouragement, and finally—when you have definitely reached a diagnosis of the causation factor—explanation.

## Registration of Nurses at Home

There appears to be some misunderstanding in regard to the duration of the registration of a nurse, and in a recent nursing paper we see that the General Nursing Council of England and Wales is to obtain legal opinion "as to whether a nurse whose name has been removed from the register because she has not paid her annual subscription can call herself a registered nurse."

The argument that the payment of the yearly registration fee is necessary for the retention of a nurse's name upon the register appears to us a most unjust and shortsighted one. Surely once a nurse has qualified for registration by undergoing the necessary training and passing the prescribed examination she is a duly qualified and registered member of the profession of nursing.

It is provided in the various Acts or rules which have been passed in Great Britain and in the Dominions that a nurse's name may be removed from the register on account of an indictable offence or misdemeanour or misconduct.

How, then, can the omission of the payment of half-a-crown a year be an equal cause of removal from the register? Surely, apart from the copy of the register, which should be published annually, there must be kept the main register in which as they are accepted the applicants for registration are entered and from which

the annual register with corrected addresses, altered names by marriage, and, under our New Zealand system, additional qualifications and experience and appointments are added, is made up for publication.

This is an alphabetical register, and should be the working one for the information of the public; and from its pages it is quite a fair thing that the name of a nurse failing to pay her annual subscription should be left out. We do not think that, under any Act for the registration of members of a recognised profession, the names of those who have once been accepted as properly qualified are removed for the trivial cause of non-payment of a yearly fee. The reason should be of a very grave character, otherwise there is no distinction between mere carelessness and criminality. On perusal of Part I of the rules under the Act, we find under "Fee for retention in Register" that the word "published" register is used, and we consider that the intention of the framers of this rule is merely that the nurse's name may be removed from the publication of that year but will remain on the main register. A nurse once registered should, therefore, unless removed under Part V of the rules on account of conviction of a felony, misdemeanour, or other specified reasons, still be entitled to call herself a registered nurse.

A pleasant afternoon was spent at St. Steven's Schoolroom, Marton, on Saturday, June 30th, when the committee and friends of Nurse Corbett assembled to bid her farewell. Nurse Corbett for the past eight years has acted as district nurse for Marton, and during these years has won the confidence of all who have come in contact with her. During the afternoon the Mayor (Mr. Purnell) presented her, on behalf of the committee and friends, with a travelling-rug and a purse containing money. Nurse Corbett was also the

recipient of a posy and two bouquets of flowers from Mesdames Beckett, Harpur, and F. Brice. Afternoon tea was dispensed by the committee when the guests had an opportunity of personally bidding the departing guest bon voyage and farewell. Nurse Corbett left by the evening train for Auckland, where she joined the boat en route for Canada. The Rev. Kitecat briefly spoke of the excellent work done by Nurse Corbett and welcomed her successor, Nurse Shaw.

## Superannuation of Nurses

Cabinet is now considering the introduction of legislation to provide a scheme of superannuation for nurses and other members of hospital staffs. A scheme of this nature might be relied upon to command hearty and general approval. Even with such improvements as have been made in recent years, rates of pay to nurses and others employed in hospital service are not high. The work of nurses, particularly, is of a kind that cannot be commercialised. Its appeal is to those only who are endowed in an exceptional degree with the spirit of service and sacrifice. All who spend long years in nursing service or in related hospital duties deserve to be gratefully considered by the community, and are very handsomely entitled to be assisted in making provision for their later years. There should be no need to delay the legislation now being considered. It would undoubtedly command an easy and rapid passage through Parliament.—From "Dominion," July 6.

[In regard to the above, and referring also to questions frequently asked in the House, it is evident that the demand made for superannuation is mainly on behalf of nurses and not so much in regard to other hospital workers. A plea should also be made that such superannuation should be extended to nurses in private practice. This service, so badly needed by the public, is of its nature non-remunerative, in spite of fair fees and fees as high as the general public can afford. The intermittent nature of the demand for nursing service leaves, sometimes for long periods, nurses without work, waiting, waiting for a call, and at this time earning nothing, but paying away all savings in board and lodging. During a time of much sickness private nurses are fully employed, and people complain there is a shortage; but what are they to do in the long intervals? Of all nurses, those engaged in private practice are the ones who need to be treated as public servants and provided with a superannuation pension on retirement.]

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## Red Cross Activities

During the outbreak of diphtheria in Wellington, the Red Cross nurses, Sisters Lewis and Edith Webster, who recently returned from England after their special Public Health course, have been very busy lecturing in different parts of the city and suburbs on the care of children, with special reference to the present prevailing illness.

Talks were held every afternoon, in the Red Cross rooms, to mothers and other persons who were cordially invited, and Sister Webster also gave a very instructive and lucid lecture on the preventive treatment and on the treatment of children with diphtheria.

Sister Webster has gone to New Plymouth, to carry on in the Taranaki district the work for which she has been appointed by the Red Cross. This will

probably involve travelling to country parts and lecturing and demonstrating the art of home nursing and inculcating the principles of hygiene.

It is reported that the Eastern Harbour branch of the Red Cross desires to collect funds for an emergency or cottage hospital as a memorial to the fallen soldiers who went from the Eastern Harbour district. A modest beginning will be aimed at, just a large room with nurse's quarters, and for the time being a district nurse, capable in every way of attending to any emergency that may arise—a very nominal fee to be made. It was also proposed that the room could be partitioned, and one part of it used by the Plunket Society, which is doing such a fine work in the borough.

## From New York to Washington

Brrrrrm! Brrrrrm!! What a noise, and how it persisted! I sleepily opened one eye, and then the other one much quicker, as I realised with a start that the sound issued from the telephone standing on the table dividing Miss Aston's bed from mine. Lifting up the receiver, and calling through "Hullo!" the voice at the other end said, in an indignant tone: "You wished to be called at 7 a.m., ma'am!" I think I remembered to say "Thank you!" and hung up the receiver.

Yes; that was the hour I had stated to the operator the night previous, but it sounds so very different in the a.m.

Rousing my cousin (how she slept!), we hurriedly took our tub and dressed with an unusual surprised cheerfulness for so early; but then we realised our first day's vacation had actually started after six months' hard work through the heat of the summer.

We had spent the night in the enormous Pennsylvania Hotel, in New York City. Try to form an idea of the size, when you realise that it contained 2000 bedrooms and each equipped with a bathroom! We were on the fifteenth floor, and still they went up! One really feels like the Vanderbilts for a while, especially as the red-capped porters, with their shining black faces pay you every attention. One never dreams of carrying his own grip. Just hold your head up (who is to know what your purse contains?) and walk ahead. Hands are put out to assist you in the train, your grip placed where you want it, and, leaving a tip in the hand of the departing red cap, you are off without any accompanying whistles and shrieks—just glide out of the depot. As soon as you are out a couple of miles, the attendant for your carriage comes along with a pillow in a fresh-looking case, and slips it behind your back. Your hat is kept dust-free by placing it in a bag provided, and then, if you require further attention, such as a card table brought to you, a button conveniently placed at the side of the wall will soon bring back the willing porter.

Isn't travelling delightful in the United States? It certainly is—especially after one has tasted of the Main Trunk Line!

Two and a-half hours brought us to Philadelphia, the Quaker city. We remained here two days, seeing points of interest. Fairmount Park is the chief attraction, stretching for miles and miles and remains in its natural state. A beautiful river runs through it, and there is plenty of bush about. Nothing is more delightful than to drive through a portion of it. This city is also the home of surgery—large university hospitals in every quarter of the town, dental colleges, etc. We were fortunate in gaining admission to some of them, and they were certainly fine.

Philadelphia is a very old city, and has some venerable structures standing there. We saw Betsy Ross's home, where the first American flag was made. This was of particular interest to the American tourist.

Although called the Quaker city, the Baptists have the largest number of churches, and there is a joke told to every visitor that they had to raise the water taxes on that account. Leaving Philadelphia, we made our way on to Baltimore, merely another two hours' journey. Our interest there lay in seeing the Johns Hopkins Hospital, and so, as soon as we disposed of our grips, we made our way in its direction. What fine-looking buildings presented themselves before our eyes! Standing well back from the road on an elevated position, we could not help but make exclamations. The superintendent received us, and spoke so highly of our "Kai Tiaki," of which the hospital often receives a copy, and called one of the heads to show us round. Their X-ray departments were just newly-equipped on a large scale, and covered some hundred feet, had several departments, and, as we passed through, each one was busy, and there was a line of patients waiting.

We were introduced to some of the doctors, and they all showed a keen interest

in our country and asked about our hospitals. The operating-rooms were six in number, and were on the top floor, in the oldest portion of the building; and so they were of the usual type. I must not pass over John Hopkins Hospital without speaking highly of the fine stamp of women they had in training. I suppose we can account for that by the difficulty there is to gain admission. Baltimore is not an attractive city in itself. It is very old, and the streets are narrow, and I suppose its progress is somewhat dampened a little by its close proximity to the Capital City, which is within an hour's ride.

Washington is beautiful. Here reside all the diplomats from foreign countries, the Senators and Representatives from each State, and last, but not least, the President, who resides in the White House—a very simple-like structure. Picture to yourself a city of broad streets lined either side with huge trees, massive white buildings; and also note the absence of bad-smelling factories. All manufactures are made in Alexandria, Virginia, just across the river.

As you leave the union depot the Capitol faces directly in front of you, with its huge white dome gleaming all day in the sun's rays, and at night still shines out with the huge searchlights thrown on it.

Here is where the future of the country is argued over, and a passer-by who enters the Senate's Chamber for an hour will not find the time wasted, each man fighting hard for his own State. A walk through there is very thrilling. One never knows who that big man may be who passes you by, until a janitor will kindly extend his knowledge as to the man's identity, and then you look back with awe in your eyes and wonder just why he wears such shabby clothes. Across from the Capitol lies the Congressional Library, the architecture of which makes one gasp as one realises it is the handiwork of mere man. The ceiling is covered by a thin plate of pure gold. In the floors are embedded fantastical shapes of pure gold, and at night, when the lights shine, the effect is indescribable. I could spend

hours daily telling you of the different buildings, but it will take up too much space. I must mention that little spot over the river, where America's unknown hero lies—a plain white tomb at the back of which rises up the marble pillars of the amphitheatre where President Harding delivered that memorable speech heard in Central Park, New York, by radio—a truly fitting place, commanding a view of all Washington.

We also took a trip up the Potomac River to George Washington's home—just an hour's run in the ferry to this pretty old Southern home. It remains to-day the same as when the family lived in it, being carefully preserved by the American Legion. We saw all through each room, and one could almost imagine George Washington himself would appear. Out in the grounds was the old-fashioned garden—winding paths and box hedges and the spinning-house. How you all would have enjoyed that!

A lawn sloped down to the river and made a delightful picture from the verandah. Can you wonder we like this city above all others? The people are delightful, and we have enjoyed every minute of it. Work is very plentiful, but we find that wherever we go.

Misses Yorke and Pickens are still up in New York City, and are kept very busy. Hoping this will prove of interest to you all.

Yours sincerely,

MURIEL HARVEY, R.N.

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An ex-St. Helens pupil, who was unable to finish her training, would like to dispose of her holland dresses, which are in quite good condition. They would fit a tall, well-proportioned nurse. The owner would sell them for £1 for the three. The Editor would send any offer on.

## Playground at Hamilton Hospital

The charming picture of the playground at the Hamilton Hospital shows the beautiful surroundings in which the hospital is set. From some of the wards a charming view of the lake is to be seen. The children's playground was set up by the Sunshine League of Hamilton and

equipped with swings, merry-go-rounds, etc. The League has helped the matron in many ways in getting comforts for the patients. They also send two motor-cars every Saturday, to give eight or nine of the patients a run out for a few hours.



## Nursing under an Insurance Company

A new system of nursing on a visiting basis is now being initiated in Wellington. The Colonial Mutual Assurance Society, Ltd., has engaged a nurse at a fixed retaining salary, with fees for every visit paid and travelling expenses, to visit their policy-holders in Wellington City and suburbs. The nursing is to be strictly on visiting lines, one or more visits to upwards of an hour's duration to be paid to cases not requiring full attendance. At first the nurse's services are only retained for half the day, mornings only, so she would probably be able to do other work in the afternoons. If the scheme is taken

sufficient advantage of by the policy-holders it will be extended to the whole day.

Nurse Heany, of Wellington, has agreed to give the plan a trial, and hopes to make it a success. We are informed that there are already several nurses working in Australia under the company and doing very well.

If the scheme should succeed in Wellington it is intended to appoint nurses in other cities. It is desired that nurses should be qualified to give advice in maternity cases, "acute" or post-natal, but not to actually nurse such cases.

## In the Beginning

My house was small—I didn't fit,  
So I just burst a wall of it,  
And floated in serene surprise  
Into a tube of paradise.

On I drifted—lonely now,  
Into a house like a shelt'ring bough;  
And there I met another, like me,  
And together we were company.

Clinging together, side by side,  
We grew to the wall where the house was  
wide,  
Growing and growing—the house grew,  
too—  
And we dressed in villi of rosy hue.

An embryo we, folded and flexed.  
Ovoid and small—a foetus next.

But hunger came—  
We couldn't live and breathe just the  
same—  
So formed from our chorion  
A place for air—a restaurant.

Since first we met three months had  
flown;  
As one we flourished into bone,  
And muscle, skin and brain,  
Within that chorion membrane.

Cropped hair upon our head;  
Upon our skin was colour red;  
Over all the vernix rose,  
And we maintained our egg-like pose.

Appeared eyebrows and lashes—  
Liquor amnii for splashes,  
Smooth and soft lanugo waved,  
Our tissues were with fat cells paved.

Into our umbilicus fixed  
Was the tube where air and life-blood  
mixed;  
Upward floating in spiral twist,  
The vessels in Whartonian mist.

Happily we quickened there,  
Kicked our limbs without a care,  
Somersaulted in and out,  
Breech below, then roundabout.

Then came a day—we found a way  
To squirm into the light of day.  
Flexing and twisting round and round,  
At last we made a funny sound.

Chilled and gasping, open-eyed,  
Thereupon a mother spied.  
Light there was, and air, and space—  
A baby in the human race.

D. W.

## Home for Motherless Babies

A home was opened three months ago at Khandallah for motherless infants. It was due to the efforts of the Rev. Canon Fielden Taylor, whose work for the poor of Wellington is so well known.

Miss Rogers, a midwifery nurse with some general experience and also experience at Karitane, has been appointed matron. It is uphill work at first, starting such an institution, and difficult to obtain satisfactory assistance, but it should prove of great benefit in many sad cases.

Sister Horton writes that she has received a letter from Miss Wooller, who was matron on the hospital ship "Gascon," when members of the N.Z. Army Nursing Service were on the staff. Miss Wooller wrote from 22nd General Hospital, Constantinople, where she had been stationed for six months but was daily expecting orders to return to England. The hospital was a very mixed institution, all kinds of patients, civil and military, and of all nationalities, being treated. She hoped to be able to visit Anzac before returning to England. Miss Wooller particularly wished to be remembered to all the members of the New Zealand Service who had been on her staff.

## State Examination of Nurses and Midwives

The State examination under the Nurses' Registration Act was held on June 6th and 7th, at centres. One hundred and thirty-five candidates sat and 123 were successful in passing, and nine obtained a partial pass. The questions in medical nursing were as follow:

1. In a children's ward, how would you deal with: (a) Scabies? (b) Pediculosis capitis? (c) Thread-worms in rectum?

2. Give the nursing-management of acute nephritis.

3. Mention any three drugs that may be given hypodermically, stating their (a) dose for an adult; (b) action; (c) Symptoms of overdose.

4. What are the signs of danger in acute lobar pneumonia?

5. Give the nursing-treatment of gastric ulcer with hæmatemesis?

6. What is meant by the following terms?—(a) Idiosyncrasy, (b) aura, (c) ascites, (d) tenesmus, (e) aphasia, (f) tympanites.

The examiner makes the following comments:—

“The medical papers were on the whole good; some were excellent. No. 50 was particularly good, and it was closely followed by Nos. 69 and 34.

“I should judge that this year there has been an improvement in the general standard. As one might expect in a large number of papers (129), there are a few that are quite ‘impossible,’ but the general impression that one gathered was that the candidates as a whole have a good knowledge of their work.

“To deal with the questions seriatim:

“Question 1.—This practical question was included to see whether the nurses were fit to be put in charge of probationers in the children's ward, but I was disappointed to find that a large number omitted their duty to the ward and gave only the medical treatment of the diseases.

“Some of the poor children came in for cruel punishment. Their ‘scabies’ was scrubbed till it bled; their scalps were treated with acetic acid (1 in 4) and car-

bolic compresses (1 in 20), and their ‘thread worms’ were very thoroughly purged away with ‘Licquorice Pulv., 1 oz.,’ ‘Mag. Sulph., 1 oz.,’ repeated if necessary. It was quite a relief, but surely not very good treatment, to find one who gave ‘Dover's powders for thread worms.’ A few insist on ‘counting the thread-worms,’ while some ‘make sure to get the heads.’

“Santonin, appearing under the aliases of ‘sanatose,’ ‘sandtus,’ ‘sanitas,’ and ‘sanogen,’ was given in varying doses up to ‘dr. p.’ and ‘dr. 1.’

“It was perhaps a wise precaution that some took to ‘forbid all visitors’ and to ‘avoid the excitement of visitors.’

“Question 2.—This was the best answer of the paper, and high marks were gained in most cases.

“Some who were evidently trained in city hospitals, where they can switch on electric light for ‘radiant heat,’ and air their blankets on radiators, forget that acute nephritis also occurs in back-block hovels, and one would like to have been quite sure that they are also expert with ‘hot packs.’

“I was glad to find that a few were considerate enough to choose the ‘older blankets’ (a good point) both for their ‘hot packs’ and for their ‘scabies’ patients.

“Some ran headlong into trouble by volunteering doses of drugs for which they were not asked, and a common mistake is to quote what is evidently a hospital stock mixture, as though it were the drug itself, e.g., ‘urotropin dr. 4,’ ‘quinine m. 30.’

“Question 3.—The question on hypodermic drugs was generally well answered. One candidate gave very tersely the action of atropin, when she said ‘The action of atropin is to dry up all secretions except the urine and menstruation.’ Those who chose such drugs as pituitrin found themselves in deep water when they came to ‘symptoms of overdose.’

“Question 4.—This was a poor question and the examiner was justly punished by the difficulty he had in assessing the marks gained.

“No candidates failed in this question.

“Question 5.—This ranked next to ‘acute nephritis’ in the quality of answers received,’ and was on the average very well done.

“Far too much importance is, however, attached to the value of ‘ice’ given internally, and until its abuse is stopped teachers would be well advised not to mention it in their lectures. Nurses seem to seize on ‘gastric ulcer’ as the one disease in which they may give ‘ice,’ and time and again one comes across such foolish errors as ‘Give plenty of ice to suck.’

“One would almost sooner trust the very cautious candidate who says that ‘ice may be suspended over the abdomen but not allowed to touch and set up gangrene.’

“One of the candidates who did not pass says ‘A capsule of “almo of nitrole” may be broken, and placed near the patient’s nose. This will help to “cheque” hæmorrhage.’

“Another, in preparing nutrient enemata twice, adds ‘salt to taste.’

“Question 6.—While several candidates gained full marks for this question, its answer also provides most of the wit and humour of the piece, and lessened the tedium of the examiner’s work. I have selected a few of the gems:

“Idiosyncrasy.—‘Like an idiot;’ ‘mental powers deranged;’ ‘insanity.’

“Aura.—‘Suppression of urine;’ ‘a rash;’ ‘a rosy flush.’ (Is this the Aurora Borealis?)

“Ascites.—‘Heart attack.’

“Tenesmus.—‘Is a hereditary insanity;’ ‘is a ringing sensation in the ears;’ ‘trembling of the eyelids;’ ‘headache.’

“Aphasia.—‘Is an effect of something;’ ‘difficulty of swallowing;’ ‘loss of speech, may occur in “asma” or in any complaint such as tetanus.’

“Tympanites.—‘Noises in the ear;’ ‘when a child walks with his toes turned in.’

“From the number of mistakes that I have mentioned it might appear that the standard of the papers was poor. It is only fair to say that the absurdities are nearly all furnished by the lowest half-dozen or more.”

Questions in surgical nursing were:

1. What are the symptoms of “gall stones?” Describe the nursing after-treatment of a case of cholecystotomy.

2. How would you treat a case of fracture of the spine—(a) immediately after the injury? (b) after operation?

3. What is phlebitis? How would you treat a case of simple phlebitis of the leg?

4. What is an empyema? What operation is done for its relief, and what nursing is required after the operation?

5. How would you prepare, in a private house—(a) the room, (b) the patient, for the operation of curetting? What instruments are used for the operation, and what after-treatment is necessary?

6. A patient is suffering from shock following operation: what are the symptoms, and how would you treat the patient until the surgeon arrives?

The examiner comments as follows:

“The papers on the whole were very well done, and showed that the candidates had been well trained in their work.

“The chief faults that may be referred to are:

(1) Some candidates have a tendency to wander from the question and give more than was asked.

(2) Bad spelling, especially of medical words.

(3) Answers were too verbose.

(4) Candidates should learn to tabulate answers when they can.

(5) One or two candidates were hazy about the difference between gall-stones and stone in the bladder, referring to stones in the urethra when they evidently meant bile duct.

“Except for the above, the papers were on the whole excellent.”

The practical and oral examination was from the marks given and the notes by the examiners very satisfactory, and showed an improvement in the standard attained by the candidates.

The following is a list of the successful candidates:—

PASSED FIRST.

Wanganui Hospital.—Marjorie E. Horner.

Masterton Hospital.—Isabel B. M. Ristori.

Dunedin Hospital.—Ivy J. Franklin.

75 PER CENT. AND OVER.

Auckland Hospital.—Mrs. Audrey Cumming, Agnes M. Bourke, Ada E. Boyd, Nina Broadbent, Sylvia M. Carrington, Nina Gibson, Lillian A. Hill, Mabel T. Mangakahia, Hazel E. Russell, Helen M. Samson, Winifred E. Wilson, Mary C. Whisker.

Whangarei Hospital.—Dorothy Cliff, Hazel Fullerton, Alice I. Massey, Ivy N. Reynolds.

Hokianga Hospital.—Sarah A. Mackereth.

Hamilton Hospital.—Isabel Fricker, Charlotte Brown, Mary Stevenson, Esme Martin.

Waihi Hospital.—Alice H. Lenihan.

New Plymouth Hospital.—Isabel M. Corkill, Mabel C. Dew, Annie C. Bullard, Margaret Graham, Annie M. Rea.

Wanganui Hospital.—Zillah L. Chapman, Ruby V. Hill.

Stratford Hospital.—Helen D. Grant.

Gisborne Hospital.—Phyllis Lipsett, Elsie M. Smith.

Napier Hospital.—Lillian M. Harvey, Dorothy A. Satchell, Hanahira Riripotaka.

Dannevirke Hospital.—Emma H. Leipst, Margaret Jenkins.

Masterton Hospital.—Wilhelmina B. Croke, Lillian C. Grimmett.

Wellington and Masterton Hospitals.—Byrell M. Shirley.

Wellington Hospital.—Edith Gambrill, Elizabeth S. Johnston, Dorothy W. McGowan, Emily M. Boyde, Stella V. Norris, Margaret Weld, Anastasia Hourigan.

Christchurch Hospital.—Laurel Buckrell, Lillian A. Francis, Doris Edwards, Margaret Kidson, Winifred D. King, Marjorie Menzies, Helen W. Newton, Mary E. O'Shea, Elizabeth A. Orsman, Doris B. Richards, Helen A. Smith, Violet E. Seymour, Irene Simpson, Agnes Thompson.

Timaru Hospital.—Ruby G. McAllister.

Dunedin and Timaru Hospitals.—Janie T. O'Meara.

Waimate Hospital.—Margaret S. A. Jones.

Dunedin Hospital.—Alice M. O'Erien, Constance M. Taylor, Iva Tansley, Winifred M. Berry, Hilda S. E. Smith, Margaret E. Somerville, Bessie Rodgers, Catherine I. Gow, Mary A. Minogue, Isabel Hodges, Mary I. Westwood, Dorothy H. Young, Margaret M. Brand, Margaret L. Macpherson, Elsie E. Pryor.

Invercangill Hospital.—Nellie L. Harrington, Jeannette A. M. Waugh.

THE FOLLOWING ALSO PASSED:

Auckland Hospital.—Rita J. V. Allen, Elizabeth Paice, Margaret A. Scott.

Hamilton Hospital.—Mary C. Horan.

Taumarunui Hospital.—Francis Berry.

Patea Hospital.—Marie Gilligan.

Gisborne Hospital.—Mary Campbell.

Napier Hospital.—Elsie J. Treseder.

Waipukurau Hospital.—Ida Drinkall.

Masterton Hospital.—Jane Finlayson.

Wellington Hospital.—Jessie Cranmer, Kate McKenzie.

Palmerston North Hospital.—Jessie Watt, May E. Watson.

Christchurch Hospital.—Nancy Wedd.

Timaru Hospital.—Melvine T. Howland, Violet B. Simmons.

Ashburton Hospital.—Gladys M. Catherwood, Marion Phaup.

Waimate Hospital.—Lily Cookson.

Dunedin Hospital.—Mary G. McLaren.

THE FOLLOWING OBTAINED A PARTIAL PASS.

Auckland Hospital.—Lucy Whibley (surgical and oral), Muriel Fletcher (surgical), Constance Smedley (surgical), Francis M. Atkinson (medical), Edith M. Allen (medical and oral).

Whangarei Hospital.—Annie Walker (medical), Ethel Lowe (medical).

Hokianga Hospital.—Irene E. P. Burry (surgical and oral).

Thames Hospital.—Amy Potterton (surgical and oral), May Potterton (medical and surgical).

Hawera Hospital.—Amy M. Craine (medical).

Napier Hospital.—Glory Sangster (medical), Mary McKendry (medical).

Gisborne Hospital.—Phillis C. D'Arcy (surgical and oral).

Waipukurau Hospital.—Irene B. Hogg (surgical and oral).

Wairoa Hospital.—Moana M. Martin (surgical).

Wellington Hospital.—Daisy A. Venables (surgical and oral).

Blenheim Hospital.—Cecilia Burton (medical), Winifred Tancred (medical and surgical).

Westport Hospital.—Agnes Quinn (surgical).

Greymouth Hospital.—Janet E. E. Scott (medical).

Dunedin and Timaru Hospitals.—Dona Watts (medical).

Ashburton Hospital (surgical and oral).—Lily E. Busing (surgical and oral), Bertha E. Hight (medical), Mary A. J. Catherwood (medical).

Dunedin Hospital.—Williamina A. R. Wood (oral).

Riverton Hospital.—Mary Welby (surgical and oral).

N.B.—The above names are not in order of merit.

### MIDWIFERY NURSING.

The State examination in midwifery was held on 6th and 7th of June, at the various St. Helens hospitals at Whangarei and Napier.

There were 65 candidates, of whom 61 were successful and three others passed the oral examination and failed in the written. It may be noticed in the list of passes that there is a great increase of trained nurses now entering for the midwifery training, an excellent development, as some years ago the trained nurses scarcely appreciated the very large and important part midwifery nursing plays in the health campaign, or, indeed, that its interest is no less than that of other branches of nursing.

It is greatly urged by the medical profession that all midwives should also be trained general nurses. Unfortunately it is not practicable at present to attain this ideal, but it is something at which to aim.

The questions were as follows:

1. Give the causes of delay and obstruction met with in the second stage of labour.
2. You are sent for in the middle of the night to attend a patient, seven months pregnant, who is having a hæmorrhage. Describe in detail what your treatment will be. What is the probable cause of the hæmorrhage?

3. What do you mean by the terms—Meconium, caput succedaneum, colostrum, leucorrhœa, ophthalmia, pubis?

4. Describe a case of phlegmasia (white leg) with regard to onset, symptoms, treatment, and subsequent history.

5. In the newborn infant, say briefly how you would treat (a)—Thrush. (b) bleeding from the navel, (c) sore buttocks, (d) swollen breasts.

6. What signs and symptoms in a lying-in woman would make you suspect venereal disease?

These were followed up by an oral and practical examination, and that in general this was very satisfactory is evidenced by the remarks of the doctor and nurse examiners.

### COMMENTS BY EXAMINER ON WRITTEN PAPER.

I consider that on the whole the midwifery paper was well done, and if the practical work was as good as the papers there should not be many failures.

Question 1.—The answers to this varied very much. The “causes of delay and obstruction” were so mixed up and repeated. If nurses would only classify their replies in a question of this kind, it would be much easier to remember them and they would not be so likely to make mistakes. “Powers, passenger, and passages” are the obvious three headings to work from. Among unusual cases of delay “amputation of one or both legs” was given by more than one nurse. As I have never attended a case of this nature, I cannot say whether that is correct or not. Perhaps the nurses who gave this answer have had war experience.

Question II.—Nurses in their reply to this question went from one extreme to another. One would watch the patient carefully, scrub up, and wait for the doctor. Others did not require the doctor; they scrubbed up, did podalic version, brought down a leg, and all was well. One nurse brought down a leg and tied a weight of two pounds to it, but she gave no reason for so doing. However, most of the replies were good and practical, and the nurses for the most part went through the various conditions that might

be met with, i.e., whether the hæmorrhage was serious or not—whether the patient was in labour or not—whether the presentation was a vertex or breech—and varied their treatment accordingly. A few talked in a glib way about doing version before discussing anything else. All nurses gave Placenta Prævia as the most probable cause of the hæmorrhage, which was the correct answer. One nurse gave ruptured varicose vein in the vulva as an alternative, which shows that if she had performed version without thoroughly examining the patient the version would have been in vain. It never does to jump to conclusions in midwifery.

Question III.—An easy one and one that every nurse could and did answer. One common mistake was to confuse colostrum with the fluid in the breasts in the early months of pregnancy. Colostrum is the creamy fluid of the first lactation days, and not the watery kind which can be expected from the breasts in early pregnancy.

Question IV.—A practical question and answered in a practical way by nearly all nurses. As it is not a very common complication, I consider the answers very good.

Question V.—Some of the treatments advocated were rather rough and ready,

and those nurses who intend to go in for Plunket nursing will have to modify their views a bit, especially with regard to their treatment of thrush. "Bleeding from the "navel" is often a difficult thing to stop, and I was pleased to find many nurses had various expedients ready to try. With regard to "swollen breasts," I hope the dreadful old practice of "breaking the nipple strings" is dead; but every nurse, without exception, had obviously been warned against interfering with a baby's breasts, and did not forget to mention it.

Question VI.—Replies to this question varied more than any other. One or two nurses seized on the opportunity of showing what they knew about syphilis. They knew quite a lot, but it was not an answer to the question and only wasted their own time and that of the examiner. Other nurses were sure that patients supposed to have gonorrhœa would be suffering from pyo-salpinx. It was not a difficult question; all I wanted was to find out whether nurses had been taught to be on their guard against certain things which might be a danger to themselves and which, if not recognised and therefore disregarded, might be the cause of endless illness and suffering for themselves.

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## Swab in Abdomen

Our readers will be pleased to learn the result of the deferred trial in the action brought against Dr. Frazer Hurst, that the defendant was acquitted of the charge of negligence. Though nurses will all be glad that he won his case, our sympathy is with the late matron, who, though ill at the time, was helping at the operation and had counted the swabs with another nurse. The only explanation of the mistake advanced was that two thin swabs pressed together in sterilising, and with tapes tucked in, had been counted as one. The verdict shows the responsibility in surgical work must be shared by the responsible nurse attending and assisting

the surgeon. Her office being thus magnified and the importance of her work recognised in such legal opinion, there is no doubt she is entitled, more especially when assisting at private cases for which large remuneration is gained by the surgeon, to more than the ordinary fee for nursing cases which do not involve this particular responsibility. This is an argument for a sliding scale of fees for nurses working privately, who at the present time receive exactly the same whether or no they are nursing the most serious and exacting case or one which is of the lightest description.

## Hospital at Waiuku—The Official Opening

### Up-to-date Equipment—Worthy War Memorial

What may well be described as one of the finest-designed and best equipped cottage hospitals in New Zealand has been erected at Waiuku as a memorial to the fallen soldiers of the district, and on Saturday, April 28th, favoured by perfect autumn weather, there was a large attendance at the official opening, which was performed by the Hon. C. J. Parr, Minister for Education and Health.

Brick-built, and roofed with red tiles, the structure, which bears the name of the Franklin Memorial Hospital, is a pleasing addition, from an artistic point of view, to this growing district. Standing on high ground, with views over a stretch of picturesque country, the hospital occupies practically an ideal position. In the interior design every step has been taken to make the fullest use of those two essential healing factors, fresh air and sunlight.

The building contains two wards, each with two beds, and five one-bed wards, thus providing accommodation for nine patients. If necessary it is possible to receive an additional three inmates. Not the least useful work that the hospital will undertake is that connected with maternity cases, and all the most approved equipment has been installed. Cleanliness has been largely assured by the tiling, to a height of six feet, of all the interior walls. Four of the wards bear the names of the ridings Waipipi, Aka Aka, Otaua and Waiuku, from each of which over £100 was collected toward the cost of the building.

The hospital is to be largely used for maternity cases. Sister Cussen, of Auckland Hospital, is now going through her midwifery training in St. Helens, Auckland, preparatory to taking the matronship. In the meantime a temporary matron in Miss Margaret Smith is in charge.

### The Nurses' Home, Wellington

The Nurses' Home, Wellington Hospital, on the evening of June 8th was the scene of a happy little function, given in honour of the nurses who had just finished their State examination and whose hospital badges have not yet lost their newness. For many years it has been the custom of the "past finals" to entertain the "present finals" when their examinations are over, and this time a delightful little function took the form of a dinner. Nurses Bell, Ogilvie, Laurenson, Day and Field, who were charming hostesses, received Matron and their other guests in the nurses' sitting-room, so transformed with soft lights, flowers, and glowing fire, we scarcely knew the old room. The table

was gay with the autumn tints of bronze chrysanthemums, maple and birch. A dainty menu supported by a gilded cork and the invitations with tiny figures trailing up a mountain to reach an N.Z.R.N. medal, were the work of clever fingers—to be kept, as one nurse said, as a souvenir "of when grandmother sat for her State." At the conclusion of dinner Nurse Bell, in a little speech, proposed the health of "The Finals," for whom Nurse Venables responded. "For They Are Jolly Good Fellows" was frequently sung. Coffee was served round the fire, and after games, Auld Lang Syne was sung, and Matron thanked our friends for the very enjoyable evening we had spent.

## A Nursery for Premature Infants

An interesting account is given in "The Modern Hospital" for March, 1923, of nurseries established in some of the large maternity hospitals in New York.

In this article it is stated that the use of the incubator has been given up. As my readers know, the incubator has not been used in New Zealand for premature infants. These are cared for very successfully in both the public and private maternity hospitals in carefully-heated bassinets, and by individual nursing care and feeding. At the Karitane Harris Hospital there is a small room specially heated and closed from outside air, for two or three prematures, but equal success has been attained in the ordinary nurseries.

The one described in the article from which I am quoting is for eight cribs, each of which is divided from the other by a glass partition "large enough to prevent cross-infection and small enough for minimum interference with ventilation, being one foot from floor, three feet high and but two feet deep." The nursery is equipped much like a general nursery. The temperature is kept at 80 degrees and for this purpose there are two radiators of unequal size, the small one for mild weather, the large one for cold, and the two together for exceptionally cold weather. Additional heat according to individual needs is furnished by electric pads, for which base plugs are provided. To offset the reduction by such high temperature of the normal humidity, pans of water are kept on each radiator with mesh wicks spread on perforated shelves. Temperature and relative humidity readings are recorded every four hours. Ventilation is obtained by common window ventilators at the bottom of the window sashes and by a screened ventilator at the top. The door is kept open to give cross ventilation. The infants' heads are protected from draughts by a muslin hood over the head of the bassinet. As premature infants are peculiarly susceptible to respiratory infections, protection from draughts without killing the gentle movement of the air is imperative. Science has

shown that the physical condition of air (temperature, humidity, motion) has a more vital effect upon the body than the chemical condition. Both physical and chemical conditions are more easily controlled in a ward than in an incubator.

A point often not realised is made that in estimating cubic feet of air space the number of adults needed to care for the patients should be taken into account. The article concludes by saying: "After all is said and done, success with premature babies, after prompt removal to a proper temperature, depends upon nourishment and infinitely careful nursing. Breast milk is the one desideratum." In the hospital the methods of which are described, one nurse is assigned to the care of each four infants. The treatment is described as follows:

### ROUTINE IN PREMATURE ROOM.

Temperature of room, 75 to 80 degrees Fahr., hygrometer reading.

Water in humidors on radiators.

Identification.—Babies wear anklet with name plainly written in indelible ink. Admission card at head of bed in holder.

Weight.—Babies are weighed daily when bathed.

Bath.—Babies are bathed daily with warm sterile albolene and cotton. Buttocks cleansed with warm albolene and cotton each time diapers are changed.

Eyes.—No treatment unless ordered. If discharging eyes are cleansed with 2 per cent. boric acid solution on sterile cotton.

Mouth.—No treatment unless ordered by doctor.

Temperature.—Babies are taken from bassinet every four hours for temperature and changing.

Feeding.—Feed with special small nipple, on nurse's lap if necessary. If baby refuses or cannot nurse from bottle, breast feeder or a medicine dropper is used. Fluid charts are kept on all babies. Nursing charts are kept on babies that go to the breast.

Clothing.—Babies are kept in warm Canton flannel bags, with hood (not cotton). Winter bag made of double-weight Canton flannel. Besides being in this bag, baby wears shirt and

two diapers. One soft woollen blanket only is allowed on the bed. A hot-water bottle, temperature 115 deg., is kept beneath the pad which lies under the baby. The water is changed every four hours. Extra heat is given by electric pad. Electric pads are never placed under covers of baby's bed. Head of bassinet protected by muslin hood.

For Cyanosis, until arrival of doctor, nurses are permitted to give artificial respiration. Hold

baby, head down; wipe mucus from mouth; make baby cry by slapping soles of feet; mustard bath.

Emergency Equipment: Hypodermic tray, oxygen tank.

Note.—It would be of great interest if St. Helens matrons would outline the procedure they have found most successful with the premature infants. We had, in April number, a lucid and instructive description of the special methods at the Karitane Harris Hospital.—Editor.

### Nurses and the Royal Wedding

A Territorial Army Nursing Service sister who was the fortunate possessor of a ticket for the Royal Wedding procession, writes: The wedding procession from the Palace was a gorgeous sight, the Life Guards on their black chargers and in their gold helmets and scarlet cloaks made a great splash of colour as they formed the Royal escort. Round the centre gate were the children from the Coldstream Guards' Home in their bright red uniforms, and on the other side were the children from the Foundling Hospital; there were places for sisters from the Royal Air Force, the Army Nursing Service Reserve and the Territorial Army Nursing Service, the latter under the care of Miss Darbyshire. A place was also

kept by the kindness of the Red Cross County Director for nurses from the Edith Cavell Home at Norwood. There was great excitement when the Royal carriages returned from the Abbey, and it reached its height when the bride and her husband arrived, both looking radiantly happy. The Duke of York, his bride, the King, Queen, Queen Alexandra, Princess Maud and Princess Victoria came out upon the balcony, and were loudly cheered. Then all left the balcony except the Duke and Duchess; the bride waved her hand merrily to the crowds and the Duke followed her example. The heads of the nursing service were allotted seats in the Abbey. The bride laid her bouquet on the unknown soldier's memorial.—From the "Nursing Times."

### An Enjoyable Dinner

A very enjoyable dinner took place at the Grand Hotel, Wellington, in April, a number of returned sisters, N.Z. V.A.D.'s, and war workers being present. Among those of the nursing profession were Miss Maclean, R.R.C., Director, Division of Nursing and Matron-in-Chief; Misses Wilson, R.R.C., Pengelly, R.R.C., Whitehorn, Lloyd, Gould, Mitchell, A.R.R.C., Rood, Willis, A.R.R.C., and Mrs. Marshall. Others present were Mrs. Cork-

ill, Mrs. Corkill, junr., Mrs. McHugh, Misses Barron, McNab, McDonnell, etc. As it was such a success, it was decided to make it an annual affair, the date being arranged for the first Saturday after Anzac Day. All returned sisters, V.A.D.'s, and war workers are cordially invited to attend and if they will communicate with the Matron-in-Chief a week or so before this date, they will be informed of all particulars.

## Valedictory

FAREWELL TO MISS BICKNELL,  
A.R.R.C.

DR. AND MRS. BROWN.

Prior to her departure for England, on leave, Miss Bicknell, Deputy-Director, Division of Nursing, was entertained at the Pioneer Club by some members of the nursing profession at afternoon tea. The lunch-room was prettily decorated with flowers and a dainty tea laid on a long table. After the presentation of a bouquet, and a few words of appreciation, by Miss Maclean, who referred to the very happy relations which had existed between herself and Miss Bicknell in their association in the Health Department of 16 years, and the pleasure they had both taken in their work in connection with the nursing profession, afternoon tea was partaken of and an informal hour of pleasant chat indulged in.

There were present: Miss Fanny Wilson, R.R.C., Miss Willis, A.R.R.C., Miss Pengelly, R.R.C., Miss Hetherington, Miss Newman, Miss Bagley, Mrs. Valintine, Miss Ruth Gilmer, A.R.R.C., Miss Thompson, Miss Kohn, Miss Stott. Miss Bicknell's three sisters were also present.

### NURSE JESSIE AITKEN.

A very pleasant "coon can" evening was given by Mrs. Jackson, of Hobson Street, Waihi, on April 26th, to farewell Miss J. Aitken, who was leaving the district and intended taking a trip home to England, to visit her sister and friends there. The prizes for the "coon can" were two beautiful Doulton cups and saucers, one for first prize and one to be drawn for by way of a change. After supper, Mrs. Philips (who is also a nurse) presented Miss Aitken with a manicure set in a roll leather case, and also a fruit knife, on behalf of her friends in Waihi. The guests joined in singing "For She's a Jolly Good Fellow." Miss Aitken, in thanking her friends for their gifts and expressions of goodwill, expressed regret at leaving Waihi, where she had made so many friends.

A garden party was recently given by the townspeople of Waihi in the hospital grounds, to farewell Dr. and Mrs. Brown, who were leaving Waihi, and intended making an extended trip to England and Europe. The grounds presented a bright and animated scene, with the neat lawns, the pretty flowers and shrubs, and the many-coloured frocks of the ladies, and with the more sombre garb of mankind to make a contrast. The visitors were soon chatting in groups or amusing themselves playing croquet, tennis, golf croquet, or putting. During the afternoon, the Mayor (Mr. Donaldson), in a short and happy speech, referred to the very good work which had been done by Dr. Brown during his term of office as medical superintendent of the Waihi Hospital (which post he had held for the past seven years), and not only in the hospital, but in the surrounding district. He thought the hospital grounds made a suitable setting for the function, and in farewelling Dr. Brown he could say that the people of Waihi very much regretted his departure, and, on behalf of the townspeople, he had much pleasure in presenting Dr. Brown with a leather travelling-trunk and Mrs. Brown, who had identified herself with Red Cross and hospital campaign work, with a leather suitcase, as small tokens of the esteem in which they were held. He also wished them God-speed Wilson, Mrs. Cullen, Mrs. Ellis, Miss Aitken. Drs. Little and Mitchell motored and a very pleasant trip and a safe return to New Zealand. The Mayor also presented Dr. Brown with a leather wallet from the chairman and members of the Board.

The incoming medical superintendent, Dr. J. McMurray Cole, was then formally welcomed by the Mayor and townspeople.

Drs. Brown and Cole suitably replied.

Dr. Short, of Waihi, in a brief speech, referred feelingly to Dr. Brown's departure, and also welcomed Dr. Cole.

Afternoon tea was then dispensed by a committee of ladies, and was appreciated.

Amongst the ladies present, there were several nurses, other than the hospital staff. They were: Mrs. Brown, Mrs. Little (Paeroa), both old Wellington Hospital nurses; Mrs. Malyon, Mrs. Philips, Mrs. through from Paeroa, and Dr. B. McKenzie, who was paying a flying visit to Waihi, was also present. The weather held fine, and while regretting the occasion for the function, the visitors spent an enjoyable afternoon.

On the morning of Dr. Brown's depar-

ture from hospital, the matron, on behalf of the nursing staff, presented Dr. and Mrs. Brown with a pair of field glasses in case, as a mark of appreciation and esteem, and with the best wishes for their sojourn away. When the staff appeared to watch the medical superintendent's departure, it was discovered that, in the meantime, the patients had decorated the car with emblems—a horseshoe (floral) and a merry thought and black cat. An old shoe attached to the back of the car robbed it of its usual dignified exit, and it caused a fair amount of amusement.

### Greymouth Hospital—Civic Farewell to the Matron

Prior to leaving the Grey River Hospital, Miss Kitto, whose appointment to the matronship of "Quambi," Christchurch, is notified in another column, was tendered a civic farewell by the town in which she had been working for nearly 14 years. A number of townspeople were present, and the Mayor expressed their regret in losing Miss Kitto, who had proved herself an excellent nurse and capable matron. Her work during the epidemic had been unparalleled, and he considered she was fully deserving of the function that afternoon. After other appreciative speeches, the Mayor then presented Matron Kitto with a well-filled "Sunshine" purse. Miss Kitto thanked the Mayor and councillors in the follow-

ing terms: "I must thank you for your present to me, and also for the very kind remarks made to me this afternoon. I take them as an honour offered, through me, to the nursing profession as a whole. I have much to thank the people of Greymouth for, in that I have always felt I had their kindly interest in my work for the hospital, and this, to anyone holding a position of responsibility, is of the greatest help. It has given me much pleasure to give my services to the hospital, and I am leaving it, and Greymouth, with only the happiest remembrances. Again I thank you all, and wish you good-bye."

Those present then joined in singing "For She's a Jolly Good Fellow," "Auld Lang Syne," and "God Save the King."

### Miss J. B. Paterson

Miss J. B. Paterson, who has been associated with Dr. Truby King, C.M.G., Director of Child Welfare, will leave by the Marama for Sydney, en route to South Africa, where she has been invited by the authorities to lecture on Dr. Truby King's method, known as the New Zealand method, of treating children. Miss Paterson goes armed with lantern slides and diagrams similar to those used throughout

the Dominion in the recent health campaign, and with a wide knowledge of New Zealand methods, gained while travelling with Dr. Truby King from Invercargill to Whangarei. The South African Health authorities were anxious that Dr. Truby King should visit South Africa on his return journey from England to New Zealand in 1919, but he was unable to comply with their request. Miss Paterson is making the present journey in his stead.

## Hanmer Jottings

Sister Dodds, A.R.R.C., who for the past year has held the position of assistant matron at Queen Mary Hospital, Hanmer Springs, has resigned that position with a view to travel and further experience, and is leaving shortly for Vancouver, to stay with relatives. On the eve of her departure she was farewelled by the nursing staff, who held a fancy dress party (only amongst staff) in her honour and presented her with a signet ring from the sisters and a travelling cloak from the hospital aides. Speeches were made and expressions of appreciation of her kindness and devotion to duty, with all good wishes for her future success and happiness.

Sister Dodds is enjoying a holiday visiting friends before her departure for Vancouver.

Sister F. Scott, of King George Hospital, has joined the staff of Queen Mary Hospital, in charge of the massage department.

Sister Hunter has been promoted to the position of Home Sister.

Sister Joan Carmichael, late of Auckland Hospital, is enjoying her new duties at the Women's Hospital.

Sister Isobel Grey, late of Monticello Home, has joined the staff.

After a glorious autumn, the trees unusually brilliant in shades of yellow, brown and russet, the scene is changed. The hills are covered in snow and heavy frosts are experienced at night, with brilliant sunshine during the day.

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### “HANMER.”

You may travel the earth, from the East  
to the West,  
But Hanmer's the spot I'm sure you'd  
love best.  
With its valleys so peaceful and hills simply grand,

There's no doubt they're superb—the best  
in the land.

For the tired city people who want a good  
rest,  
And the gay pleasure-seeker, give Hanmer  
a test.

There's tennis and golf, and a swim in  
the pool,  
And the walks in the summer are lovely  
and cool.

And then in the autumn it's really a sight  
To see the leaves change to colours so  
bright,  
From green to a yellow and then to a red;  
We know it's a warning that soon they'll  
be shed.

The air it grows keener, we know winter  
is nigh,  
And the snow gently falling is a sight for  
the eye  
As whiter and whiter she gradually  
grows.  
She never looks finer than when in winter  
clothes.

The birds they are singing, and flowers  
we don't lack;  
The leaves sprouting gaily say, “Spring  
has come back.”  
'Tis the time of the year we love most of  
all,  
There's a picture worth painting by the  
old waterfall.

But no matter the season, no matter what  
year,  
Hanmer's the place that gives one good  
cheer.  
If you are tired and weary,  
Then look for the best,  
And just come to Hanmer, “the haven of  
rest.”

—Written by a patient of the Women's  
Hospital.

## Books for Study and Leisure Hours

“THE MIDDLE OF THE ROAD.”

(By Sir Philip Gibbs.)

This recent book, by the always interesting war correspondent, who wrote early in the war the vivid picture of the “Soul of the War,” deals with its aftermath. The hero is a young demobilised officer who a year ago had contracted one of those marriages which, owing to the difference in social life and outlook of the husband and wife, was not happy in spite of real love on both sides. The time of unrest in England, when a big strike was threatened and strife and civil war in Ireland, is vividly described. The author depicts his hero as standing in the “middle of the road,” seeing the point of view of both sides and sympathising in some degree with both.

“Bertram thought of all the tragedy of life that hadn’t ended with the war. It was still claiming its victims, though peace had come. It had released human passions everywhere, unchained the primitive instincts of the human beast, weakened the nerve-power and controls of civilised life, made a wreck of many lives and hearts.” From a friend in Russia “there were terrible words: ‘Millions are eating nothing but grass and leaves, and not enough of that;’ ‘Typhus is sweeping these people like a scourge.’”

Bertram is for a time separated from his wife. He travels through the different countries—France, Belgium, Germany

and Russia—to write articles for a newspaper on his observations of the feelings and thoughts of the common people. His sister was married before the war to a German, and, staying with her, he sees a great deal of the inner life of Germany and comes in contact with the Prussian military caste and hears their views. A general made the statement, with simple sincerity, “Gott sei dank! Our brave armies were never defeated from first to last.” Needless to say, Bertram could not allow such a statement to pass unchallenged.

In France, the description of life as he saw it and the feeling towards England was a revelation. The picture of conditions in Russia is sad reading. In the market, which was the only place allowed by Lenin for trading, “were other people besides peasants.” Some of them were in peasant dress, but their faces could not disguise a heritage of education and gentility. Others wore the clothes of the old regime, of bourgeoisie and Western fashion—black dresses, frayed and worn and grease-stained; leather boots, down at heel and broken at the toes; hats which had come originally, perhaps, from smart modistes in the Nevsky-Prospekt, or even from Paris; a bit of lace at the throat and wrists. These ladies—for they were that—stood in the market-place holding out the last relics of their former state.”

The book must be read to appreciate the wonderful picture of so many parts

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of the world after the Great War. The story woven through it of the hero's love and suffering is also of absorbing interest.

“NURSING OF DISEASES OF THE EYE.”

(By Jessie Elms, A.R.R.C.)

This little book, which is described as a “Simple Treatise for Nurses,” is written by the matron of the Sussex Eye Hospital, Brighton, and published by the Scientific Press, Ltd. In New Zealand we have no special Eye Hospitals, and the training of a nurse in the care of eye cases is, in some of the smaller hospitals especially, not very much emphasised.

The instruction conveyed in this little book in a simple and practical way should therefore be of great use to both probationers and qualified nurses.

The various diseases of the eye and accidents affecting the sight are clearly de-

scribed, and the appropriate treatment shortly given with methods of application. The book is illustrated by instruments used in operations on the eye. It can be recommended to all nurse-training schools and individual nurses, and is of moderate price—2/6.

Another small book sent by the Scientific Press is “Skin Diseases: Their Nursing and General Management.,” by G. Norman Meachen, M.D. Chapter I opens with the remark that cases of skin disease are not popular among nurses, and proceeds to explain the probable source of this feeling, which the author does not consider is in any way fear of infection or contagion. He certainly proceeds in this little book to make the subject vastly interesting, and to show how much nurses may do to alleviate sufferers from the various forms of skin disease. The book is one which should be very useful to nurses, and should be added to the reference libraries of the nurses' homes. It is published at the small price of 3/6.

## Plunket Society

The society has been very fortunate in the late gifts of philanthropic citizens towards the work in the care of mothers and infants. Mr Arthur Myers has given £5000 for a Karitane Home in Auckland, and later Mr. A. C. Caughey has presented property worth at least £6000. With the assistance which will probably be afforded by the Government, the work of the society should now be placed on a very nice footing in Auckland.

It is suggested that a memorial tablet to the memory of Nurse Newall might be placed in a conspicuous place in the building. In Wellington, it is hoped very soon to open the rooms for the admission of mothers with their babies that have been set apart and appropriately furnished for the purpose at the Plunket centre in Kent Terrace. The rooms are very pleasant and suitable, and comfortable provision is made for the resident staff.

Dear Miss McLean,—

Enclosed you will find my subscription for “Kai Tiaki,” which I always enjoy reading. I would be pleased if you would let me know through the journal what the five points on the nurse's medal indicate, as I understand they have a special meaning.

Yours sincerely,

S. PERKINS.

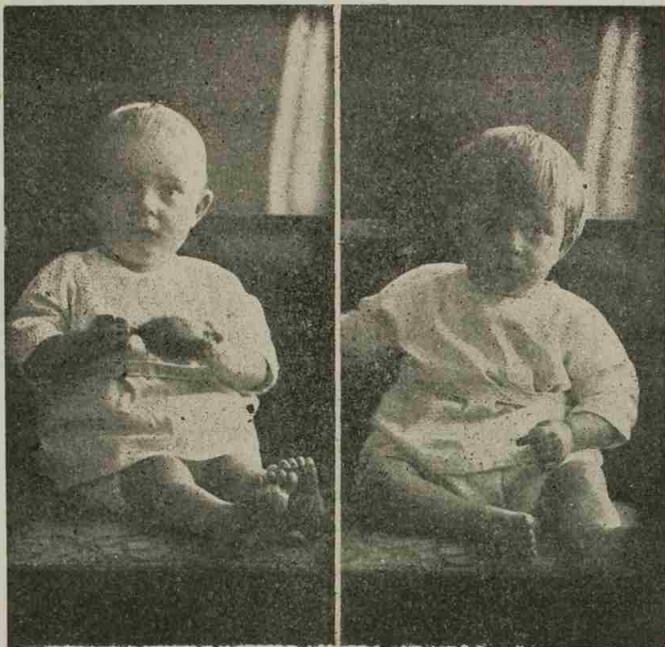
[In reply to the above, the Editor has ascertained from Mrs. Grace Neill, in whose term of office nurses' registration was obtained, and the badge designed, that the five points were merely adopted from the New Zealand flag, on which are the five stars. There is no other special meaning.]

## Premature Babies

### Emergency District Case.—Premature Two Months

Twin sons, born October, 1921; at birth barely 4 lb each; very frail and pale, especially Jack, the younger by one hour. With great care they were fed by a dropper with diluted milk for two days, then by small spoon. On the third day we pumped the milk from the mother's

breasts, as the children were too weak to struggle with. Then we got Frank to drink his mother's milk by bottle for a few days; then he managed the breast and came along finely. Jack was a little longer learning, but in time, with care and patience, he also did his duty. We gave them olive oil twice daily, and the mother, though not a strong woman, nursed them for about two months. Then they were fed on humanised milk—at least Frank was, and Jack continued the breast for a time, afterwards also getting humanised No. 2. The photos taken at 15 months prove the patience and care of the young mother after her first confinement. Frank, the elder, is the best talker and is running everywhere now; but Jack is the livelier of the two and walked first. The mother has now another son a few months old, who weighed 10 lb at birth, being a full-time child. The patient is fortunate in having a very good mother and sister to help her with her three babies.



### Nurses' Christian Union

Some nurses and others in touch with the nursing world are hoping before long that a Nurses' Christian Union may be started throughout New Zealand.

For some years there has been such a union banding together the nurses of Australia. Each State has its own committee elected by its nurses, and there is an interstate travelling secretary.

Like the Student Christian movement, the N.Z. Nurses' Christian Union will be interdenominational, its purpose being to link nurses together in the spirit of fellowship and of common desire to deepen their spiritual life.

The organisation will be simple: Bible study, on the study circle method; meetings for fellowship or conference, and occasional inter-hospital conferences.

With the consent of the hospital authorities, it is hoped that branches will be formed in every hospital.

Membership will also be open to nurses who have passed on from their training-schools to take up other work, so that they too may have the opportunity of sharing the fellowship of the union.

Miss E. G. Williams, of Rotoa, Pukekow, Hawke's Bay, would be glad to hear from any who are interested in this movement.

## Obituary

Sister Phœbe Reynolds, a member of an early contingent of nurses sent to serve abroad during the war, died at Hamilton Hospital on June 6th. She had been a patient, first at Otaki Hospital, afterwards in her sister's home at Hamilton, and latterly in the Hamilton Hospital, ever since her return from active service in 1917. During all this long time her unfailing patience in suffering and her bright and happy disposition made those around her love her dearly, and not least the nurses who attended on her. Her illness first came on with a hæmorrhage during one of the big convoys of wounded received from France at Walton, when all hands were badly needed, and she would not report her illness, as she knew she would be sent off duty.

Just as her influence among other nurses was an inspiration and an example of self-sacrifice and devotion during the war, so her two years of sickness at the Hamilton Hospital cannot fail to impress the young girls training there with the truest spirit of nursing. Almost one of her last thoughts were of those who were sitting for the final State examination, and she asked how they were getting on, and a few hours later quietly passed away, her sister being with her to the last.

The funeral took place on June 7, with military honours. A number of returned soldiers attended. The matron, Miss Moore, A.R.R.C., and Miss Bagley and Sister Condick, from Auckland, were present and followed her to the grave, after a beautiful address by Archdeacon Corvis. As a nurse present remarked: "You felt there was scarcely a note of sadness—that she had lived usefully to the last, in spite of suffering and weakness."

ing in charge of the children's ward at Gisborne Hospital. She had been off duty a good deal throughout her training. The cause of her death was pernicious anæmia. Her sister, also training at the Gisborne Hospital, while on leave had given blood for transfusion, but without avail, and this young life, full of promise of useful work, was cut off. Her loss is keenly felt among her fellow-trainees and those who had the privilege to know and appreciate her unselfishness and patience. Her two younger sisters are at present on the staff of Cook Hospital, and we sympathise very deeply with them.

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### MRS. GLADYS HARRIS (Sister Robinson).

A loss to be greatly mourned was that of Sister Harris, not only in her own family, but by all who came within her sphere of influence, especially those whom she sought to serve in the district of Te Kuiti, where she was working hard and unselfishly to establish on a good footing a general private hospital which was filling a very long and keenly-felt want to the people there.

In the midst of her strenuous work she was stricken suddenly with an acute illness lasting only a few days, very bravely borne. With all her faculties to the end, she arranged all her affairs, especially ensuring that her private hospital might be continued, and answered the great call to higher service, leaving her husband (who through war service had not recovered his health) and a little son of about two years old to mourn their loss.

Mrs. Harris had served with the N.Z.-A.N.S., leaving New Zealand in October, 1916, on the hospital ship Maheno, serving throughout that commission. Returning to New Zealand, she served at military hospitals, Trentham and Featherston, doing duty there throughout the influenza epidemic of 1918. She was married to Mr. Warren Harris on March 15, 1920.

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On April 27th, at the Napier Hospital, occurred the death of Nurse Matilda Campbell, trained at the Gisborne Hospital. Nurse Campbell passed the State examination of June last year, and only last Christmas was reliev-

In June occurred the death of Plunket Nurse Newell, at Auckland, after a short illness. Nurse Newell was a devoted and very successful Plunket nurse. She was trained at the Women's Hospital, Sydney, and at the Karitane Harris Hospital. She will be very much missed by the Plunket Society, and the many mothers and babes who owe so much to her devoted care, as well as by her fellow-nurses.

Deep sympathy will be felt by her fellow-nurses for Sister E. Richardson, late N.Z.A.N.S., in the loss of her sister, Mrs. Guy Powles, who died after a short but severe illness on July 5th, at Bowen Street Hospital. Many nurses during their term of service at Trentham Hospital knew Mrs Powles, whose genial presence at their festivities and other functions was

always warmly welcomed. A large circle of friends will mourn the loss of a most charming and beautiful personality and feel deeply for the great grief her husband and young family have sustained.

#### PRINCESS CHRISTIAN.

The death in June of the Princess Christian removes one who had for many years had the interests of nurses greatly at heart. She was president of the Royal British Nurses' Association for many years. When she was very young she had been very desirous of taking up nursing as a profession, and during all her life she worked for the interests and benefit of nurses and for providing the services of trained nurses for the sick poor. She organised during the South African war a hospital train, and there was a nursing reserve called after her.

### Letter from Nurse Carswell-Cook

In a letter received from Nurse Carswell-Cook, she gives an interesting account of Monte Carlo, where she is at present with a patient, living in great luxury at the Hotel de Paris. She remarks that there are no unemployed in Monte Carlo; the State has to find employment for everybody. The residents are not allowed to gamble except on one day in the year, but the State of Monaco itself, with its Prince and Palace on the impregnable Roche de Monaco, is maintained on the earnings of the Casino.

The flowers, nurse says, are beyond description. Each day they seem to be more wonderful in hue and more plentiful. The bouganvilia is gorgeous everywhere, and as it is the custom to decorate the interior of the villas with brilliant blue flower-pots, the effect is most magnificent. The quaintly-dressed officials add to the impression of a comic opera. Nurse Carswell-Cook was then going on to Paris with her patient, and hopes to improve her French while there. Nurse Widdowson was also at Monaco and going to Paris.

### In "The Modern Hospital"

In "The Modern Hospital" we read about an occupation for disabled soldiers which was established during the war. It is that of painting of fabrics with artistic designs, and it was found that the men took intense interest in the work and that it was saleable. There is now a factory established at Sheffield by Mrs. Carter, formerly an art student, and where thirty disabled men are employed. They paint dress stuffs, hats, clothing, umbrellas, parasols, opera cloaks, and curtains and scenes for theatres. All the men are terribly disabled. One man came to Mrs. Carter holding up two stumps where hands should have been. "You can't find a job for me," he said. Mrs. Carter said she thought they could, and inquiring if the ex-soldier had ever done anything with colours, found that as a child he had liked painting. She strapped a brush to his stump, gave him a box of colours and some canvas, and told him to see what he could do. Despite his physical disadvantages, he has become one of her best scene-painters.

## Dysmenorrhoea

Possibly a record of two cases of very severe dysmenorrhœa and the treatment may be of interest to readers of your journal:

The first was the case of a young woman, aged 26, who was engaged in business. So severe was her pain that it compelled her to keep to her bed for at least two days every month. She consulted me as to the advisability of a radical operation, as she was becoming alarmed at the amount of opiate that was necessary to ease the pain. The administration of spasmodin gave instant relief, and now, a year afterwards, she informs me she has never been away from office for a single day, and that she has entirely dropped the use of opiates.

The second case was that of a probationer in a public hospital. In her case her distress was such that she was advised to give up nursing. The use of the same drug gave her similar complete relief, and she has now been able to continue her studies without interruption.

Similar cases could be quoted ad infinitum, but the above, with their crippling effects may be sufficient. This drug has, I believe, been used at the Mayo Clinic for some time past with excellent results, and as I have myself given it an extensive trial

with, in most cases, great benefit, it has occurred to me that its scope for usefulness might be more extensively recognised through the readers of your journal.

The second case which I have quoted above suggests that matrons of large hospitals might be able to bring its administration where necessary to those under their care, with similar good results.

Amongst the advantages of the treatment are that, firstly, the drug, being by no means palatable, can never become a habit; secondly, that as it probably only acts when the pain is due to spasm, it will indicate by giving no relief those cases where organic obstruction exists, for which early surgical treatment is indicated. A prescription that I have found most serviceable is as follows:

R/ Phenazonum, gr. v.  
Liq. Sedans, 1 dr.  
Sod. Brom., grs. v.  
Spasmodin, m. vii.  
Mucilage, q.s.  
Aq. Chlorof. ad oz. ss.

Lig.—A tablespoonful in water as soon as discomfort is felt. May be repeated in six hours if necessary.

W. E. HERBERT, M.D., F.R.C.S., Ed.

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## Waipiata Sanatorium

The sanatorium, which is under the control of the combined southern hospital boards, has now been started under the new staff, Dr. Kidd being in charge, with Sister Elizabeth Wilson as matron and Nurses Annie Aiken and Mabel Tayler as staff, with two probationers. Sister Wilson writes it was just like active service days, arriving with the array of boxes, trunks, and portmanteaux, and they were back to the early days of candles and lamps.

Nurse Aiken had been out shooting rabbits for dinner. Soon the new buildings will be erected, and a very up-to-date sanatorium will be opened. In the meantime the conditions of living are somewhat primitive, and owing to the cold weather and severe frosts the water is often frozen. The roads are bad and everything is brought up in lorries, which sometimes get bogged. In spite of disadvantages, the nursing staff look forward with interest to the working up and organisation of the new sanatorium.

## Division of Nursing, Health Department

Miss Hester Maclean, R.R.C. and Nightingale medal, who entered the Government service of the Dominion as Assistant Inspector of Hospitals 16½ years ago, has now retired from the service and has been succeeded by Miss Jessie Bicknell, A.R.R.C., who has served under her in the Department since 1907. The appointment, which in the first place was held by Miss Grace Neill, who as Assistant Inspector of Hospitals saw the need of an organised system of hospital training and of registration of qualified nurses, and who succeeded in obtaining State registration in this the first of the British Dominions to have an Act passed exclusively for this purpose, has since been extended to embrace also the administration of the Midwifery Act, passed in 1904, and the Act relating to private hospitals, and in 1920, when the new Health Act was passed and the Department divided into seven divisions, the third of which was the Division of Nursing, the Assistant Inspector of Hospitals and Matron-in-Chief was appointed the Director of the Division of Nursing.

Prior to this Miss Maclean had resigned the position of Assistant Inspector of Mental Hospitals, so the new Director will have no responsibility regarding these institutions.

In 1911, Miss Maclean was appointed Matron-in-Chief of the Army Nursing Service, which did such good work in the

war. Miss Maclean was entrusted with the formation of the service, and when she left New Zealand in charge of the first contingent of nurses, in April, 1915, Miss Bicknell, her assistant in the civil portion of her work, was then appointed Deputy Matron-in-Chief. The two matrons have worked hand in hand for over 16 years, and the new appointment is therefore very fitting.

Miss Bicknell is on holiday leave on full pay for six months, to visit England, and while there will visit hospitals and will be able to meet the Central Council of Nurses which is now in control of the registration of nurses at Home, and with which reciprocal registration is arranged with New Zealand. She will, it is hoped, be able to arrange details of reciprocity and also be able to straighten out some difficulties with the Central Midwives' Board.

An invitation has been received by Miss Maclean to attend a meeting of the International Council of Nurses in Copenhagen in July or August, but as it will be impossible for her to accept this invitation, Miss Bicknell was detailed to do so in her place.

Miss Maclean, although due for retirement according to the rules of the Public Service in February last, has been requested to carry on until Miss Bicknell's return, and will therefore be in office until towards the end of the year.

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### SOUTH AFRICAN TRAINED NURSES' ASSOCIATION.

We received from the secretary the programme of the conference of delegates of the Association which was to be held at the end of May in Durban, and hope to read in the journal which we receive in exchange for "Kai Tiaki" an account of the proceedings. The lines on which the conference is held are much like those we hold in New Zealand, with a judicious mixture of business and pleasure. Many

of the problems of South African nurses are the same as our own.

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We read in the "British Journal of Nursing," May 5th, that Dame Maud McCarthy, matron-in-chief, Territorial Army Nursing Service, has been appointed a War Office representative on the Central Joint Voluntary Aid Detachment Council. New Zealand nurses, who remember with gratitude Dame Maud McCarthy, Matron-in-Chief, in the armies in France, will be interested in this announcement.

## Notes from the Hospitals and Personal Items

### Births

Mrs. Nash (Sister Carruthers, of the N.Z.A.N.S.) has now a little daughter, born on March 23rd.

Mrs. Townsend (Nurse Jenkins, of St. Helens Hospital, Wellington) had a little daughter on June 1st.

Mrs. F. Simpson (Sister Johnston, of Riverton Hospital) has a little daughter.

Mrs. Fisher (Nurse Dorothy Farley, of New Plymouth Hospital) announces the birth of her second little son in February. She and her husband are leaving Gordon, where they have been residing.

Mrs. E. M. Washer (Nurse Barleyman) writes that she has four small boys, the youngest born on April 17th.

Mrs. Saunders, of Whangarei (Nurse Ruby Baker) writes that she has a little son, born in November last.

To Mr. and Mrs. Jack Fernandez (Esther Cannon), a son; born May 23rd.

### Marriages and Engagements

Sister Laura Rood, late N.Z.A.N.S., who has been on the staff of the King George V Hospital for some time, was married on May 30th to Mr. Charles Barry, a returned soldier. A reception was held at her sister's house, Coromandel Street, where several old nurse friends and comrades were present. The Matron-in-Chief was also present.

Miss Margaret Quinn, matron for several years of Kawa Kawa Hospital, was married in April to Mr. Brown, and will be making her home in Whangarei.

Nurse Clayton-Green, of Hamilton Hospital, has resigned and was married on Easter Monday to Mr. Edgecombe, of Hamilton.

On May 28th, Nurse Alison Corrie, of Blenheim, was married to Mr. Archibald Cornelius, of Sydney.

Nurse I. Pattie writes: "I resigned from Wellington Hospital, having completed my training in that institution. After having a most enjoyable holiday in the South Island, I decided to stay in Invercargill, where I did eight months' duty in 'Park' Hospital. Later I returned to my home in Blenheim, to prepare for my marriage to Mr. Horace Williams, of the Post and Telegraph Office, Invercargill, on April 21st, 1923."

Sister Jessie Jackson, of Napier Hospital, was married on April 18th to Dr. Wright, who is now in practice at Manaia.

Nurse D. Ewers, trained at the Napier Hospital, is now Mrs. Lynch, of Whakatanu.

Sister McLeod, of Hamilton Hospital, left on May 11th to meet Dr. Graham on his way out from England, at Sydney, and to be married there.

Miss M. M. Telford, trained at St. Helens, Invercargill, is now Mrs. Sinclair, of Clifton, Waiwera South.

Nurse Minnie Dunlop Smith, trained at Waihi Hospital, is now Mrs. Fred Malyon, and resides in Waihi.

Miss Gertrude Wadsworth, at one time a member of the Te Waikato staff, is now Mrs. Melville, and lives near Thames.

Miss Jean Littlejohn, trained at Waihi, is now Mrs. Timanus.

Miss Horrell, sister at Riverton Hospital, was married from her home at Riversdale, in April, to Mr. E. Mills, of Invercargill.

Miss Elsie Tocher, also trained at Waihi, is now Mrs. Roy Cullen.

Sister Gertrude Jackson, late N.Z.-A.N.S., writes from Takapau that she was recently married and is now Mrs. Harward. Her husband came from South Africa, and they have been travelling about to see the New Zealand scenery, before settling down to farming life.

In June, Nurse Gertrude Kelsall, trained at Masterton Hospital, and head sister of Waipukurau Hospital for the last four years, was married to Mr. Arthur Owen Williams, manager of the Public Trust Office, Waipukurau. The bride was given away by Dr. Reed, medical superintendent of the hospital, and a reception was held at the Nurses' Home, where about 60 guests were received by Matron Drummond. A dance was held by the nursing staff in the evening, at the Town Hall.

Sister Hilda Steele is engaged to be married to Mr. Cyril Mulcock, of Te Kua-whata, Auckland district.

The engagement of Sister Winifred Waite, N.Z.A.N.S. Reserve, to Mr. Harrison Spencer, of Auckland, is announced. Sister Waite is on the staff of King George V Hospital, Rotorua.

The engagement is announced of Miss Jessie Grahame, of the staff of the Cook Hospital, to Mr. Walter M. Tombleson, of Waimata, Gisborne.

Nurse Wallbrook, trained at St. Helens, Christchurch, and afterwards staff nurse, at MacHardy Home, Napier, is engaged to be married in July to Mr. Anthony Gibbons, of Kaiwaka Street, Auckland.

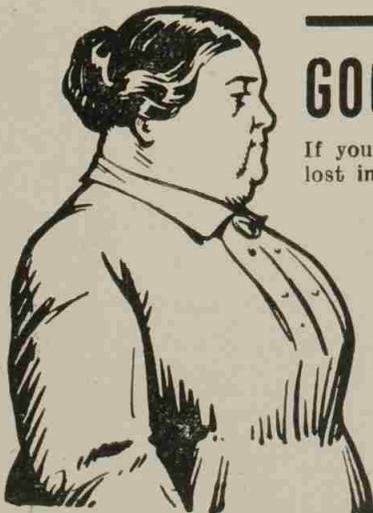
Miss Lena Macdonald writes from Gisborne: "Readers of 'Kai Tiaki' may be interested to hear of the engagement of Miss Violet Margaret Naish, trained at Christchurch Hospital, now matron of the Kong Tsuen Hospital and Training School for Nurses, Canton, China, to Rev. Ernest Bastin, of the Wesleyan Mission, South China. I send my copies on to her, and they are much appreciated."

#### Personals

Nurse Eileen Taylor has also resigned, and is going Home to her parents in London.

Mrs. Champtaloup, of Dunedin, has also passed the massage examination, and will be practising in Dunedin.

Nurse Hovell, of Napier Hospital, has gone to Dr. Wright's private hospital at Manaia as night nurse.



## GOOD NEWS for STOUT PEOPLE

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.

Sister J. L. Erwin, N.Z.A.N.S. Reserve, has passed the State examination of masseurs with credit, after training at the Otago School of Massage.

Sister Barbara Linton has resigned her position on the staff of the Napier Hospital. The notice of her marriage appears in another column.

Sister Erica Fairbrother has left the hospital at New Plymouth and joined the staff of Mrs. Essex' private hospital at Palmerston North.

Sister Greensill, N.Z.A.N.S. Reserve, has resigned the position of sister at Otaki Hospital and entered for her midwifery training at Wairau Maternity Hospital.

Nurse Mabel Henderson, of Oamaru Hospital, has joined the staff of the Nelson Hospital.

Sister Trafford has resigned from the staff of the King George V Hospital, Rotorua, in order to take her midwifery training in St. Mary's Home, Otahuhu.

Mrs. Crespin (Nurse Florence Hollamby), who since her marriage has been travelling, writes that she and her husband are now settled at Fitzgerald Street, St. Albans, Christchurch.

Mrs. Drummond (Sister Dora Holmes) writes from her new home in Sutton, Central Otago, that they are now settled in their home high up on the hill.

Nurse Jane McOwen, trained at Auckland Hospital, is now on the staff of the Riverlea private hospital, Hamilton.

Nurse Clara McKeague, trained at the Timaru Hospital, who has been private nursing for some years, left on the Marama for Sydney to join a ship for England, where she is going to visit cousins in Cheshire, and afterwards to Dublin, for midwifery training at the Rotunda.

Nurse Palliser, trained at Palmerston North Hospital, left in June for England. She intends to become registered there and do some nursing work, and to take her midwifery training at the Rotunda, Dublin.

Sister Lea, who had been relieving on the staff of St. Helens Hospital, Wanganui, after passing the State examination of midwives left for Apia Hospital, Samoa, on June 26th.

Mrs. Birch (Sister Isabella Scott, late N.Z.A.N.S.), with her husband, are leaving England and taking up their residence in South Africa, probably at Port Elizabeth.

Sister Ina Burnett, N.Z.A.N.S. Reserve, has given up her massage practice at Hastings and is at present relieving masseuse at Palmerston North Hospital, and attends nursing from the Nurses' Club, Wellington.

Nurse Bessie Jesson is undergoing her training in Plunket work at Karitane Harris Hospital.

Miss Rennell, late matron of Rotorua Government Sanatorium, has taken a flat in Courtville, Eden Street, Auckland. Miss Rennell received a number of presents, both from the patients and staff, prior to her leaving, together with a letter of appreciation signed by all the patients.

Miss Annie Jordan, who was at Riverlea Hospital, Hamilton, is now on the staff of Dr. Moore's private hospital, Napier.

Members of the committee of the Canterbury branch of the New Zealand Trained Nurses' Association were entertained at afternoon tea recently by Miss Hood in the Nurses' Clubroom, Christchurch, to mark the opening of the new clubroom, and also to entertain Miss H. E. Newman, the former secretary, who was visiting Christchurch.

Sisters Taylor (of Napier Hospital) and Dyer (trained at Wanganui Hospital) left on May 22nd, in the Maunganui, for a visit to America.

Sister I. McKenzie, who has been granted six months' leave from the Masterton Hospital to train at St. Helens, and Nurse C. Scott, who has completed her maternity training, and is returning to her home in Wanganui, were farewelled by the nursing staff at the Nurses' Home. There were about 40 guests present, and a very enjoyable evening was spent in dancing and billiards.

Miss Hewetson, who will be known to many New Zealand nurses during her two years' stay in the Dominion, left for British Columbia in the Makura in June.

Sister Dodds (N.Z.A.N.S. Reserve) and Sister Collier (from Dunedin) left on June 6th, in the Makura, for Vancouver, where Sister Dodds intends to visit relatives and afterwards both nurses may do some nursing. An account of Sister Dodds' farewell at Hanmer is given elsewhere.

Nurse Lucy Heayns, Patea Hospital, has been at home for some months on account of illness in her family, but hopes soon to resume her nursing work.

Nurse Lena Macdonald, who has been on the staff of Miss Brewer's private hospital, Gisborne, has been appointed for six months to take charge of the Nukaha Mission Hospital. Miss Beresford, the matron, is taking her midwifery training at Wanganui St. Helens Hospital.

Sisters Adams, McKenzie, and Smith returned from Samoa by the April boat.

Sister Meddins, A.N.Z.N.S. Reserve, is home sister at Palmerston North Hospital.

Sister Cole, formerly on the staff of the Wellington Hospital, is a sister on the staff of Palmerston North Hospital.

Sister Weston, of Hamilton Hospital, has resigned her position in order to go for a trip to the Islands.

Nurse Violet Dickens, of Greytown Hospital, is now on the staff at Craigholm private hospital, Hawera.

Miss Nora Dawes, trained at the Wanganui Hospital, is sister at the Raetihi Hospital.

Nurse Crombie, trained at the Patea Hospital, has been appointed ward sister at the Wairau Hospital.

Many of our readers will be glad to hear that Miss Stubbs, matron of St. Helens Hospital, Invercargill, has made a good recovery from her severe operation in June and is now away on leave convalescing.

In a letter from Miss Isobel Jeans, who has just gone to Clyde Hospital as matron, she says: "I thought it very ugly when I first came here, after Rawene's glorious view, but I am finding another kind of beauty in the rugged mountains tipped with snow and the brown lowlands with their only touch of colour, the gold of the falling poplar leaves.

	<p>When used on chapped hands or roughened skin</p>	<p><b>NURSES</b></p>	<p><b>FOR 3<sup>D</sup>. WEEKLY</b></p>
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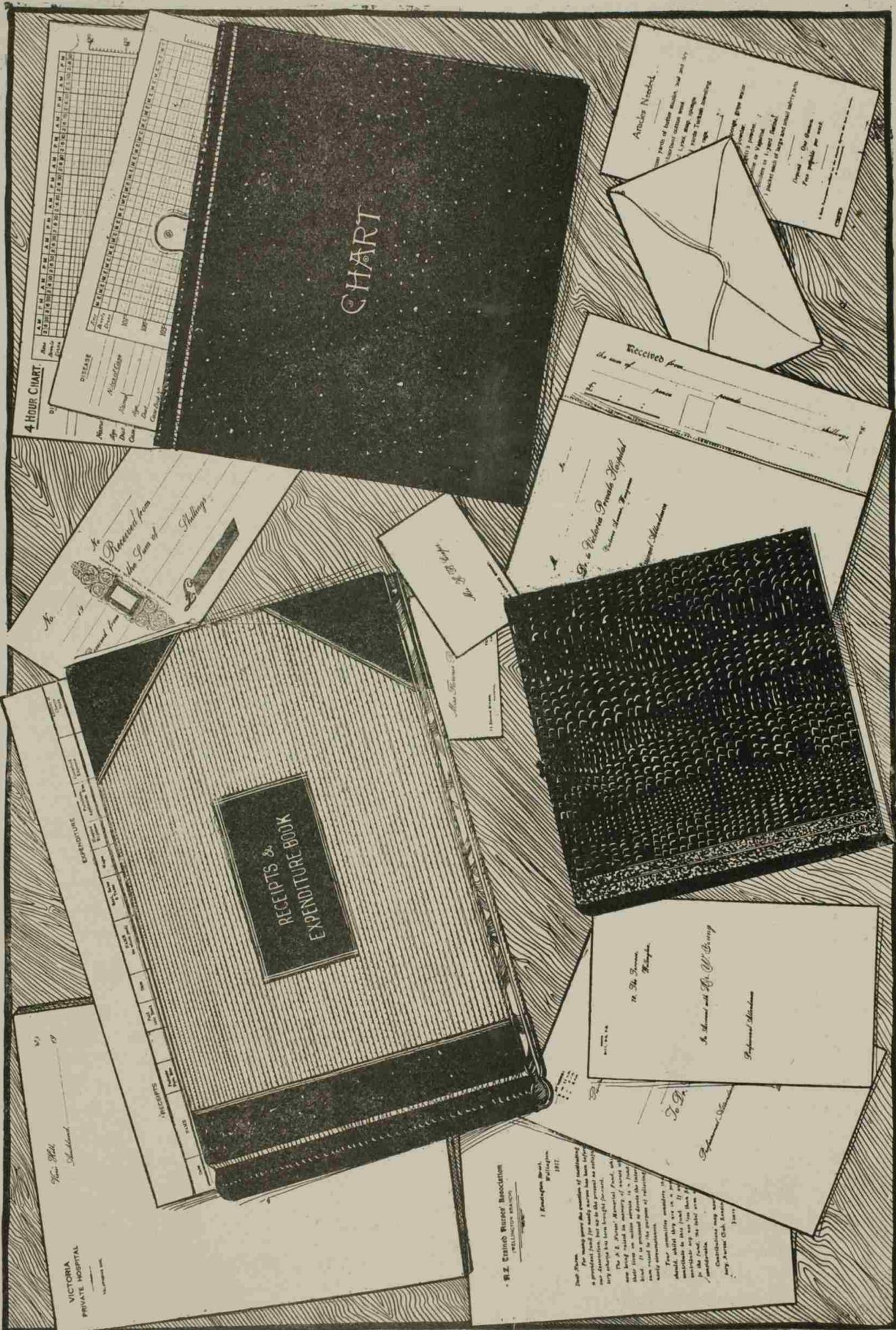
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WRITE—RING —OR CALL— **L. T. WATKINS LTD.** Printers and Publishers **115 TARANAKI ST., WELLINGTON** PHONES **21-462 and 21-463**

Sister Lampp, of Wellington Hospital, has finished her midwifery course and is on extended leave until the end of July.

Sister Wetherill, A.R.R.C., who returned recently from America, is temporarily on the staff of the Palmerston North Hospital.

Miss Edith Lewis, matron of the Wairau Hospital, has returned to the hospital after convalescing in Auckland from her late serious operation.

Miss Brown, matron of the Ewart Hospital, Wellington, has gone to the Alexandra Home, to take her midwifery course, for which purpose she has been granted leave.

Sister Margaret Shuker, late N.Z.-A.N.S., writes from the British Hospital, Cannes, France, where she has been during the season. Sister Woodward was also there, looking very well, and Sister Sutherland was expected. The hospital was to close on May 15th, when the nurses would return to England. Sister Shuker thought it likely she would go out again to the hospital for the next season.

Dr. Monson, of Westport, has returned from his visit to Europe. He was away a little over two years, and gave a splendid address to the sisters and nurses on hospitals and work he had seen in Edinburgh, London, Paris, Vienna, Berlin, and America. He was very impressed with Mr Monyahan, of Leeds, the great bowel surgeon. We all wished for more. Dr. Monson also described some wonderful brain surgery by a Vienna surgeon.

Nurse Grant, trained at Dunedin St. Helens, has been appointed staff nurse at Christchurch St. Helens.

Nurse Gillespie, who recently qualified at St. Helens, Invercargill, is relieving district nurse at Whangarei during the absence on leave of Nurse Whitaker.

Nurse Martha Smith is relieving at St. Helens Hospital, Invercargill, during the illness of Miss Stubbs.

Miss Scanlen, of Whangarei Hospital, is now district nurse at Waipu.

Nurse Margaret Clougher, trained at Napier Hospital, is leaving for England on 27th of the month.

Nurses Harris and Coxsmith, who have also completed their midwifery training and passed the State examination, are still on the staff of the Whangarei Hospital.

Nurse Colbert, district nurse at Te Ara-roa, is being relieved by Nurse Carmody while she takes her maternity course at St. Helens, Auckland.

Sisters Violet Bailey and Fabian have taken over the Red Cross garden at Rotorua, which had been started by the Y.M.C.A., and hope to be very successful in their new interest; but owing to the incessant rain have not yet made much progress.

Sister Mabel Alleyne wrote from the Edith Cavell Home in Sydney, where she was enjoying a rest in the beautiful home after leaving the Red Cross Home in Adelaide, where she had been nursing for some time. She writes that many nurses are giving up nursing and taking up other work—poultry runs, residential flats, shops, and even getting married; so it appears conditions are not much better in the Commonwealth than here. One sister she heard had a dolls' hospital in Melbourne. Sister Alleyne hopes soon to return to New Zealand.



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Sister Picken has resigned from the staff of the Cook Hospital, Gisborne, in order to take her training at the St. Helens Hospital there. Staff-Nurse Grahame has been appointed to fill the vacancy.

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Nurse Warnoch, who recently finished her training at St. Helens Hospital, Wanganui, has now gone to her home in New Plymouth.

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Sister Gladys Watt, who has recently been on the staff of the Pukeora Sanatorium, is leaving for the Apia Hospital, Samoa.

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Miss Dorothy Tanner, masseuse, late of King George V Hospital, Rotorua, has received an appointment on the staff of the Cook Hospital, Gisborne.

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In a letter from Miss Bicknell, she mentions going to dinner at the Cowdeay Club—"a most beautiful place"—with Miss May Palmer, who is about to take up a position in the Soudan under Messrs. Pearson and Co., engineers constructing the new dam at Makwar. She is to be matron in charge of a combined hostel and hospital for the young engineers.

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Sister Emily Nutsey, A.R.R.C., has returned to New Zealand after a prolonged stay in Durban and hopes to take up nursing again at an early date.

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Sisters Mathews and Glynes were still in Durban when Sister Nutsey left, but were intending to go to San Francisco.

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Nurse M. Slater, of Hawera, has now recovered from her illness (enteric fever).

Sister Dolores Macdonald, having successfully completed her training at St. Helens Hospital, Gisborne, has returned to her position as district nurse at Matawai.

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Nurse Olive Norton, of Timaru Hospital, is now in charge of the private hospital at Pleasant Point formerly managed by Nurse McCormick, who is still at Pleasant Point.

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Nurse Doreen, trained at the Cook Hospital, has successfully completed her training at Karitane, Dunedin, and is now a sister on the staff of the Stewart Karitane Hospital, Wanganui.

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Nurse D. Glasgow, Native Health nurse at Dargaville, has been appointed sub-matron at St. Helens Hospital, Auckland. Before taking up her duties, she has been granted leave to go to Karitane Harris Hospital for the special course on infant care.

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#### Appointments

Miss Annie O'Sullivan, trained at Palmerston North Hospital and St. Helens, Wellington, has been appointed night sister at St. Helens Hospital, Auckland.

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Miss Edith Hay, N.Z.A.N.S. Reserve, has joined the staff of Hamilton Hospital as sister.

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Sister Florence Upton, N.Z.A.N.S. Reserve, has been appointed matron of Kawa Kawa Hospital. Miss Upton was trained at Auckland Hospital, and was for some years on the staff of Whangarei Hospital, and obtained her midwifery certificate there.

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**E**RGAPIOL (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.

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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 amenorrhoea, dysmenorrhoea and menorrhagia.

Miss Geraldine Broad, trained at Wellington Hospital, and matron for seven years of Hawera Hospital, until she was appointed a Nurse Inspector in the Health Department in 1920, has been appointed matron of the Grey River Hospital. Miss Broad obtained her midwifery certificate at Queen Charlotte Hospital while in England in 1911.

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Nurses Brunton and Mackay, trained at Timaru Hospital, were appointed sisters in the Riverton Hospital in February.

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Sister Isobel Johnstone, recently sister at Greytown Hospital, is now on the staff of the Palmerston North Hospital.

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Nurse Eva Dawes, trained at the Auckland Hospital, has joined the staff of the Pukeora Sanatorium.

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Nurse Ruby Till, trained at Waihi, who has been on the staff of the Greytown Hospital, has been promoted to the staff as sister.

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Nurse T. Graham has been appointed sister at the Gisborne Hospital in place of Sister A. Picken, who has gone to take her midwifery training at the Townley St. Helens Hospital, Gisborne.

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Nurse Drysdale has resigned her position as sister at Oamaru Hospital and has gone to St. Helens, Dunedin, to take her midwifery training.

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Nurse Dora Gibson was appointed a sister in the Stratford Hospital in January.

Sister Kate Cumming, N.Z.A.N.S. Reserve, has joined the staff of Mount Pleasant private hospital, Auckland.

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Miss E. M. Humphries has been appointed sister at Pahiatua Hospital, out of 18 applicants. Miss Humphries received her training at the Greytown Hospital, passing the State examination with honours in June last. Since then she has been on the staff of the Cole Street private hospital.

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Sister Rudd, of Adelaide, who was on the staff of the Auckland Hospital for some nine years, was recently appointed Lady Superintendent of the Costley Home, Auckland, in succession to Miss Mabel Latimer. The staff is to be increased and more qualified nurses appointed to care for the old people and chronic invalids.

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Sister Lea, N.Z.A.N.S. Reserve, who has recently taken her midwifery training at St. Helens Hospital, Wanganui, and afterwards acted as sub-matron, left for Apia Hospital, Samoa, in May.

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Nurse Hamett, for some time nurse at Dr. Mackin's rooms, has been appointed theatre sister at Masterton Hospital.

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An appointment which will interest New Zealand nurses is that of Miss Pines, who went through her training at Karitane Harris Hospital, Dunedin, to the matronship of "Tressillicus" Infant Welfare Training Home in Sydney. Miss Pines was for some time matron of Dr. Levy's maternity hospital, Wellington. Miss McLaughlin, who also trained at Karitane, has been appointed sister,

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Nurse Currie, trained at St. Helens Hospital, Christchurch, and afterwards proprietor of a private maternity home at Rangiora, is now Plunket nurse at Eketahuna.

Nurse Alice Wade has arrived at Carterton and taken up her work as Plunket nurse. She was formerly stationed at Taumarunui, and has but recently returned from a visit to England.

Miss M. Kelliher, matron of the Wairau maternity hospital, who has been away in America and England for the past six months on leave, has now resigned her position, as she was unable to return to New Zealand for a considerable time. Miss Gunn, who has been acting-matron, has now been appointed matron.

Nurse Ethel Turner has resigned from the staff of the Southland Hospital.

Sister Hitchcock, N.Z.A.N.S. Reserve, Plunket nurse at Eketahuna for some months, is returning to Karitane Harris Hospital as sister.

Miss Frances Price, R.R.C., has been appointed matron of the Hokitika Hospital. Miss Price was matron of the Children's Hospital, Wellington, prior to the war, in which she served with distinction in the New Zealand Army Nursing Service, having gone out with the first fifty nurses. After her return she was matron of the Gisborne Hospital for about two years. Miss Price has just completed a course of midwifery training at Townley St. Helens Hospital.

### Taumarunui Hospital

Subsequent to the terrible railway disaster which occurred near Taumarunui this month, the Taumarunui Hospital was the scene of great activity. The small staff was stretched to its utmost capacity to cope with the stream of injured which were taken there for treatment, but the matron, Miss Malyon, writes that she was proud of the way the nurses rose to the occasion and worked splendidly. Several married and retired nurses living in the neighbourhood at once came and offered valuable assistance, and with other volunteers' help, all that was possible was done for the sufferers. Among these were two girls engaged in nursing—one in a mental hospital and one in a private hospital—and they were progressing well.

Thirty dental nurses were posted out in May or June to the districts selected for the new experiencing in dental work for the primer classes in the schools of the

Dominion. The girls have had a very careful training, and it is expected that their work will be of great value in preserving the teeth of the young generation. They have to do a good deal of work on their own initiative, though as far as possible they are under professional supervision and the frequent inspection of the officers of the Dental Division, the Director of which is enthusiastic as to the capability shown by the girls.

This work certainly seems one which is specially suited to women. It is concerned chiefly with young children, and greatly on that account was the designation of "nurse" adopted. So far very few trained nurses have been tempted to forsake their own work, though one has gone through the course and is now at work. We will await with interest the result of this new scheme. It is, of course, as in the case of nurses posted out to districts, greatly hampered by the difficulty of securing suitable accommodation and working conditions.

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All literary communications regarding the journal must be addressed to Miss Maclean, Health Dept., Old Parliament Buildings, Wellington.

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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.

