

to build the domestic wing, when the Welfare Centre will come into its own, instead of being provided for as it is at present in the old building, which also houses a great many of the trainees. The routine will be of interest.

Expectant mothers are seen early in pregnancy when they are "booked" and given advice as to care of breasts, attention to bowels, food, clothing, personal hygiene and preparation for the infant.

At seven months they are seen again—or earlier if necessary. Particular attention is paid to the urine and the usual abdominal, and, if necessary, vaginal examination is made.

There is a Resident Medical Officer who sees some of the cases, but most pre-natal work is done by the Matron and Sisters, who give advice or refer the applicants to the R.M.O., who may, or the Matron or Sisters may, refer them to one of the visiting physicians, Dr. Mary Blair (of Dunedin). Again these patients may be referred to another physician, Dr. Wise, who does most of the forcep and induction cases.

Since being here, there have been three cases of Caesarian Section, and the operations were performed by a very clever woman surgeon—Miss Bolton.

The expectant mothers frequently arrive only a short time before labour begins if they live near, but those who live some distance usually prefer a little waiting period in the hospital.

As mentioned before, the hospital is worked on antiseptic lines. There are big sterilisers in the basement, where all the bowls are boiled daily, and these, after use, are washed, antiseptic lotion put in, and used again. Cotton wool is broken up with clean hands and put into large jars with perchloride of mercury 1-1000 poured over.

The actual bathing is done with lysol, using swabs from these jars and followed by perchloride of mercury if being prepared for labour or immediately following labour. The main feature is the very excellent preparative of the hands. For labour scrub five minutes.

Soak in perchloride of mercury three minutes. For ordinary bathing scrub

two minutes and soak one minute.

All this is followed most particularly and it can be easily seen how such methods are very adaptable to district work.

Gloves are worn for labours, p.v. examinations, and all cases where there is any vaginal discharge.

Any cases of pyrexia are isolated at once in a side ward, and "specialled" whether the reason is known or not. The wards are spring-cleaned very frequently—about every three months. In case of any serious infection there is an isolation block with six beds some distance from the hospital. The fact that it is rarely used and is kept more as a nurses' home speaks for the wonderful results of this hospital.

The mothers are kept in for two weeks, getting up on the tenth day for the first time, unless their condition requires a further rest period.

Aperients are not used, but liquid paraffin is given from the first day. A great deal of water is given, particularly if the mother requires better lactation.

Animal protein is given on the third day, and the hot meals are brought up on a very ideal food trolley with an electric attachment.

The methods of baby feeding are adapted from such famous paediatricians as Dr. Waller, Dr. Truby King and Dr. Eric Pritchard.

Breast feeding is the rule for normal-sized babies, with no night feeding, and three hourly for those under normal.

Truby King massage is used for failing milk supply and New Zealand cream is given for making up the fat content of artificial foods.

The artificial foods given are: Whey, cream, sugar of milk; peptonised milk, and Ambrosia (a dried milk). Wherever possible, though, a baby is complemented with breast milk. The babies' charts have temp. feed and stools recorded—weight also, the classic days being 3. 8. 14.

Artificial food is shown by black lines, and the amount taken from the breast by red lines.

The nursery or night cots are made of an oblong piece of calico slung on an ob-