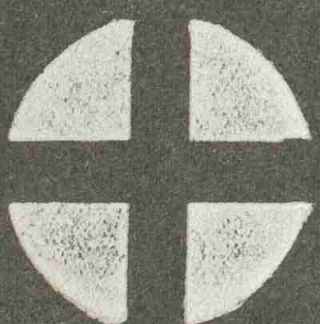
Kai Tiaki:

The Journal of the Nurses of New Zealand



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Kai Tiaki

(THE WATCHER—THE GUARDIAN)

The Journal of the Nurses of New Zealand

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Contents

Editorial

Matrons' Conference

The first Conference of New Zealand Hospital Matrons has at last taken place, and we have no hesitation in saying that it has proved an unqualified success. This has been largely due to the initiative and determination of Miss Stott, Lady Superintendent of the Wellington Hospital, and we offer her our congratulations on the able manner in which she conducted the proceedings. Many Matrons have written of the benefit they received through interchange of ideas and discussions of various subjects with those of their own class. Matrons, as a rule, are lonely people. One said that the discussion on nursing education alone was well worth coming for. Another writes: "I for one, have come back to work full of hope and determination to accomplish better things in the future." It was good to see the keenness and enthusiasm of all.

International Council of Nurses

Once again our attention is directed to the gathering of the International Council of Nurses for the interim Conference at Geneva, July 27th to 30th, 1927, three full and interesting days. Alas, our geographical position forbids New Zealand taking part, but I understand Sister Till, lately of the staff of St. Helens Hospital, Auckland, will be present, so New Zealand will have representation. Amongst those taking part in the Conference are Mrs. Bedford Fenwick, founder of the Council and Dean of the British College of Nurses, Miss D. Gage, President, and Dean of the Fale University School of Nursing, China, which school, she informs us, has temporarily been closed due to Soviet propaganda, Miss F. M. Shaw, Director post-graduate course of nursing McGill University, Montreal, Canada, and President Canadian Nurses' Association, also Miss C. D. Noyes, National Director Nursing Service, American Red Cross. In reviewing the tentative programme one is pleased to note the introduction of demonstrations on practical nursing procedure because time and effort concentrated on theory is useless unless it leads to more practical efficiency. One would revel in listening to the round-table discussion on methods of supervision and record keeping in schools of nursing, and would welcome a more concise system. Ways and means of promoting the powers of observation and scientific reasoning in our student nurses are always a problem. How interesting it will be to survey the different types of nurses' uniforms which have recently become so varied, public hospital, private, public health, Army and Navy, besides the proposed uniform for the future. Anyway, we await with interest the result from so gifted a gathering of world nurses, and hope that many of our present nursing problems will be solved by abler brains than ours.

Post-Graduate Courses for Nurses

It seems as if this young country is not yet ready for a Diploma in Nursing Course, to be taken by students who have not first proved their suitability for the nursing profession. Nothing is so far settled about a post-graduate course, but if this can be established it will meet the needs of nurses for some years. At present the position is whether sufficient funds can be raised to finance the course. There is no present prospect of Government aid. We would therefore ask the different branches of the Trained Nurses' Association to follow the example set by the Otago Branch, who have already obtained £350 in cash, and a further promise of £50 per annum from Otago University, conditionally on the rest of the amount being raised. As there are now eight branches of the Association in New Zealand, similar efforts among the others would assure the sum needed to finance the scheme.

N.Z.T.N.A.

NOMINATIONS FOR MEMBERS OF COUNCIL.

Members of the Wellington Branch of the Trained Nurses' Association are reminded that nominations for members of the Council, 1927-28, must be sent to the Hon. Secretary, Nurses' Club, 1 Kensington Street, Wellington, before 15th September, 1927.

What to Eat: Advice By Dr. Clark

SCHOOLS' MEDICAL OFFICER ADDRESSES NURSES.

During an address to the members of the Trained Nurses' Association in Napier, Dr. Clark, School Medical Officer, stated:—

"It is a great pleasure to me to address an audience of trained nurses on a matter like diet, which is so closely concerned with their daily professional work and whose influence on the public and whose responsibility to them is so great.

"That something is radically wrong in our present way of living is very obvious. Listening to the intimate conversation of our friends, in which their experience of ill-health and operation are dwelt in with such gusto, we are driven to conclude that either our British stock has deteriorated from its ancient lusty vigour or that it is being seriously mismanaged as far as its daily care is concerned.

Motor and Fuel.

"The first suggestion, I feel sure, we may reject. The second I feel equally sure we must accept. If we may use the common—too common—motor car as a symbol of the individual man or woman, we may say, I think, that the make is sound, but that its frequent visits to the garage for repairs are due to faulty petrol and management. The garage being a symbol of the hospital and myself in my capacity of a medical man—one of the motor engineers. I must plead guilty to having failed in my duty to recommend the best motor spirit and the most reliable batteries to my clients, saying that I was kept so busily employed at the repairs that I had little spare time in which to study the nature and quantity of petrol and battery.

"Fortunately the matter has been and is being most thoroughly investigated by many of the most capable and enthusiastic scientists all over the world, especially Great Britain, America and Denmark.

"Chief, perhaps, amongst these inquiries is that of the committee appointed by the Privy Council in London during the period of food shortage experienced in the Old Country owing to the submarine campaign during the Great War. Their report was published recently and deals with the important part played by vitamins in the maintenance of life and the bad results of their absence from our daily food or their presence in insufficient quantity. There are three vitamins which have been definitely discovered and more may remain to be detected in the future, but we know now that death is the inevitable consequence of withholding either of these three for a considerable period and ill-health follows their presence in insufficient quantities.

All are Necessary.

"The three vitamins are called A, B and C, and they are all necessary for life. Common foods which contain no vitamin at all are white flour, sugar, polished rice and tea.

"A is found in butter, milk, cream, cod liver oil, green vegetables and many other foods, especially tomatoes. It is seldom in insufficient quantity in our New Zealand dietary, but in the poorer classes of the great towns in Europe insufficiency often occurs.

"The symptoms of an inadequate supply of vitamins A are rickety deformities of the bones, and an inflammation of the eyes, which may go on to great impairment of vision. Growth is impossible without A. B is much less widely distributed in food stuffs than A. It is found in the outer coat and the germ of all kinds of grain and in nuts, dried peas, beans, and lentils, milk, eggs, and especially in tomatoes.

"The symptoms arising from an absence of B are neuritis, constipation, paralysis, and finally and invariably death about the 24th day after it is withheld. The symptoms of a deficient supply are those mentioned above, and in addition a stunting growth and poor nutrition.

The Wrong Foods.

"Many authorities, including Professor Plummer, regard appendicitis as being usually due to a deficiency of B. As from 50 to 75 per cent. of the diet of children consists of food made from flour, the consequences of the use of white flour in the place of whole meal are always serious. B is the vitamin which is most commonly lacking in New Zealand diet.

"C is found in green vegetables, fresh fruit, especially oranges and lemons, potatoes and milk.

"Its absence causes the disease called scurvy, the chief symptoms of which are sores and ulcers on the skin, hæmorrhage, especially from the gums, which become swollen and recede from the teeth, and debility, ending in death. This disease was common amongst sailors in the days of long voyages in sailing ships, and was prevented by a daily ration of limejuice.

"It is very rarely seen in New Zealand, but occasionally mild cases are found amongst people living principally on white bread, jam, tea, sugar, biscuits, and condensed milk.

The Nature of Them.

"Now you may ask what the nature of these vitamins is, and I can only reply that with the exception of vitamin A, which is artificially found by the action of ultra violet light in cholesterol, they have not been discovered. It is true that in the case of vitamin B it is found that animals at the point of death from withholding foods containing it, can be readily restored to health and strength by administering water which has been allowed to pass slowly through bran, but it has never been isolated from the solution so formed.

"Perhaps I may best convey the idea of the function of vitamins by returning to my symbol the motor car, and likening them to the spark which explodes the mixture of petrol and air. Without that spark the engine remains cold and still. No matter how plentiful the supply of petrol, it is dead. Without vitamins our bodies remain cold and still. No matter how plentiful the supply of food, they are dead.

Of Great Importance.

"Much more is known of the effects of vitamin upon the nutrition of the body and the functions of its various organs, but I must dismount from my hobby horse before I weary you.

"I hope I have said enough to excite your interest in one matter of the many which are of such great importance to the health of the individual and the position of the British Empire in the civilisation of the world, and I hope also that I have convinced you of the great importance of your individual influence in arresting the lamentable shortcomings of our national food.

Nurses' Memorial Fund

To our nurses, but more especially to those who have sent me their subscriptions each year to our Nurses' Memorial Fund. I thought it might interest you to know how the money is being used.

Some time ago, there came under my notice a nurse who was completely broken down in health. She had to go into hospital to have an operation, and the surgeon told her sister she must have complete rest for six months or longer. What was to be done? Her parents both being dead, she had no home, and only her younger sister to help in keeping her. A friend suggested putting her case before the Nurses' Memorial Fund Committee, with the result that she is to receive some help for six months, and I am sure longer if it be necessary.

The nurse herself was very much against taking help, but when it was pointed out that anyone might be in the same position, and that the fund was to help the helpless, she was more satisfied.

I hope this little bit of information will be interesting to you, and that you will go on, as Charles Kingsley says "helping lame dogs o'er the stile," remembering that one never knows when they may be one themselves, but I sincerely hope you will not be, as the hardest cross to carry is "not to be able to work."

JEAN TODD.

Christchurch Nurses' Experience in China

As the present state of China is a subject very much before the minds of the public, I thought readers of "Kai Tiaki" might be interested to know some of the experiences of two Christchurch nurses while in China.

Nurses Bargrove and Brunt have spent the last three and a half years in Hangshow, China, as Missionary Nurses, in the largest Mission Hospital there, and their experiences have been full of interest.

Last October both nurses developed typhoid fever, and were seriously ill for some weeks. In December it was decided by the medical staff of the hospital to get them away from Hangchow, so that they could recuperate in Hongkong. The following account of their journey to Hongkong is taken from letters written by Nurse Brunt.

Hangchow, December 18th, 1926.

We are living in thrilling times! Two days ago, at 3 p.m., Dr. Thompson, Principal of the Hospital, came to us and asked if we could be ready to leave for Shanghai on the following day at 12.15. Well, this was very sudden, but when he explained that the Southern troops were making for Hangchow, and if we didn't beat a hasty retreat it would be too late, as the railway line would be cut, we quite understood. It wasn't long before kind and willing helpers were here getting our belongings into trunks. I didn't sleep much that night, my mind was too full, and when one is weak and a cripple one is inclined to make mountains out of mole-hills.

The morning dawned cold, wet and dismal, but with the light of day and the thought of getting away from the confines of one's bedroom and seeing the world again, one's spirits rose. Finally, the last odds and ends were put into trunks, and the coolies came for them, and away they went! We had an early tiffin, and at 11.45 a.m. we donned our hats, coats, etc., and waited to be carried downstairs. Suddenly came a bolt from the blue, in the form of one of the nursing staff who said, "The line is cut!" We were too late. Then presently in came Dr. Thompson, who is the essence of resourcefulness. "Can you be ready at 1 p.m., we have arranged for you to go by another route?" Yes, of course we could be ready, and so we awaited events. This journey would be a very trying one, as one has to make so many changes; still, we were prepared for anything. Good-byes were said and we thought we were really off, but not so! "You are blocked again!" came a report. The Northern troops were pouring into the city, and had commandeered every car. So the rest of that day passed, and we waited rather dubiously for the events of the coming day.

At 10 a.m. the next day one of the staff appeared at my door and said, "You can set your heart at rest, you can't go." That was all, and I couldn't find out why for a long time. Then our good friend Dr. Thompson came and explained that as there were so many hundreds of soldiers about the city he felt it was unwise for us to remain where we were. That happened yesterday, December 17th, and now we don't know from day to day when we shall be ordered to leave.

The Chinese are very frightened, and many left the city last week. All our medical students, save a few, went off some days ago. We were very much relieved, when after many meetings, the male nurses decided to "stand by their guns" and face it out, even though they had such fears, i.e., the Northerners are afraid of the Southeners.

Shanghai, December 19th, 1926.

You will be greatly surprised to see that I am writing from Shanghai. Well, just as I was finishing the last sentence, Dr. Thompson came in and said there was a gang of coolies repairing the cut in the railway line, and in all probability we should be able to get through that day! Our boxes were still packed, so it just remained for us two invalids to sit and await orders, while our many friends bustled about making arrangements for getting us off as comfortably as possible. Thank God for friends!

We were carried to the hospital entrance, where a friend was waiting for us with his car. When we reached the men's hospital all my dear boys—nurses—were standing on the verandah to greet us. It was such a joy to see them again, and they came out to the entrance and stood round the car, smiling and talking to us. My heart went out to them when I realised the possible dangers they were facing by staying behind. Finally, we waved our farewells, secretly wondering whether this was not too good to be true, and soon reached the railway station. There was still a doubt whether the train would start, and so we sat in the car well wrapped up, for the weather was cold. Then we heard a bell which told us the train was coming. And what a rush and scramble there was! I being helpless, had to be carried in a chair right on to the train. How good people are to helpless folk! Even the coolies came forward to lend a hand. Miss Bargrove, though able to walk, was very weak, and she too had plenty of assistants. The railway platform was crowded with Chinese, men, women and children, and we afforded them much interest and probably amusement, too. We both breathed a sigh of relief when we were finally settled in the train. I might say we had two escorts, one a trained nurse, the other our faithful cook. The latter came with us in case of need, for we realised we were taking a risk in starting out in such unsettled times. We went along very nicely for several hours, and then the train suddenly stopped, and we were informed that every one was to be searched by officials who were looking for spies, etc. We really felt then that we were in China, and what was more, in the war zone. A Chinese official came into our compartment and asked us gruffly who we were, where we had come from, and where we were going. We showed him our cards, and answered his questions. He accepted our cards, and went away quite satisfied. We were held up for two hours at that station. All along the line we saw many soldiers. Oh! the misery of it all; they seemed to be living like animals, so dirty and unkempt. Many of them were carrying such vicious looking spears, on long poles, and numbers of them looked so young—mere boys. We were told there would soon be fighting just outside Hangchow. I can't go into the details of that eventful journey, suffice it to say that instead of arriving in Shanghai at 7 p.m. that night, we arrived at 9.30 the next morning! A night in a train when you are not expecting it, and under such circumstances is rather a thrill!

Hongkong, Boxing Day.

Here I am, my second day at Hongkong. I must go back several days and tell you some of our experiences. We managed to get our goods together the afternoon of the day we arrived in Hongkong, and as the steamer sidled into the wharf, two pairs of eager and somewhat anxious eyes peered out through our porthole, looking for an escort for the remainder of the journey. Our two escorts, i.e., nurse and cook, had left us when we reached Shanghai. But we couldn't pick out any one of the few people waiting about, who looked likely friends of ours, so we just waited, feeling pretty exhausted after our packing. The journey from Shanghai to Hongkong takes two days by fast boat, so we were obliged to do some unpacking. Later on a letter came, marked "urgent." I tore it open and read that we could not be met, but were given instructions how to reach our destination. Well, we both sank back exhausted; we had already noted the many steep steps of the gangway, and wondered even with assistance, how we were going to get off the steamer, and here we were faced with what seemed a still more difficult proposition. We decided to consult our kind stewardess, who came to our assistance by calling the ship's agent, who proved to be a real friend to the poor waifs. He rang up the hospital to which we were going and arranged with them to have us taken up in an ambulance. In a very short time an ambulance stretcher was brought to our cabin, and I lay myself upon it, and was thus very gently taken off the boat, with Nurse Bargrove following slowly behind on foot. Fortunately for her she was not a cripple. We seemed to have gone quite a distance

when I felt myself being slid along, and realised I was being "packed" into the ambulance. Nurse Bargrove soon appeared, being supported by kind assistants. Then she got inside, the door was shut, and off we went, where to, we knew not! Again it seemed a long way.

While we were journeying along, a stretcher-bearer (Chinese) who stayed with us, began covering me over with a canvas arrangement. He had previously put up two brass curved bars. I wondered what was going to happen next. I thought I should suffocate, and pulled it all off. The man couldn't speak English, and I couldn't make him understand my Chinese, nor could I understand his dialect, so there we were! I had to put up with my apparent discomforts. However, I found, when this covering was properly arranged, I could breath quite well, and I was thus hidden from the public gaze—the Chinese are very inquisitive. We had to cross over to Hongkong from Rowloon just a short distance. Presently the ambulance stopped, and I "slid" out, and was again borne along, this time hidden under the tarpaulin. I can imagine how many pairs of anxious eyes strained to see inside. I kept calling out to know if my companion in weakness was following, because I hadn't any idea where I was being taken. Then suddenly, plomp; down I went, and my fellow-traveller came to my side and said we were waiting for the ferry boat, which came in a few minutes. Again I was lifted up on my stretcher and carried on to the ferry. Nurse Bargrove said my bearers would not allow anyone into the compartment where we were, and later on one of them showed her a notice, which informed the travelling public that there was an ambulance case within, and would they kindly oblige by not entering what was the smoking saloon. I began to feel my importance as time went on. Soon this part of the journey was over, and again I was borne along and put into another ambulance which waited our arrival at this side. Nurse Bargrove also stepped in and lay down on a nice comfortable lounge, and in a few minutes we were off. It seemed such a long long way, we both wondered how we could possibly have managed all alone. We went up a very steep hill for a long distance and finally stopped, as it seemed, in the middle of a road. There seemed to be much talking outside, and we couldn't think what was going on. Then the door opened and I was taken out, and put on to an arrangement with wheels. It was quite dark, and being still under the tarpaulin I was perfectly bewildered, and frightfully stiff. However, I knew it was useless to complain, and still more useless to ask questions, for my bearers could not understand a word I said. Poor Nurse Bargrove wondered what was to happen to her, as she didn't know how far she might have to walk, but her trials came to an end, as a rickshaw came into view, so she stepped in, and away we went, we couldn't tell where. Finally Nurse Bargrove called to me that we had arrived, and I felt myself being lowered to the ground, the covering was removed and I saw several nurses who greeted us both warmly. So ended our eventful journey!

Public Health Nurses' Refresher Course

During the week of May 18th to 25th inclusive, a "Refresher Course in Public Health Nurses" was held in Wellington under the auspices of the Department of Health. This course was the first of its kind in New Zealand, though regular yearly courses of such a nature are held at all the main centres in Great Britain.

Nurses attending this conference were:

Health Department.—Nurse inspectors, school nurses from Wellington, Napier, Gisborne, Wanganui and Nelson; district nurses from Otaki and Paekakariki; sisters from St. Helens Hospital.

Education Department.—Visiting Child Welfare nurses.

Private Organisations. — Plunket nurses, Red Cross, Guild of St. John, Co-

lonial Mutual Insurance, Bryant, May, Bell and Co., sisters from the Home of Compassion.

The whole atmosphere of the Conference was one of great interest and enthusiasm, so much so that courses of a similar nature will be held in the other main centres during the year.

Attached is a copy of the syllabus.

On the first evening of this course a memorable meeting of all nurses engaged in public health work in Wellington was held, with Miss Bicknell, Director of Nursing, in the chair, 45 being present.

The object of this meeting was to bring together all nurses working in a common field so that a better understanding and co-operation might be brought about.

Each group had been asked to send a representative to read a five-minute paper on their own particular work. The papers contributed were excellent; some, in fact nearly all speakers, were nervous, but they had no need to be, and it is only a matter of a little more practice and there would be several excellent speakers among that group.

I am enclosing copies of the papers contributed. Miss Mitchell, of the Plunket Society, and Mrs. Johnston, of the Child Welfare Branch of the Education Department, also spoke regarding their particular work.

A review of the situation in Wellington was given by Miss Lambie, in which it was pointed out that of the 40 nurses employed in Wellington, 27 did actual visiting work in the houses of the people, and of these 23 were engaged in educational visiting work entirely in connection with the mother and child. This works out as one nurse to 5,200 people in Wellington, as compared with one nurse to 7,300 in Willesden, a borough of London, and one to 3,500 in Toronto—a fair comparison—our great need being better co-operation.

It was also pointed out that there was great need in New Zealand for a public health section of the Trained Nurses' Association, so that nurses actually engaged in public health work could study their particular problems, such as the very big one of co-ordination.

Refresher Courses.

May 18—9.45 a.m., Opening Address, Dr. Valintine; 10 a.m., Development of the P.H. Nurse, Miss Lambie; 11 a.m., Rural Sanitation, Mr. Gardiner; 2 p.m., Lantern Lecture: Observations of Common Physical Defects, Dr. Patterson; 7.30 p.m., Meeting of Public Health Nurses.

May 19—10 a.m., Ante-Natal Instruction, Dr. Gurr; 11 a.m., Excursion Pasteurisation of Milk, City Depot; 2 p.m., X-Ray Department, Wellington Hospital, Dr. Meyers; 3.30 p.m., Prevention of Tuberculosis, Dr. Short.

May 20—10 a.m., Vaccine and Serum Therapy, Dr. Lynch; 11 a.m., Environmental Hygiene, Dr. Short; 2 p.m., Lecture and Excursion, Mr. Gardiner; Defects in Housing.

May 21—10 a.m., Karitane Hospital, Sir Truby King.

May 23—9 a.m., Lantern Lecture, History of Nursing," Miss Moore; 10 a.m., Mental Hygiene, Dr. Bakewell; 11 a.m., Development of the Teeth, Mr. Saunders; 2 p.m., Diet of the Child, Dr. Petterson; 3 p.m., Legal Position of the Child, Mr. Beck.

May 24—9 a.m., Departmental Meeting, Miss Bicknell in chair; 10 a.m., Junior Red Cross, Sister Lewis; 11 a.m., Control of Infectious Diseases, Dr. Findlay; 2 p.m., Lecture and Demonstration, Postural Defects and their Prevention, Dr. Robertson, Wellington Hospital; 8 p.m., Venereal Diseases in Children, Dr. Aldred.

May 25—9 a.m., School Environment, Dr. Patterson; 10 a.m., Health Teaching, Miss Lambie; 11 a.m., Prevention of Puerperal Sepsis, Dr. Paget; 11.45 a.m., Closing of Course, Dr. Valintine.

Five Minute Papers

The following were contributed

I.— Nurse Inspectors

A Nurse Inspector is an Assistant Inspector of Hospitals appointed under the Hospitals and Institutions Act, 1904, and also an Inspector of Midwives and Maternity Nurses.

The first nurse to be appointed as Assistant Inspector of Hospitals was the late Mrs. Grace Neill, in 1904, and it was chiefly owing to her forethought and efforts that State Registration was introduced.

In 1906 Mrs. Neill was succeeded by Miss Hester Maclean, and the following year Miss Bicknell, the Registrar and Director, Division of Nursing was appointed her assistant.

There are now eight Nurse Inspectors in the Department.

The necessary qualifications for these positions should include:—

1. General Nursing Certificate.
2. Midwifery Certificate.
3. The Certificate of the Sanitary Inspector of Nuisances, and no doubt some of our fellow-nurses think **we** are **nuisances** in more ways than one.

The appointment of Nurse Inspectors should be regarded as an honour to the nursing profession of New Zealand, and shows the high esteem in which our nurses are held here.

In no other English-speaking country have such opportunities been made as yet, and the importance of these posts will be appreciated when the public come to understand the threefold preventive measures included in the inspection of private hospitals alone.

1. **The Protection of the Public:** In that private hospital regulations issued under the Hospitals and Institutions Act are properly observed.

The hospitals are constantly under supervision and so overcrowding and poor accommodation of patients and staff is avoided.

Proper care is maintained in both general and midwifery work, in the care of and sterilisation of instruments, utensils, equipment and dressings. Hygiene and sanitary conditions are observed. The staffing of the hospitals is in accordance with the regulations.

2. **The Protection of the Nursing Profession:** In that only trained and registered nurses and midwives can hold a license for a private hospital.

The full complement of registered staff in accordance with the regulations is maintained, whereas in England and other countries any untrained unregistered person may have a hospital with no properly trained or qualified staff, and no adequate equipment.

3. **The Protection of the Medical Profession:** In as much as the medical men know their patients will be properly cared for in their absence and any unexpected symptoms will be observed and immediately notified.

That all things are to hand for the efficient care and protection of their patients, etc., and to help them in their work.

Much of our work is preventive and public health work.

Among our many duties are included:

1. Inspection of private hospitals and private institutions, such as the Alexandra Home, Salvation Army Homes, etc.
2. Inspection of Midwives and Maternity Nurses, their homes and surroundings.
3. Inspection of private homes where one patient at a time is nursed.
4. Investigation of cases of morbidity and puerperal fever, etc.
5. Supervising authority over District Nurses to Natives, Pakehas, and also Dental Nurses.
6. Inspection of Massage and Chiropractors' rooms, Osteopaths, Chiropodists' and ladies' toilet rooms, and in fact any rooms where the human body is treated.

From the above remarks you will see that not only are we needed in the important curative and preventive work, but also in the works of the **Personal Beautifying Society,** etc.

II.—Duties of a School Nurse

I shall endeavour to explain briefly just what line the work of a School Nurse follows.

The School Nurse is a home and school visitor, who takes under her special care the health and general welfare of the school child; and she thus forms a link between the School Medical Officer, the home and the teacher. It is this personal touch and co-operation that is so essential in securing the best results in School Medical work.

Prior to the Medical Officer's examination of a school at which she assists, the nurse **visits that school,** and tests for defective eyesight all children in Standards I., II. and VI.; also, children admitted from other schools since the last medical examination, as well as those in other classes of whom the teacher has any suspicion in regard to health. She also pays particular attention to, and makes record of, all cases of defective hearing, as well as of physical deformities, excessive or unsuitable clothing, malnutrition, skin disease, pediculosis, and lack of cleanliness. Regarding the three last-mentioned, she takes action by circularising or visiting the mother, without delay. Health habits are discussed with the children, and advice freely given with regard to the care of the teeth and general cleanliness of the body.

Inquiry cards as to the previous health of all primary entrants are sent to the parents, who fill in particulars and return the card to the school. The information thus obtained is then recorded on each child's medical card.

Parents are notified at the time of the medical examination of their children, and receive invitations to be present; and it is most gratifying to note the keen interest, and appreciation now shown on the part of most parents.

The nurse is authorised by the School Medical Officer to notify parents of any defects, and in urgent cases parents are visited at their homes and treatment is discussed and assured.

There are always a number of cases where it is impossible for the parent to take the child for medical aid. Then the nurse takes over the responsibility of arranging treatment, either at the Dental Clinic, the Hospital, or the Convalescent Home for children; she conducts the child to one, or the other, or all of these institutions, at arranged times, until the defect is relieved, or cured.

Three months after the medical examination of a school, the nurse re-visits it, and inquires individually from each child what treatment has been obtained; where she is not satisfied she visits and re-visits the homes, so that ultimately a high percentage of treatment is secured.

Apart from home and school visiting, it is part of a school nurse's duty at a time of epidemic, such as diphtheria, etc., to examine the school children's throats and take swabs for laboratory examination; she also takes swabs from diphtheria contacts, who are absent from school. Where cases of scarlet fever occur in classes she visits the school and examines for sore throats and signs of peeling. She also assists the School Medical Officer with such special work as testing for tubercular disease, and innoculation against diphtheria.

Then again, she may be called on to assist at the Annual School Health Camp, to say nothing of Health Weeks and Industrial Shows, at which her assistance may be required.

I think I have said enough to induce you all to agree with me that the life of a school nurse is one that is not only useful, but fully occupied.

III.—The Nurse in Industry

In presenting this paper to-night I do so with diffidence because industrial welfare work in this Dominion is still very much in its infancy. As far as I know only one firm, that of Bryant & May, Bell & Co., Ltd., Wellington, have instituted a service of this kind.

Three and a half years ago, when the model factory, which is now such a prominent landmark in Wellington, was completed, the Board of Directors decided to follow, at least to some extent, the methods which had been adopted so successfully in the larger centres of population in the Old Land and Australia. In coming to this decision the fact was not lost sight of that something of the sort had previously been attempted in New Zealand, but it was considered advisable that the new venture should be under the direct supervision of a trained nurse. The writer was appointed to the new position and entered upon her duty realising the difficulties that beset the path, but with the earnest hope that something worth while might be accomplished.

It would be needless to enumerate the initial difficulties encountered, these may well be left to the imagination. Suffice it to say that a start was made and the work has continued without interruption ever since. With your indulgence, I will now give you a brief outline of the activities of my Department. These I will group under different headings.

Health.—First and foremost comes health. This properly is a first consideration. "Ill fares the land to hastening ills a prey, etc."

Generally speaking the health of the operatives does not cause much anxiety. This is largely due to the fact that the building was designed to afford the best working conditions, the workrooms are large, well ventilated and sunny, and the result is a happy, healthy worker. In this connection it is pleasing to note that even workers of the retardate type respond to their surroundings. As opportunity offers, instruction is given on matters appertaining to health and hygiene. No chance is lost of inculcating recognised health principles. Under this heading, too, comes the work of the casualty room. It will be readily understood that where so much machinery is used accidents are of frequent occurrence. To cope with these a casualty room has been fitted up. Here injuries are attended to, dressings done and advice given.

Sick visiting is also undertaken with discretion and a report on the condition of the patient, probable duration of illness, and home conditions is furnished to the management. A sick benefit fund has not yet been established, but necessitous cases are generously treated by the firm.

Sanitation.—Next comes the matter of Sanitation, which comprises the oversight of lavatories, basin rooms, sinks, etc. The personal requirements of the workers call for the regulation of the cloak rooms and the issue of working attire.

Canteen.—To these must be added the canteen activities, which consist of the supervision of dining rooms and the serving of food.

Employment.—In addition to other duties time is given to careful selection of female applicants, all being personally interviewed by the Superintendent, a plan which in many ways has proved advantageous.

Social Work.—Lastly comes the social aspect. "All work and no play makes Jack a dull boy," and so a Social Club was formed, the aim being to promote sociability and good-fellowship amongst the workers. This Club has a strong membership and monthly subscriptions, augmented by the Directors' liberal subsidy, enable a fairly extensive programme to be carried out. Several sports sections are working—tennis, cricket, bowls and basketball all find their enthusiasts. We are fortunate in having a tennis court and bowling green in the grounds. During the winter fortnightly functions are held in the Works Social Hall. These take the form of concerts, dances, card tournaments, etc. A library with reading and writing rooms has been instituted. A

photography club, home nursing and sewing classes find a fair measure of support. An annual picnic is a strong attraction.

The above is a brief, and by no means complete, outline of what has been attempted, but it may serve to give some idea of the effort put forth to improve and interest a section of workers.

In conclusion the writer would like to emphasise the fact that in her service she has been greatly assisted both by the co-operation of the workers and the generosity of the firm.

Colonial Mutual Life Visiting Nursing Service.

Office Hours: 8 per diem. Saturday: 8.30-11.30 a.m.

This Service is one of the benefits to which the Industrial Policyholders (viz., those who pay from 6d. to a few shillings a week premium, receiving at the end of from 16 to 30 years, according to amount premium paid, an annuity and bonus).

The nurse must have her General and Midwifery Certificates. She reports twice daily at the office for any notice of calls, all travelling expenses are paid, and a salary. On the initial visit of the nurse, the policy and premium must be seen, and only the actual policyholders themselves can be cared for by the nurse.

Advice is given and the doctor sent for S.O.S., or if necessary arrangements made for the patient to be sent to Public Hospital, Karitane Hospital, etc.

There are special forms for the doctor to fill in, re treatment of the patient by nurse. These must be left and given to the doctor to fill in, and handed in with the report and final history of case at the termination of case.

The nurse may **not** care for T.B., infectious, mental, or **special cases,** or do any special treatment, such as massage or electric treatment.

Chronic cases may receive a limited number of visits, sufficient to instruct some member of the family how to attend to the patient, or until the patient be transferred to hospital. The nurse may not indefinitely attend to a patient for treatment or dressing, etc., and if further visits are necessary after the 25th, permission must be obtained from the office for continuation.

The nurse may not remain in the home an indefinite time, but just a sufficient length of time required for the actual necessary attention to the patient.

Doctor's attendance and dressing, etc., are not provided for. Most of the work is amongst children, though there are often accidents requiring dressings, etc., amongst the adults.

This Nursing Service has been instituted in this country for four years, and Wellington was the first centre to have a nurse, and it was not until six months after that Auckland, Dunedin and Christchurch centres were started.

Account sheets, reports, final histories and number of visits are written up and handed into the office every Saturday morning.

District Nursing Guild of St. John.

At the present time there are two trained nurses in the district, and we work under a Committee of eight ladies. We attend at the office from 8.30 to 9.30 a.m., doing dressings and preparing for our daily rounds. We then leave on our visits, call at the patients' homes, and do spongings and dressings, get patients up and do any other odd treatment that may crop up.

If a doctor is required and the patient cannot afford to pay the fee, we arrange with the Charitable Aid authorities to send some doctor along, and later on during the day we pay another visit to see how the patient is progressing.

The Committee allows us a small amount as an emergency fund with which to buy medicine, food, or any little extra a patient may require. We also have a "Coal Fund," a little money donated by kind friends, and thus we are able to give a bag of coal where necessary.

We visit all sorts of cases, but only those who cannot afford to pay for help.

We do on an average 160 visits per month, and have about 60 callers at the office. Sometimes our numbers are much larger.

There are many requests for clothing, boots and stockings, and old linen, and we are always very grateful for help in this line.

The office is again open from 3.30 to 5 p.m., and some days we have quite a number of patients, either requiring treatment or calling for dressings, ointment or clothing, which are all given free of charge.

One is often struck with the awful poverty, due to illness, misfortune and drink, also the filth and dreadful conditions under which these poor people live. Again we meet a very sad type who, through sickness and trouble, lack of work, are "down and out" as the saying goes, and who shrink to ask for charity. Here we have to be most careful and use no end of tact.

We also see the funny side of life, and in spite of all this poverty our patients on the whole are a cheery lot, and if it were not for this it would sometimes be hard to carry on.

Towards the end of the year the Committee holds a huge picnic, to which all patients, ex-patients and families are invited. With the help of a few donations and gifts of toys, clothing, and groceries each mother and child receives a gift of some kind, and it is great to see how we all look forward to this great day.

The Red Cross as an Organisation.

The Red Cross is an international world-wide organisation consisting of 53 different countries, all having the same aims and obects. The objects of the League of Red Cross Societies are:—

(1) To encourage and promote in every country in the world the establishment and development of a duly authorised voluntary National Red Cross organisation, having as purposes the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world, and to secure the co-operation of such organisations for these purposes.

(2) To promote the welfare of mankind by furnishing a medium for bringing within the reach of all peoples the benefits to be derived from present known facts and new contributions to science and medical knowledge and their appreciation.

(3) To furnish a medium for co-ordinating relief work in case of great national or international calamities.

The League of Red Cross Societies is recognised by the League of Nations. Thirty-eight National Red Cross Societies have a Junior Division. The membership of these divisions is 9,000,000 children.

The Red Cross Societies of the world are pledged to carry out a peace-time programme. The programme varies somewhat according to the various necessities of each country. In New Zealand the Red Cross programme is as follows:

Firstly.—War-time Red Cross.

Red Cross work was initiated in the Dominion early in 1915. Subsequently, at a meeting of patriotic workers held at Government House under the Presidency of Lord Liverpool, it was resolved to form a branch of the British Red Cross Society. A Charter of Incorporation conferring full powers to the Colonial Branch was granted by the parent body on 17th May, 1926.

Throughout the war the Society worked on behalf of wounded and sick soldiers in hospital. On the war being concluded this work was continued, and is still being carried on. Wherever soldiers are at present under treatment they are cared for by the members of the Society.

The Red Cross provided from its funds over £20,000 for the establishment of vocational workshops at which training in various vocations was provided for soldiers under treatment against the time of their discharge from hospital.

In March, 1920, the League of Red Cross Societies, of which New Zealand is a member, decided to develop and carry out a plan for training Public Health Nurses. The course was arranged at King's College, London, and Red Cross Societies throughout the world requested to grant scholarships and send their candidates.

Four scholarships have been granted and each candidate was successful in obtaining her diploma.

The course is now held at Bedford College, London.

Our nurses, after taking their course, have returned to the Dominion and have commenced their duties in Taranaki, Canterbury and Otago.

The work of the course inaugurated by the League is evidenced by the fact that the State Health Services of various countries have sent their own candidates to undergo the course.

In districts in which our nurses are operating it is apparent that by their services they are fulfilling a long-felt want.

The Society, by establishing homes in the principle centres, has accepted the responsibility of caring for the permanently disabled ex-soldiers.

Moneys collected during the war period are being administered **entirely** for the benefit of those who have been incapacitated as a result of their war service.

Secondly.—Peace-time Activities.

Relief Work.—The Red Cross forms a medium for relief work. During the flood in Blenheim 1,200 articles of clothing were sent and £286 19s. 2d.

Hawkes Bay, all relief required.

Armenia, £139 and 70 cases foodstuffs and clothing.

European students, 30 cases of clothing.

Necessitous cases in Wellington. About 850 garments annually and 50 pairs of boots and shoes.

Work for the blind in Wellington district. The Red Cross administers relief for necessitous blind in Wellington, in connection with Jubilee Institute.

Instructional Classes.—Last year 1,200 students, junior and senior, received instruction in First Aid, Home Nursing and Hygiene and Sanitation. Health talks are also given in schools.

Detachment.—Has been formed, senior students being members. The members of this detachment gave excellent service to the Wellington Hospital during the epidemic of infantile paralysis. They give First Aid service to members of football clubs and athletic clubs when matches and sports meetings are held.

Free public medical lectures are given by members of the B.M.A. each month for six lectures under the auspices of the Red Cross.

The largest section of the work of the Wellington Red Cross Society is amongst its junior members. I have been asked to tell you something of the junior Red Cross next week, so will reserve its story until then.

Note.—Through attending the nursing classes many of the better types of girls discover they have a taste for nursing and take their general training in one of our Dominion hospitals.

IV.—Child Welfare

Advent of Trained Nurses into Field Work—Illegitimacy.

As the time at my disposal is limited to five minutes, I do not intend to go into the whole question of Child Welfare, but will say a few words on the advent of the trained nurse into the Child Welfare Branch of the Education Department, with particular reference to the supervision of illegitimate children. Mr. Beck, Superintendent of Child Welfare, will give you a resume of Child Welfare work with special reference to the status of the child.

It was in 1908 that the Infants Act dealing with children under six years of age came into force, and in the same year the Infant Life Protection work was transferred from the Police Department to the Child Welfare Branch of the Education Department. It was then recognised that as this branch of the work dealt with young infants, principally of illegitimate birth, trained workers were necessary for the proper supervision and care of all infants placed out in foster

homes, or maintained apart from their parents, so in 1908 the Department appointed four visiting officers, two of whom were trained nurses, the other two had had experience in social work. At that time trained nurses were not keen on taking up work outside of their immediate profession, and confined their activities to institutions, and private nursing. To-day the Child Welfare Department have trained nurses working in most of the districts. The advent of the trained nurse into this branch of field work has had excellent results, especially regarding the care of illegitimate infants boarded out apart from their parents or guardians.

As you know the death rate among these unfortunate infants is still much higher than it should be in a country like New Zealand. I will give you a few figures dating back to 1921:—

	Legitimate.			Illegitimate.		
Year	Births	Deaths	Death rate per 1000 live births	Births	Deaths	Death rate per 1000 live births
1921 ..	27,309	1,248	45.70	1,258	118	93.80
1922 ..	27,782	1,129	40.64	1,224	86	70.26
1923 ..	26,707	1,143	42.80	1,260	82	65.08
1924 ..	—	—	38.6	1,338	94	70.2

The 1925 numbers available deal only with the illegitimate births, which numbered 1332 births and 69 deaths, which gave a percentage of 5.180. In the latter part of 1924 and part of 1925 we had the epidemic of infantile paralysis, which was so fatal to so many young children, and which no doubt had an effect on the death rate. In the Wellington district I am pleased to report we had no deaths from infantile paralysis among our supervised children. This, I think, speaks well for the care given to them by their foster parents.

In 1926 the illegitimate numbers were 1,473, an increase which does not look well as regards the morals of our young people. The deaths I have not been able to ascertain. In 1926 the Department's district agents supervised 1,446 infants, a fair percentage of which were illegitimate. We had one death, giving a percentage of about .007 per 1,000. I think the figures show plainly the value of supervision. The high death rate among illegitimate infants is probably due to several causes, namely:—

1. The psychological condition of the mother prior to confinement.
2. Lack of pre-natal care and ignorance regarding the simple rules of life.
3. Taking of noxious drugs, and excessive cigarette smoking.
4. Lack of post-natal care of the unwanted baby.

In connection with the post-natal care of the infant, early registration of birth is necessary, so as to get in touch with mother and child at the earliest moment. At present the time limit is 60 days. By this time it is often quite impossible to trace either mother or child. All illegitimate infants should be registered before leaving the Nursing Home, and it is hoped that this matter will receive attention when the Act dealing with the registration of births is being amended. However, a slight advance was gained regarding notification of illegitimate births to district agents, and now every week a list is supplied, but frequently the infants are two months old, and it is impossible to trace them, as this class of population is of the floating kind. However, we hope to get in time a system of State guardianship of these children. I would have liked to have given you some concrete evidence of how necessary it is to have early supervision of these infants, but time will not permit.

In closing I would ask the co-operation of all fellow-nurses who are doing field work, such as the Plunket nurses (who are already very helpful), school nurses, Red Cross nurses, St. John's nurses, and any other organisation who are visiting among the community to notify the District Agent, Child Welfare Branch of the Education Department, of the presence of any child under six years of age who does not belong to the family, but is boarded out by its parents. It can then be brought under proper supervision and get the chance of a fair deal. I should be pleased to give any of the nurses examples of some infants' condition before coming under our notice, and their subsequent improvement. I feel sure in the work of looking after the children we can co-operate with material benefit to the children.

Child Welfare Officer, Education Department.

V.—Public Health Work at Home of Compassion

The Sisters of Compassion have been engaged in work for the benefit of public health for nearly thirty years in Wellington City. The work at the Home of Compassion is divided into four groups, as follows:—

1. Infant and Child Welfare.
2. Nursing and Care of Congenital Defectives.
3. Nursing and Care of Chronic Diseases in Adults and Children.
4. Nursing and Care of Operation Cases, i.e., Surgical Work.

SECTION 1. Feeding and Care of Infants and Young Children.

Babies are admitted at 4 weeks, and are usually kept for two years and over, with few exceptions. Average admissions are 20 to 25 per annum. Accommodation for 25 in Nursery Annex. Babies admitted are of foundling type, badly nourished and giving evidence of pre-natal interference, the normal baby being the exception. They are reared on modified humanised milk, made from new milk, separator cream, etc. (milk obtained from herd on the premises). Milk and cream are graded to suit each individual child. Where a baby shows intolerance for the proper proportion of cream, cod liver oil is substituted. Constipation is treated with carrot or orange juice, paraffin oil, raw apple, spinach puree, according to age and individual idiosyncrasy.

Dried bread crusts are given freely, but no sweets or sweetened biscuits or raw sugar. Porridge has a little sugar cooked with it, and is served with a little butter. Milk is given to drink after porridge is eaten. All sloppy diet is carefully avoided. This is done with a view to teach children to masticate.

Temporary cases, especially young children, are admitted during illness or incapacity of parents.

Children develop well and grow sturdy, and are mentally bright—with some exceptions due to poor family history. Medical men remark about the sound, strong teeth of the children. A small percentage show tendency to syphilitic ulceration—anus usually attacked. Some have been sent to Out Patients' Department, Wellington Hospital; others have been treated in the institution.

Infantile paralysis cases, transferred from hospitals, make periodical visits to orthopædic specialist, Wellington Hospital, and show steady progress in developed muscular activity.

Epidemic diseases not infrequently occur among the children, particularly scarlet fever, diphtheria, measles, chicken pox. Some of these are sent to Infectious Diseases Hospital, and some isolated and treated within the institution.

An obstinate case of infant rumination was successfully treated, and is now a normal, healthy child. He was admitted at a month old, weighed 8¼ lbs., made slow progress up to age of 9 months, and from that time he persistently ruminated his food, and at 12 months only weighed 10½ lbs. By observation it was found the child would bring up food and ruminate it at any hour of the night. His arms were put in splints to keep his hands out of his mouth. The diet for a child of his age was slightly modified, and by keeping him interested in all his waking hours the child was cured at 18 months. From that time he developed steadily, and walked at the age of 1 year and 10 months—weight and mentality normal.

SECTION 2. Nursing of Congenital Defectives.

A fair proportion of these are due to head injury at birth. Others are: Amyotonia, hydrocephalus, microcephalus, chronic cerebro-spinal meningitis with marked head retractions, and cretinism. Some congenital defectives that have been sent in as hopeless incurable, have responded to training and thyroid treatment, have learned to speak and walk, and have been able to attend school, and have left the institution with a possibility of earning a livelihood.

The Sisters have had no special theoretical knowledge of the treatment and education of these cases, but experience and observation have led to a general mental and physical improvement of even hopeless cases.

SECTION 3. Nursing and Care of Chronic Diseases—Adults and Children.

Patients' surroundings are made as bright as possible; wards have a cheerful aspect. Usual cases are those that usually gravitate to chronic wards and hospitals, viz., rheumatoid arthritis; locomotor ataxia; chronic spinal affections, some with trophic ulceration of bladder; paralysis of limbs, partial and complete; Parkinson's disease; diabetes; malignant tumors, etc.

Particular stress is laid on prevention of bed sores, cleanliness, nourishing diet, fresh air and sunshine.

SECTION 4. Surgical Section.

Comprises:—

Male and female wards, containing 17 beds in all.

Operation block, comprising theatre, scrub-up room, anæsthetic room, sterilising room. All fully equipped. Good lighting and good heating apparatus.

Operations of any kind, both major and minor, are undertaken. Specialists and surgeons give their services free.

All branches of the work are gratuitous. Patients are admitted without regard to creed or colour, the sole object of the work being to benefit the poor. And the Sisters are trained solely for the efficiency of the work within the limits of the institution.

VI.—The Public Health Nurse and Her Needs

The development and employment of the trained nurse in the different aspects of the Public Health Field has been so rapid during the last ten years that few nurses realise what changes have taken place. It is now time to take stock of the present position and to prepare for further changes in the future.

Comparing our present position in 1927 with conditions in 1917 what do we find?

At the present time in New Zealand there are roughly over 300 trained nurses employed under various organisations doing public health work, i.e., 120 Plunket nurses, 100 district nurses under various bodies, public and private, 36 school nurses, 8 nurse inspectors, 4 Red Cross, 8 insurance, 12 attached to special clinics, 6 doing welfare work in various industrial plants, 16 visiting nurses under the Education Department, and in addition there are all those sisters attached to Maternity Training Schools who are definitely carrying out a public health programme in regard to maternal care.

How does this compare with the situation in 1917—only ten years ago? At that time, instead of 120 Plunket nurses there were barely 60; instead of 100 district nurses, barely 60; 4 school nurses, 6 visiting nurses under the Education Department, 2 nurse inspectors, no Red Cross, insurance, or nurses attached to clinics or industrial plants.

This practically means that the numbers have doubled in the last ten years and with the emphasis that is now being placed on preventive medicine as the hope of the future a similar development may be looked for during the next ten year period.

Problems relating to the public health nurse are very special ones and peculiar to that body alone in many aspects, such as educational preparation of the nurse for that work, means of co-operation between various bodies not only to prevent overlapping, but also to bring about better understanding and efficiency, record keeping, etc.

Much light might be thrown on these problems if they could be discussed by nurses who, through years of experience in the field, have gained invaluable knowledge regarding their work. How then might such discussions take place? In Canada the Canadian Nurses' Association is divided into three sections—Nursing Education, Private Duty, and Public Health Nursing. Any nurse may belong to as many of these sections as she is interested in, the one fee covering all. At

the Annual Conventions or Conferences these sections meet as separate sections the first day, the remits from each section being turned into a general meeting on the last day.

The advantage of this method is that each section with its own particular problems has an opportunity to discuss them among nurses actively engaged in that particular branch of work.

Such a division of our own Trained Nurses' Association would fill a needed want, facilitating discussions by nurses on their own particular problems; further, it would make a Public Health Nursing Association within the one Association financially possible and probably strengthen the membership of the present Association.

Each Branch Association could be divided in a similar way, the separate sections meeting one month, and a combined meeting the following month. In this way, if a careful agenda was drawn for each meeting, really constructive work could be done and valuable recommendations put before the General Annual Conference.

Another way in which the introduction of this section system could be of great value is the collection of material on their own particular subject for "Kai Tiaki." In this way work done under our varying conditions in New Zealand would be brought before our nursing readers.

During the Refresher Week for Public Health Nurses recently held in Wellington the need for a common meeting ground was expressed by one and all. Such a system as described would help to fill that want.

It is to be hoped that this proposal will be given thought and consideration so that Nurses may have a chance of expressing themselves regarding it through remits to the next Annual Conference.

VII.—The Plunket Nurse

For the benefit of those who may not be familiar with the work of the "Plunket Nurse," I can do no better than to commence by quoting "Aims and Objects of the Society," and an extract from the Wellington Report (1925-1926).

1. To uphold the sacredness of the body and the duty of health; to inculcate a lofty view of the responsibilities of maternity and the duty of every mother to fit herself for the perfect fulfilment of the natural calls of motherhood, both before and after child-birth, and especially to advocate and promote the breast-feeding of infants.

2. To acquire accurate information and knowledge on matters affecting the health of women and children, and to disseminate such knowledge through the agency of its members, nurses and others by means of the natural handing-on from one recipient or beneficiary to another, and the use of such agencies as periodical meetings at members' houses or elsewhere, demonstrations, lectures, correspondence, newspaper articles, pamphlets, books, etc.

3. To train specially, and to employ qualified nurses, to be called Plunket nurses, whose duty it will be to give sound, reliable instruction, advice, and assistance, gratis, to any member of the community desiring such services, on matters affecting the health and well-being of women, especially during pregnancy and while nursing infants, and on matters affecting the health and well-being of their children; and also to endeavour to educate and help parents and others in a practical way in domestic hygience in general—all these things being done with a view to conserving the health and strength of the rising generation, and rendering both mother and offspring hardy, healthy, and resistive to disease.

4. To co-operate with any present or future organisations which are working for any of the foregoing or cognate objects.

N.B.—The Society was started as a **League for mutual helpfulness and mutual education,** with a full recognition of the fact that so far as motherhood and

babyhood were concerned, there was **as much need for practical reform and "going to school" on the part of the cultured and well-to-do as there was on the part of the so-called "poor and ignorant."**

"Our work is primarily educational and humanitarian—our aim being to teach the mothers the rules of hygiene applying to their own health and that of their children. This object can only be attained by the co-operation of the mothers themselves, and as many of them have to be educated into understanding that they need the knowledge we can supply" and commences before the birth of the baby and continue until school age.

Our object is to prevent rather than cure disease. With this ideal before us, every mother is sent a card and covering letter on the birth of her baby, inviting her to avail herself of the service of the Plunket nurse, notification of birth being supplied by the Registrar of Births. Every mother is encouraged to fully breast-feed her baby, but if unable to fully breast-feed she may be able to do so partially, the deficiency being made up with humanised milk. No baby is weaned without a doctor's orders. If artificial feeding has to be resorted to, one of the preparations of humanised milk is used, fresh element being introduced into the diet.

Work on the district is usually carried out on the following lines. Where there is more than one nurse the area to be covered is divided into districts with definite boundaries, to prevent overlapping of the work, some of the advantages being that the mother and nurse get to know and understand each other, it also ensures continuity of supervision of the baby by the same nurse, through its various stages of growth and development.

Where the growth of the work demands it in the different suburban areas, the use of a room properly equipped with scales is acquired at which nurse attends at stated intervals. This method of organising the work saves the mother the difficulties of tram or bus travelling with small children and prevents overcrowding at the central rooms. In the case of mothers with young babies, the nurse visits the home to advise the mother and weigh the baby. When they are both well established on good lines they are invited to bring the baby regularly to the nearest Plunket Room, thus enabling the nurse to visit those who are too young or are unable for other reasons to be brought to the rooms.

The following is a short summary of the main functions and purposes of the Karitane Hospital, which will carry out its work in conjunction with the Plunket nurses, centred at the Society's premises in Kent Terrace, and visiting the mothers in their own homes:—

1. **To provide a home where the mother anxious to breast-feed her baby, but failing in some way, can be admitted along with her child and kept under the skilled observation, direction and training of a specially qualified staff and thus set on the right track.**

The main aim in these cases being to correct the mother's previous mismanagement of herself and her baby, in the favourable environment of an ideal home, where (freed from all personal cares, worries and domestic responsibilities) she is ready and keen to learn. Whether her stay in the institution is merely a day or so (mainly, it may be, to find out the exact quality of breast-milk the baby is actually getting) or for a week or more (in order to establish primarily or to re-establish nursing after too early weaning) the mother in either case is given an invaluable insight and training in practical mothercraft and the all-round simple essentials for successful motherhood. What the mother learns herself at the Karitane Hospital she may be relied on to convey throughout her life to the widening circle of her friends and acquaintances. Indeed, Sir Truby King and Miss Pattrick always maintain that this friendly handing on of reliable information is one of the greatest and most far-reaching of all the boons conferred on mother and child by the Karitane Hospital. Thus is the darkness of maternal ignorance and prejudice dispelled, and replaced by the simple white light of reason, accuracy, system, common-sense and honest proven knowledge.

2. **To provide a hospital where failing, malnourished or sick babies who need to be fed artificially, can be admitted and cared for apart from their mothers.**

The following are the types of infants for which Karitane Hospitals are mainly intended:—Babies in their first year who are suffering from debility, malnutrition, wasting, indigestion, diarrhœa, vomiting, rickets, scurvy, etc., and who are failing to grow and develop satisfactorily for the time being in their existing environment, in spite of the help and attention of doctors and nurses; also babies who need special care and attention on account of prematurity.

3. **Training of Karitane Nurses. To provide for the training of Karitane baby nurses for private homes.**

The period of training in the care and management of children is twelve months and if at the end of a year she passes her examination and proves herself suitable for the work, she is qualified to go into private homes and take care of babies.

4. **To provide for the giving of lectures to school girls, Girl Guides, and women of all ages on the proper care and feeding of children.**

VIII.—St. Helens Maternity Hospital

St. Helens Hospital, Wellington, was built in 1911, but before that patients were accommodated in Colombo Street, Berhampore. These hospitals were instituted by the Hon. R. J. Seddon, and take their name from his birthplace. They were for married women only whose husbands received up to £3, but the weekly wage has now been raised to £6/10/-. The fees charged are £1 per week before confinement, and 30/- after.

Up to the present time 5,740 patients have been admitted into St. Helens, Wellington, and last year there were 489, the highest attained, and 88 district cases.

From 16 to 20 nurses are trained yearly. The beds number 29 and the staff consists of: A Medical Officer (not resident), Matron, Sub-Matron, and four Sisters, including the Ante-Natal Sister (who takes a certain amount of duty in the hospital), and 19 pupils—4 to 6 general trained, and the remainder untrained women. Two of the staff have the general midwifery and Plunket training; three general and midwifery, and one midwifery only.

Patients are admitted in labour, or before if treatment is required, and their stay is two weeks unless not well enough to be discharged.

A certain amount of ante-natal work has always been done at St. Helens, but it was started by Dr. Gurr with Sister Robinson, in a more thorough manner, two and a half years ago, and has steadily increased. This, of course, means admitting more patients for treatment before labour. These consist mostly of albumenuria and varicose veins, and the treatment has no doubt lessened the chances of eclampsia and phlebitis during the puerperium. The patients have responded splendidly to the clinic treatment, and very few decidedly refuse, and when they do very often persuasion and reasoning with them acts quite well. The children at home make it difficult, but the Residential Nursery has considerably helped in making it possible for them to take this rest.

With the Clinic we have found it necessary to admit out patients before the seventh month where there is any sign of threatened miscarriage, which is a very good thing. The Medical Officer (Dr. Bennett) attends at the clinic two days a week, or three if necessary.

The Dental Department has been well attended, and where the mothers had the idea that to have teeth extracted was a most unheard-of thing, they now realise that a clean mouth is most beneficial to the health of both.

The patients are allowed chloroform if they wish it, but very few make any request for it, and even those who have very often forget all about it when the time comes.

Another feature is the district work—the treating of patients in their own homes, either with a doctor engaged or

with one of our own Sisters, and the charge is £1 for ten days. The nurse is called at time of confinement and visits daily for ten days, attending to the mother and baby. The majority of these cases are mothers with large families and of the poorer class, who object to leaving home. We try to insist on them having a responsible person in the home, but very often find she is missing on the arrival of the nurse, no arrangements having been made, and they struggle along depending on neighbours or a child of the home. There is no need for this, as the Mothers' Help Division provides for this want. The district work is a great help in the training of nurses, inasmuch as it gives them confidence and an opportunity of working with other doctors, and they also have to treat patients where everything is not at hand.

The sterilisation of everything in connection with labour and the puerperium is a decided move in the right direction, and a large steriliser has been installed where all linen which comes in contact with the patient is sterilised, also two large sterilisers where bowls and other utensils are boiled. Outfits for doctors' private cases are sterilised, and the public are taking advantage of this for the small fee of 2/6. The patients on the district being of a poorer class could not afford to provide these outfits, so the nurse takes two bundles prepared by the hospital. These bundles, together with her bag, make it impossible for her to walk any distance, so where the patient cannot afford a car, the Director-General of Health has given permission for us to have the use of the Post and Telegraph Department's cars during the day.

The training of nurses has been considerably altered — the general-trained nurse is required to do eight months instead of six months, for she has four months' training and sits for Maternity Examination, and then if she desires her Midwifery Certificate, continues in training for a further four months, and then sits for her Midwifery Examination. This, of course, means that less are trained in the year. The untrained nurse does twelve months' training before sitting for her Maternity Examination, and then goes out and works with a doctor or in a Private Hospital for a year; then, if she desires to sit for her Midwifery Examination, returns to her Training School for a further four months' training. Except for special midwifery work the Maternity Certificate is quite sufficient for the private nurse or the general-trained nurse who is not taking it up, and even those who have the Midwifery Certificate and have been out of the work for any length of time and wish to return to it, should take a "refresher course," and I am sure the Health Department would welcome them. In fact, all nurses trained in the past would do well to come in, not necessarily for even a month, but say, a week, and I am sure it could be arranged.

The past trainees of St. Helens would see a change in the technique if they came for a "refresher course," and even if they could not attain to the standard, they would anyway be given an ideal to which they might strive to attain.

The ante-natal work connected with St. Helens Hospital in Wellington began in 1925 under the organisation of Dr. Gurr and Sister Robinson. They then had charge of several other ante-natal clinics in the city and suburbs. Since then the work has grown and each clinic is now runing apart and has its own sister-in-charge.

During the first year 410 patients attended the clinic at St. Helens Hospital, making a total of 1,421 visits—an average of 118 visits per month.

The second year, 466 patients have attended, making a total of 1,947 visits—averaging 162 visits per month. The work is widely known and numbers of patients call for advice, even though they do not intend having their babies at St. Helens Hospital. Many call to make enquiries while on a visit to Wellington. This shows how the people are being educated to the need of this special care during pregnancy.

We commenced with two clinic days a week, but during this year we have found it necessary to have an extra day in the middle of the week, which is kept for the first visit of the new patient. By doing this we have found there are not the number of mothers held up in the waiting

room, and more time can be spent over that first interview.

Owing to the large number of patients suffering with septic teeth and gums it was found necessary to have a Dental Clinic in St. Helens Hospital one afternoon a fortnight. This first began in October of last year and 53 appointments have been kept, making an average of four visits during an afternoon. This has been a great help to our mothers, as many cannot afford the expense of attending the dentist, and therefore refuse to go. On the other hand, there are those with septic mouths who refuse all treatment and would rather carry on with discomfort than suffer a short period of pain.

Those patients who are unable to attend the clinic owing to family ties are visited at their own homes, also those whom the doctor advises to rest owing to bad varicose veins,, heart conditions, etc. An average of 36 visits a month has been made to homes during the last eight months, and quite a number of these homes are inconvenient to reach. Dr. Bennett visits the clinic two afternoons a week, and every Primipara is examined by her during the last month of pregnancy, or earlier if necessary, and any patient who is not running a normal course is also advised to come to see Dr. Bennett.

Varicose veins are very common among our patients, almost half of our mothers are troubled with them. Frequently we have the severe cases in hospital for complete rest with feet elevated, which proves most beneficial.

During the last year we have only had fifteen cases of albuminuria. Some of these were treated in their own homes by diet and rest, but if blood pressure was high they were brought into hospital and treated, some requiring packs. Three patients who did not improve had medical induction, and the conditions of the mothers and babies were satisfactory. In three cases of contracted pelvis, labour was induced about the ninth lunar month—two medically and one (after failure of the former) had bougies inserted. The condition of the mothers and babies was very satisfactory.

A patient who gives a history of previous miscarriage or delivery of stillborn child, with no apparent reason, has blood taken and sent to the Laboratory for Wassermann reaction and Kohn test. So far we have had no positive results.

The only part of this work that has not proved satisfactory is the performing of version in the mal-positions. It stands to reason that a patient cannot get about her household duties with a tight binder applied; therefore, we find she continually leaves it off or has it on so loosely that the good of it is lost, and even those treated in hospital have not proved altogether satisfactory. Frequently we have noticed where there is a mal-position in the early months of pregnancy it rights itself to a normal position before time of delivery.

IX.—The Pre-school Child

Recently attention has been drawn to the fact that the link between the Ante-Natal Clinic, Infant Welfare Branch and the School Medical Inspection is broken, owing to the lack of attention to the pre-school child. The period of transition from infancy to childhood is a most important one. At this age the physical development and growth are rapid. It is a time when health should not be left to chance with the dangers which may attend ignorance or neglect.

At no time, therefore, is the medical inspection more important than at the pre-school age. Then is the time when good or bad habits are formed, when incipient defects are most easily found, and owing to the plasticity of childhood, most easily corrected. We know that between the age of 2 and 5, a large number of children suffer from defects and ailments —some carried on from babyhood—some of subsequent origin, many of which might have been prevented or at least

successfully treated if means were available.

Statistics show the urgent need for guarding the pre-school child against infectious diseases, as the incidence of such diseases as diphtheria, whooping cough, measles and broncho-pneumonia, is greater at this age than at any other.

An effort is now being made by the Health Department to furnish the pre-school child with a medical examination before going to school. Already in the Wellington district the children attending the kindergartens have been examined by the Medical Officer. Each parent is invited and encouraged to attend this examination, and not only is the corrective aspect of the health problem dealt with, but much information is imparted to the mother on the best methods of maintaining child health, through diet, rest, judicious exercise, sunshine, fresh air and other elements of hygiene.

Every child is thoroughly examined and where found to be in need of medical or dental treatment for such ailments as defective vision, enlarged tonsils or adenoids, deafness or discharging ears, defective teeth, etc., parents are recommended to take their children to their own doctors or dentists. Where parents are unable to afford this, they may take their children to the hospital or dental clinic for attention.

In milder cases of defects, such as nasal obstruction, slightly enlarged tonsils, bad posture, etc., instruction and corrective exercises are given. In addition, pamphlets issued by the Health Department for the treatment of scabies, impetigo, ringworm and pediculi, etc., are distributed to parents where necessary.

A special diet is recommended to children suffering from malnutrition and rickets, and in some cases malt and cod liver oil and Parish's food are prescribed.

The urine is tested of children suffering from nephritis, bladder trouble, or frequent bed wetting. Where there is a family history of tuberculosis or predisposition from other causes to this disease, Moro's tuberculin test is given the child if the parent so desires. Of children already tested, 45% have shown a positive reaction. In such cases the School Nurse visits the home more frequently, the child is weighed each month, and the necessity for a liberal diet, rest, fresh air and ventilation, and a separate room, or at least a separate bed, is strongly emphasised.

Also injections of toxin anti-toxin for immunisation from diphtheria may be given, and many parents have availed themselves of this treatment for their children.

After the lapse of a short period following the medical inspection, the School Nurse visits the home to ascertain whether the instructions and advice have been followed. If not, she again urges treatment. In cases where the mother has been anxious to obtain treatment but has been unable to take the child herself to the hospital or dental clinic, the nurse assists her by doing so.

One of the obvious difficulties is the lack of opportunity for the systematic supervision of children of pre-school age. It is hoped that provision may be made for dealing effectively with the vitally important matter, for if we are ever to stem the tide of physical defects among our entering school children, it will be by concentrating upon the health of the pre-school child, and by repeated physical examinations from early babyhood onward, rather than by waiting to cure the defect of children already in schools.

Notice to Subscribers

Since the beginning of the year receipts have been sent to subscribers, a much-needed innovation, which we hope will help to remind nurses when their subscriptions are due.

Will nurses please note that when they send a fresh address or name to Miss Todd, Kensington Street, Wellington (not to the Editor) it will greatly help if they state the old one. Will they also kindly give initials or full name, and write legibly? We must have a very clever G.P.O. if their sorters can decipher some of the addresses. It might be a good plan to adopt the system of block letters for names and addresses.

Annual Dinner

The Annual Dinner of New Zealand Returned Sisters, V.A.D.'s, and war workers was held on April 30th at the Grand Hotel.

There were about thirty-eight present, and after the dinner an adjournment was made to a private sitting room, where competitions and bridge were provided for those who wished, and a very happy social evening was spent.

Apologies were received from Miss H. Maclean, the President, Miss Bicknell, Vice-President, Misses Pengelly, Davies, Burton, and many others who were unable to be present.

Among those who were present were: Misses L. Brandon, Speedy, Whitehorn, Mitchell, Willis, Gray, James, Mitchell, Chalmer, Walker, Hamson, Coster, J. Gilmer, Sugden, Flower, Davies, Philpotts, C. Smith, Welch, Lea, Young, Trask, Nicholson, Whitehorn, Jourdain, McLeod; Mesdames Corkill, Ellis, Wheeler, Dufaur, Findlay, Kemp, Mackintosh, Bennett, Bowerbank, Stout, Marshall, Herbert, Newdick.

Many of the sisters came long distances to attend the Annual Dinner—from Napier, Nelson, Picton, Marton, Feilding and Palmerston North.

A Case of Determination

D. C. first went through her nursing course and did much of her study for the medical profession while she was training as a nurse. By this means she went through her University course with very little monetary help indeed; her people were very badly off. In November, 1925, she almost passed her final Medical Examination, but failed in her paper on surgery by a few marks. She was married shortly after. The following November her baby was due to arrive on the 17th. Nothing daunted, she determined to go through the necessary examination to finish her course. She arranged to have a supervisor sent out to her from the University. The baby was born on November 17th. On the 23rd she went through her examination. She wrote hard for two hours, then, being tired, she lay back on her pillow, and the Supervisor type-wrote at her dictation—and she passed the examination. When she took her diploma she wore her great-grandfather's gown. Her fellow-students remarked on the handsome silk of which it was made and wanted to know how it was that her gown was so much handsomer than theirs. Was it because she had attained maternity as well? Of course, the silk of years ago was very different from what we see now-a-days. I saw her on Christmas night, where she and her babe were spending the evening at the family gathering, and she told me her brass plate was ordered and was to be put up in a day or two.

(Contributed.)

National Hospital Day: Dunedin Nurses' Reunion

Nothing was wanting in the preparations for the central function in the Dunedin celebration of National Hospital Day—the reunion of past and present nurses on Saturday afternoon at the Nurses' Home in Cumberland Street. By taking down removable partitions, the main apartment on the ground floor was converted into a spacious tea room, which was chastely decorated. Miss Tennent (Matron) received and welcomed in the entrance hall and effected all the necessary introductions so gracefully and swiftly as to make all the company known to everybody without any formality. Another good idea was to serve the tea promptly at the time appointed for assembling, thus "breaking the ice" and turning the meeting into a family party. The waiting by the junior nurses was also uncommon, since for once in a way nobody had to signal or suffer delay. And the programme was a masterpiece of good taste. The gathering proved thoroughly enjoyable in all respects.

A Representative Gathering.

Without a count it may be guessed that over fifty visitors were present. These included Miss Girdler (Secretary Otago Branch New Zealand Trained Nurses' Association), Mrs. Highet, Mrs. Carvosso, the Misses Calder, McLean, Smith, Lindsay, Peacock, Miller, Myles, Dodds, Ferguson, Naismith, Ewing, and Allan, ex nurses; Miss Holford and Sister Gow, of St. Helens Hospital; Miss Every, of the Fourth Street Hospital; Miss McMillan, of the Montecillo Red Cross Home; and Miss Torrance, nursing sister of the Knox Church congregation. Dr. James Thomson, the new Medical Superintendent of the Dunedin Hospital, also attended, accompanied by his wife, and were specially welcomed upon an introduction by Mr. Knight. Dr. Falconer was there too —without him there would have been a blank, for he was the founder of Hospital Day in New Zealand. The Hon. Mark Cohen also found his way thither, having great sympathy with hospital work. The members of the Hospital Board in attendance were Mr. W. E. S. Knight (chairman), Mr. J. W. Dove, Mrs. Walter Ross, and Miss Runciman. Miss Young, President of the Dunedin Branch of the Trained Nurses' Association, was unable to be present owing to indisposition.

Mr. Knight's Congratulations.

No time was wasted in ceremony. Some of our men might with advantage take a lesson from the management at this woman-controlled affair. As soon as the cups had been removed, Mr. Knight rose and made a few appropriate remarks. He thanked the ladies, amongst whom he recognised many whom he had known as nurses at one time or another, for their invitation to attend. As chairman of the movement throughout the Dominion he was pleased to see Dr. Falconer present, for it was that gentleman who propounded the idea of having a National Hospital Day by bringing the suggestion before the Otago Hospital Board. It seemed to be not particularly easy to make the celebration general in New Zealand. So far it had fallen flat in some districts, but it had been taken up heartily in Dunedin, and would no doubt commend itself to all the Dominion in the course of time. By some persons it seemed to be supposed that National Hospital Day meant a street collection for hospital purposes. That was not the purpose. The idea came from America, and it was simply to celebrate May 12, Florence Nightingale's birthday, as an appropriate occasion on which to draw public attention to hospital work and management, and get the people at large closely interested in what was really their own business. It was gratifying to the members of the Board present to see such a large and representative turn-out on this occasion, indicating a widespread interest in the institution under the Otago Hospital Board's control. All present could be counted as sympathisers with hospital work. The Hon. Mark Cohen, for instance, had freely given his time in promoting hospital interests, and had been the means of collecting considerable sums of money and helping in other ways, particularly in the procuring of the Children's Convalescent Home at Kew and

in trying to get a superannuation scheme for nurses. The scheme now in operation was working satisfactorily. The Boards had power to grant pensions up to £100 for ten years' service, and superannuation would come. The conditions under which nurses worked now were entirely different to what they used to be, and the pay was more adequate. Remedying the old state of affairs cost money, and from some quarters the erection of the Nurses' Home in Dunedin had been condemned as gross extravagance, but it was necessary to give the nurses decent quarters, and now he was pleased to know that they had as good a home as any to be found in the Dominion, if not better.

Nurse Kaa here contributed in sympathetic style a pretty song entitled "My Maori Home."

Informative Reminiscences.

Miss Torrance read a paper relating the experiences of the nurses who served at the Dunedin Hospital in her time, from 1903 to 1908, the writer's idea being to show how the Hospital had progressed since then. The establishment was at that time evolving; its conditions were infinitely better than ten years previously, and the place was still improving, so that twenty years hence some of the present trainees might be making similar comparisons and showing how much better everything was than in 1927. Miss Frazer was the Matron in the years referred to, and a splendid one. With her it was "This one thing I do." She was capable and sincere, and always a lady.

Miss Torrance went on to refer to the details of the work in her day, mentioning some of the difficulties that the nurses worked under. As to the men's medical and eye ward, for example: "There was no place for the men to smoke in but the lavatories. For hours in the day they crowded into those small spaces and stood and smoked in that beclouded atmosphere. If there were spittoons they do not live in my memory, but the floor which served the purpose does. To wash those places out was the evening pro's work. Kneeling was impossible. We put the bucket on the floor, tucked in our skirts to the knees, and washed away, bending down, trying hard to keep our mind on anything than on what we were doing. Some of us courted jaundice in those places. Still, we had happy times in No. 2. We learnt there the mode of sponging and the treatment of typhoid and rheumatic fever patients, of pneumonia patients, of heart cases and eyes. No. 1 ward is still with you, but renovated and more aristocratic looking. Away back in the early days there was a patient named John Reid. One day an upper ward took fire, and Reid so distinguished himself that he was made a warder, then night porter. He was a big man, rough in exterior and speech, and he had only one eye, but he was a gentleman at heart. Will any of us forget what a standby he was? I sometimes think that as a body of nurses we should have let him know before he died what a help he was to us. If an irresponsible patient played up our first thought was to call Reid. He was most discriminating in summing up a nurse, and was always the champion and assistant of the night nurse in No. 1 ward if he approved of her at all."

Another personal reference in the paper ran thus: "In the memory of night duty there emerges the kind motherly face of Sister James. She comes audibly and slowly along the corridor, and gives us plenty of time to cover up the patient we are washing at 2.30 a.m. Her supervision was in part made up of honest good-will towards and absolute faith in us. Her power lay in a pure heart and clean hands.

"Then there was Mr. Silvius, the day porter, whom we all knew as 'Fred.' He was whirled in all directions, and tormented with ever-new sub-intelligent under-porters; but he always had time to help a nurse out of a difficulty and get her information if she wanted it, and so far as he could put wrong things right."

In the concluding sentences of a paper that was highly interesting in every paragraph, Miss Torrance expressed the hope that in the next twenty years the hospital they all loved would advance and improve as much as it has in the past twenty years.

Acknowledgments.

The Hon. Mark Cohen thanked Miss Tennent for his invitation, congratulated the sisters on the thorough success of the afternoon, and voiced the hope that further improvements would be made in the structure and the equipment of the Dunedin Hospital, remarking that it was no use for the ratepayers to "squeak" at the expense, since if they wanted their hospital to be abreast of the times they must find the money.

Dr. Thomson expressed his pleasure at being present and his acknowledgment of the kindness with which Mrs. Thomson and himself had been treated ever since their arrival in Dunedin. He was very pleased to meet the nurses, realising that their service to the community was of the highest value.

The rest of the afternoon was occupied by the visitors in an inspection of the home and the hospital, complete arrangements for their guidance having been made by Miss Tennent.

Some Common Causes of Maternal Mortality

By HENRY JELLETT, M.D.

III.—THE TREATMENT OF UNAVOIDABLE HÆMORRHAGE.

The treatment of so-called unavoidable hæmorrhage due to placenta prævia appears to be one of those obstetrical subjects about which a certain amount of confusion still exists—a confusion which our knowledge of the subject hardly seems to warrant. It is possible that this confusion is due largely to the different types of case with which we meet, and which range from those in which the loss of blood is insignificant to those in which the patient is moribund, and from those in which the fœtus is near full-term and is alive and well to those in which the fœtus is premature and is almost dying, or even dead. Still, confusion of treatment is unnecessary, because there are accepted principles which govern its selection, and which—if anything now-a-days can be said to have stood the test of time—have done so most satisfactorily, and any divergence from which has always led to an increased mortality.

Unavoidable hæmorrhage, like external accidental hæmorrhage, may begin before or after the contractions of labour have started. When it occurs before labour, it is a very serious complication—particularly if its first warnings are neglected, or if it is treated in an unsuitable manner. After labour has started it is by no means so serious.

The treatment of unavoidable hæmorrhage, occurring before the onset of labour, consists, first, in checking the bleeding, and, secondly, in bringing on uterine contraction. Unavoidable hæmorrhage is essentially a recurrent hæmorrhage, and one which, while it may be very slight at the beginning, or may even stop temporarily, inevitably tends to become more severe with each, equally inevitable, recurrence. When a patient who has got a placenta prævia is in a hospital where skilled treatment is available at any moment, it is permissible to watch the development of the case, and to interfere when the symptoms become urgent. When a patient is not so placed, a similar course is not permissible, and treatment must follow immediately on diagnosis. The mortality of unavoidable hæmorrhage is found almost wholly amongst patients who are almost or quite moribund when the treatment is begun, and, if such cases are excluded, there is a very marked drop in its rate. Hence the necessity for following the rule I have given. There are certain complications of midwifery whose course can be watched, and whose treatment can be postponed, in the hope that interference may be unnecessary. There are others in which such a course is not permissible, and amongst the most important of them are transverse presentation and unavoidable hæmorrhage. It is necessary to labour this point because it is essential.

The treatment of unavoidable hæmorrhage, as I have learnt it, has still another essential. It must be carried out in such a manner that it aggravates as little as possible the shock of the preceding bleeding.

There are so many alternatives possible in modern medicine that a writer hesitates to use the word "must," but here is a case where its use, like the hæmorrhage, is unavoidable. The treatment of unavoidable hæmorrhage *must* be begun as soon as the position of the placenta is diagnosed, and it *must* be carried out with the least amount of shock.

Before discussing the treatment I advise, I want to emphasise a couple of facts, the result of the placental position and of the bleeding. The first is, that, when the placenta is attached close to the cervix, the blood supply of the latter is increased. The result is that its tissues are softer, and that the cervical canal is more patulous than is normal. This is specially noticeable after bleeding has begun, and it is very unusual indeed to find a patient whose cervix will not admit almost two fingers. This is a direct advantage, but, on the other hand, the extreme softness present may be a positive danger, if forcible attempts to dilate the cervix are made. This brings us to another "must." The obstetrician must refrain from any efforts to dilate rapidly the cervical canal, whether with his fingers or other form of rapid dilater, or by extracting the fœtus. Laceration is almost the inevitable consequence, and severe traumatic hæmorrhage occurs from the placental vessels involved.

The second fact is that, in consequence of fœtal prematurity, of the detachment and actual tearing of the placenta, and of the maternal hæmorrhage, the prospect of life of the fœtus, even if it is born alive, is very poor. Moreover, here, as in accidental hæmorrhage, its life must be regarded as antagonistic to the life of the mother. Measures which give the lowest fœtal give the highest maternal mortality, and *vice-versa.* Cæsarean section, at Holmes says, kills one mother for every infant it saves. *Accouchment forcé* probably kills three or four. Therefore I am afraid we are justified in making the rule that the treatment which is most satisfactory for the mother must be adopted without regard to its effect on the fœtus.

The treatment which has been positively proved to give the best maternal results is the classical treatment first described by Braxton Hicks, or such variants of it as the use of Champetier de Ribes's bag or Willett's forceps.

Braxton Hick's treatment, in a sentence, consists in bi-polar version, pulling down a leg, and *leaving the expulsion of the fœtus to the natural efforts.* Put in as few words as possible, the procedure is as follows:—

(1) The uterine contents are palpated, and the fœtus is turned by external version until it lies as nearly as possible in a transverse position with the back uppermost. This brings the feet close to the internal os.

(2) The patient is placed in the cross-bed position, and the operator, sitting in front of her on a low stool, ruptures the membranes and passes two fingers into the uterus, finds a foot, and draws it down through the cervical canal in an extended position, so that the toes come first. He helps this procedure by a hand externally over the child's breech. If the canal will admit two fingers, but not two fingers and a foot, then having brought the toes into the internal os, he draws his fingers out of the uterus and pushes the cervix gently upwards over the foot until the toes project through the canal, while at the same time he steadies the foot by external pressure. If this cannot be done, the ball of the toe or the edge of the foot may be caught by an American forceps and drawn down. If the placenta is central, the fingers are pushed straight through it, and the foot brought down through the opening thus made, as before. The procedure is somewhat more troublesome, but is perfectly feasible.

(3) A strip of iodoform gauze is tied round the ankle of the presenting foot, and the patient is put back to bed and made warm and comfortable. If further bleeding occurs, gentle traction is made on the gauze. Further interference at the time is not permissible. Again a "must"—the uterus *must* be allowed to empty itself. The essence of Braxton Hicks's treatment is lost when forcible and hurried efforts to deliver follow podalic version. Morphia hypodermically is a far better line of treatment.

(4) If after six or seven hours the patient's condition has materially improved, and labour has not yet started, pituitrin may be given, and gentle and continuous traction may be made on the leg by means of a weight of a pound or two (according to the friction on the cord) hanging over the end of the bed. When the fœtus is born the anticipatory treatment of *post-partum* hæmorrhage, as I have already described, ought to be carried out. The low insertion of the placenta predisposes to atonic bleeding. The previous hæmorrhage makes the patient unable to stand much loss of blood. Therefore, if bleeding should start, and does not at once respond to ergot and massage, it is wise to plug the uterus at once. By so doing, lives will be saved that even a moderate amount of *post-partum* hæmorrhage might have lost.

A variation of this method of treatment was originated by Champetier de Ribes, who advised the use of his hydrostatic dilating-bag as a substitute for version and the pressure and dilating effect of the half-breech. The bag is introduced into the uterus above the placenta, and is drawn down gently on to the latter by traction on the stalk of the bag. Excellent results have been obtained by its use, but it requires a special and perishable apparatus, which is not always available. For this reason, I think the original method is preferable.

A second variation was brought to my notice by Professor Windeyer, of Sydney, at the recent Australasian Congress, and, while I have no personal experience of it, I think it ought to provide an effective substitute for bi-polar version, and one which is both easier and more rapid. The only objection that seems to apply to it is that, in the very occasional case in which it is necessary to deliver the fœtus in consequence of failure of uterine contractions, we have not got the convenient means of applying traction which the leg gives. The method, which has been described by Willett, is as follows:—Instead of turning a head into a footling presentation, a special forceps is passed through the cervical canal after rupture of the membranes, and a firm grip is taken of a fold of the scalp of the fœtus immediately above the internal os. The forceps is left in place, and a piece of gauze is tied to their handles and connected to a weight hanging over the end of the bed. In this way gentle and continuous pressure is made by the head on the placenta, and on the region of the internal os.

Whichever form of treatment is adopted, the uterus must be left to empty itself, unless it fails to do so.

If unavoidable hæmorrhage does not begin until after labour has started, its treatment is usually simple. The first thing to do is to rupture the membranes, a procedure which is not permissible before contractions have started, except as a step in the carrying-out of the treatment I have given. At the same time, a tight abdominal binder is applied, with the object of causing the head to press against the detached placental area. A central placenta prævia is probably never responsible for this type of case, as it is almost certain to cause hæmorrhage before labour.

If this measure does not check the bleeding, traction may be made on the head with Willett's forceps, or internal podalic version may be done, or the forceps applied, provided the necessary conditions are fulfilled. It is very seldom that violent bleeding, and consequent collapse, occurs in this type of case, but, should the latter be present, it is well to avoid hasty delivery. Pituitrin also may prove of use, and again the possibility of *post-partum* hæmorrhage must be remembered.

There are a few other methods of treatment to which I must refer briefly. The plugging of the vagina is, I think, only permissible when it cannot be avoided, as in the very rare case where, owing to want of cervical dilation, bi-polar version is impossible. Personally, I have never seen such cases, and, when they occur, I think Willett's forceps ought to be able to deal with them. The objection to plugging is the danger of infecting a placental site which lies very close to the plug. Further, if plugging is to be successful, it must be very carefully carried out, and necessitates an anæsthetic in most cases. Therefore, a more effective and final method of treatment is preferable.

Cæsarean section has advocates. It is, to my mind, permissible when a living and viable child is associated with a central prævia in a patient whose condition is good.

In other cases I regard it as a spectacular and unnecessary procedure, which transfers a high death-rate from the fœtus to the mother, or perhaps it would be more correct to say, which endangers an increased number of mothers without benefiting a great number of infants.

Holland reported that the mortality of unavoidable hæmorrhage in the British Isles after Cæsarean section was 11.5 per cent. The gross mortality after Braxton Hicks's method, or after the use of de Ribes's bag, varies between 2.15 per cent. and 5.3 per cent., and, if moribund patients are excluded, in whom no responsible person would do a Cæsarean section, it is probably nearly a half less. Moreover, Cæsarean section is a disabling operation.

Accouchment forcé is never a permissible procedure. It aggravates shock, and almost invariably produces cervical lacerations, which may be associated with fatal traumatic hæmorrhage. It is followed, as in eclampsia, by a mortality of 60 per cent. and upwards. It may be well to note that the slow delivery of the fœtus by traction on the leg, when the cervical canal is fully dilated, is not *accouchment forcé*.

One final point suggests itself: It is interesting to check the position of the placenta as diagnosed by the subsequent examination of the opening in the membranes. If such opening does not include at least the edge of the placenta, it is unlikely that we have been dealing with a case of central placenta prævia—a condition which is perhaps diagnosed more frequently than it actually occurs.

Camp Duty

Sister A. Inglis writes of late camps:—Sister Nixon and I had a very enjoyable time at camp. We appreciated the kindness and thoughtfulness of those responsible for our comfort. Everything that could be done for our reception was in readiness for us, and we had excellent attendance in our sleeping quarters and one mess.

We were kept quite busy in hospital. We were invited to boxing matches, concerts and pictures, which we enjoyed with everyone else.

Captain and Mrs. White, of the Ordinance Staff, were most hospitable and kind, and did a great deal, keeping an open house for all. We did not have quite so much time for bridge parties as last year, but joined in when possible.

BURNHAM CAMP.

The following is a report regarding the work carried out at the Hospital:—

Total number of attendances for treatment, 314.

Approximate number of various types of cases treated:—

1. General Conditions:—
   - (a) Sunburn, 61.
   - (b) Constipation, 29.
   - (c) Diarrhœa, 1.
   - (d) Sore Throats, 5.
2. Cuts:—Hand, 12; Foot, 13; Limbs, 12.
3. Sprains:—Wrist, 4; Knee, 4; Ankle, 7; Hip, 1; Thumb (metacarpephangeal), 2.
4. Contusion of back muscles, 2.
5. Painful Feet, i.e., strain, sprung ligaments, blister heels, tender soles, 37.
6. Sore Lips (chapped, etc.), 3.
7. Headaches, 14.
8. Sickness, 10.
9. Nose-bleeding, 2.
10. In-growing Toe Nails, 4.
11. Sore Eyes, 6.
12. Coryza, 3.
13. Cough (colds), 3.
14. Injury to Collarbone, 1.
15. Dislocation, thumb, 1.
16. Avulsion, toe nails, 2.
17. Septic Conditions:—
    - (a) Boils: Neck, 8; Arm, 7; other parts, 5.
    - (c) Septic Foci: Fingers, 15; Palm, 9; other parts, 5.
18. Toothache.

The above list gives an indication of the various types of cases which were treated. Most of the conditions responded readily to treatment.

The total number of cases attended refers to the number presenting themselves for dressings and attention during the period of the camp—two weeks.

It was necessary to send a septic hand to the Christchurch Hospital, Out-patient Department, to have an adequate incision made.

A suspected case of Colles fracture was also sent to town for X-ray; but X-ray was negative.

Conference of Hospital Matrons

The first Conference of Hospital Matrons was held in Wellington, at the Nurses' Home of the Public Hospital, beginning on June 14th, 1927.

Miss Stott, as convener of the Conference, welcomed the Matrons and expressed her gratification at the large attendance. Out of the 37 Training Schools in the Dominion 28 were present. Apologies were received from Miss Hamilton (Hokitika), Miss McGregor (Riverton), Mrs. Hunt (Stratford), Miss Ansenne (Thames), Miss Braidwood (Greymouth), Miss Finlayson (Timaru). Telegrams expressing apologies and good wishes to the Conference were also received from Miss Taylor (Auckland) and Miss Muir (Christchurch).

The first business taken was the election of a President. Miss Stott was elected by ballot, and she also consented to act as Honorary Secretary as well. Miss McKenny (Wanganui) was elected Vice-President.

Miss Stott, in thanking the delegates for the honour they had done her in electing her their first President, said that this was a most valuable Conference and had been wanted for many years. In fact, the Chairman of one Hospital Board had stated that it was much more valuable to the country than any meeting of a Hospital Board. She then asked Miss Bicknell, Director of Nursing to speak.

Miss Bicknell, Director of Nursing, in addressing the members, said she was delighted to welcome them to this the first Conference of New Zealand Hospital Matrons. She was confident that their meeting together in this way would not only be a source of pleasure and profit to themselves, but would also prove helpful to the nursing profession throughout the Dominion in tending to raise the standard of nurse training. In looking over the suggestions set down for discussion there were several which, if recommended, would require amending legislation, notably those bearing upon training in more than one institution. It was very important that the practical side of nursing should not be overlooked. The tendency nowadays appeared to be in the direction of making nursing too theoretical. Perhaps this tendency was in a measure due to the introduction of mechanical means provided through the advance of science. After all, the care of the patient was the real purpose of all nursing, and no amount of theoretical teaching could take the place of a sound knowledge of the practical side.

No doubt they would solve many problems in the course of their deliberations, and she could assure them that any recommendations made by the Conference would receive the fullest consideration both from the Department and from the Nurses' and Midwives' Registration Board.

The Hon. Mr. Young, Minister of Health, then arrived, accompanied by Mr. C. M. Luke, Chairman of the Wellington Hospital Board, Dr. Valintine, Director-General of Health, Dr. Macdonald Wilson, Medical Superintendent, and Mr. Appleton, Chairman of Committee of the local hospital.

Mr. Luke expressed his pleasure at meeting the Matrons at the first conference of its kind in the Dominion. He said that Matrons have so much in common that the Conference must be of great mutual benefit, and that their high service to the State was recognised by all. Mr. Luke said how pleased all were to see the Minister. Mis sympathetic association with medical and surgical work was well known, and as he had been a member of a Hospital Board he knew the work and the difficulties. He extended, on behalf of the Matrons, a very hearty welcome to Mr. Young.

The Hon. J. A. Young (Minister of Health) said it was an excellent idea to hold such a conference, and whoever proposed it deserved well of the nursing profession. An exchange of ideas by hospital matrons mould be of value not only to the profession and to the sick and suffering, but also to the community generally. The aim of those present would no doubt be to endeavour to discover simple and effective solutions of problems in the interests of their high calling, and with a view to applying the machinery of our hospital system so as to

render the best possible service for the benefit of the patients.

From a perusal of the agenda-paper or suggestion list he noticed with satisfaction two worthy features: (1) A desire to perfect themselves in the fullest knowledge of their profession; and (2) the manifestation of a devotion to their work in the spirit of service for the good which they could do. The nursing profession was an arduous one, calling for considerable self-sacrifice. It was well to recognise that the New Zealand nursing profession contributed its good share of service in the Great War. No fewer than 550 nurses were on military service in that titanic conflict, and fifteen made the supreme sacrifice. Words could not express in full measure the appreciation of the sick and wounded who were ministered to by that band of devoted women. Their fine record could never be forgotten; nor could the ministrations of the nurses to-day in the many hospitals and homes throughout the Dominion. It was recognised that the spirit of service should not be exploited. Of late years living and working conditions of nurses had been steadily improved. Amongst the reforms which had been instituted were the following:—(1) Nurses' homes generally are of high standard of comfort and convenience; (2) hours of duty have been limited to 56 per week for trainees in hospitals of over 100 beds (see Section 153 of Hospitals and Charitable Institutions Act, 1926). In smaller hospitals it has not been possible to go so far as this, and to legislate for an eight-hours' system, but the eight-hours' day is worked wherever possible; (3) provision has been made in most hospitals for a full day off duty at stated intervals weekly, fortnightly, or monthly as the case may be. Where this is not possible, extra days are added to the annual leave; (4) all nurses in training get at least three weeks' annual leave on full pay; (5) the benefits of superannuation were conferred on nurses by the 1925 amendment to the National Provident Fund Act.

A High Calling.

The training of nurses in New Zealand was regarded as very sound. This was shown by the fact that the General Nursing Council of England and Wales admitted to the English register without further examination nurses trained in this country and who were on the New Zealand register. Our trainees were the first to be accepted unconditionally in this way. He appreciated the desire of the Matrons to see a course of training in the higher phases of nursing established at one of the University Colleges, with a view to, among other things, providing post-graduate training for senior sisters, and raising the status of the profession. That, of course, would mean the expenditure of money, and when he told them that the Treasury informed him that he must cut down his Departmental estimates this year by £20,000 and more on last year's figures, they would realise the kind of cold douch one's enthusiasm had to encounter. He mentioned that the question of University classes was still under consideration. The Minister emphasised the supreme importance of not losing sight, in carrying out their duties, of the personal care of the patient. He stressed the responsibility of the Matrons in their supervision of the training of the young women who would be the future nurses of the Dominion. As Minister of Health, he would be glad to be supplied with a copy of the resolutions passed by the Conference, and would give them his earnest consideration. He wished the Conference success, and trusted that their deliberations would be worth while, and that the first Conference of Hospital Matrons would raise at least one monument by the wayside to mark the march of progress in their great calling.

Dr. Valintine also addressed the gathering and said the Conference was the result of the Hospital Boards' Conference, and brought about chiefly through Mr. C. M. Luke. He expressed appreciation of Mr. Young's interest in the Department. He also stressed the need for economy and said he looked to the Matrons to help the officers to keep down expenditure. He spoke of hospitals in Europe and America and said that those in New Zealand were well to the fore in efficiency. He would like all Matrons to visit the Old Country, and he felt they

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CENTRE ROW: Miss Burton, Miss Berry, Miss McGruer, Miss Benjamin, Miss Lewis, Miss Tennent, Miss McDonald, Miss Brown, Miss Lord, Miss Brown, Miss Barnitt, Miss Cookson, Miss Campbell.
FRONT ROW: Miss Dunsford, Miss Carson, Miss Drummond, Dr. Valintine (Director-General of Health), Miss Bicknell (Director of Nursing), Hon. J. A. Young (Minister of Health), Miss Stott (President), Mr. C. M. Luke, Miss McKenny (Vice-President), Mr. Appleton, Miss Searrell..

would return with less extravagant ideas about nurses' homes, etc.

Mr. Appleton moved a vote of thanks to Mr. Young and Dr. Valintine.

Miss Stott thanked the Minister for his remarks.

Title.

It was decided to adopt as title "The Council of New Zealand Hospital Matrons."

Objects.

(1) The promotion and interchange among its members of such knowledge of the administration of nursing services and training schools for nurses and of residential homes for nurses as falls within the department of a Matron of, or Lady Superintendent of nurses, in a Hospital or other institution for the treatment of the sick.

(2) The general promotion of the efficiency and advancement of professional nursing services.

(3) The protection of the interests, rights, and privileges of members.

(4) To maintain the honour and uphold the traditions of the nursing profession.

Order of Business.

1. Election of President.
2. Correspondence.
3. Discussion of suggestions as per attached list.
4. General Discussion.
5. Consideration of subscription fee to cover petty expenses.

The suggestions for consideration were as follows:—

1. That the inspecting House Steward (or some one with the necessary experience) should have a model system on view for our inspection and discussion, for keeping linen and stock records for ward and linen room use. I feel that with the modern methods in vogue now in offices and stores we might learn much in that way.

2. That if any Matron has any system of her own in regard to her records of nurses, etc., that she thinks is more satisfactory that she should show it for the general good.

3. Hours of duty for Nurses.

4. Hours of duty for Sisters, and the times that they should be in the wards.

5. A standard uniform for all training schools.

6. Compulsory hours for study—whether advisable or not.

7. Uniform rate of salary for the different grades of Hospitals.

8. That all Hospital Training Schools have a fourth year course, and that the students from the smaller Hospital Schools have a period of their course in a larger Hospital School by affiliation.

9. That Matrons have authority from their respective Boards to give preference to candidates for Nurse School probationership with two years' secondary education, whenever possible.

10. Hours of leave for Nursing Staff, particularly late leave, leave after night duty, isolation duty, and special leave, with a view to uniformity.

11. That pupil nurses leaving Hospital during their course of training, for any reason other than health (or to be married), should not be taken on by other Hospitals to complete their training.

12. That certificated nurses be not given positions, without a letter of reference from the Matron of their Training School or referring to her personally.

13. That a display of Hospital equipment be arranged such as was shown at the Hospital Boards' Conference.

14. That a short course of Domestic Civil Science during the first three months of trial probationership be given to combine with the hygiene now taught.

15. A more definite instruction in private nursing, editorial work and its difficulties, as so many trainees later take up private nursing and are unable to apply their training with all its special apparatus to their private house nursing.

16. A post-graduate course in administration for nurses who show any aptitude for that branch of work.

17. I hope one of the main platforms will be the urgency for trained Sister Tutors.

18. I would also like to know the feeling of the meeting towards the value of

the person who distributes the Hospital daily stores. Query: Layman or trained nurse?

19. The urgency of the need of providing special preparation for aspirants to sistership.

20. The interchange—for educational benefit—of nurse graduates between hospitals of any grade. Similar arrangements to those of school teachers who exchange positions for a period.

21. The periodic revision of the Curriculum for nurses.

22. Review of the case of the nurse diligent enough to get accepted and incapable of progressing in responsibility.

23. A uniform standard of education for Candidates to all the Dominion Training Schools. For instance: (a) Either a similar qualification is Civil Service Entrance Examination; (b) two years' secondary education.

24. That Sisters on staff qualifying for these posts should have post-graduate courses (uniform in all hospitals) and that such courses could be taken in a fourth year, at the expense of the Hospital Boards, on condition that **a year's** service in that Board's employ should be guaranteed.

25. That a dietitian or masseuse should be primarily a trained nurse registered in New Zealand.

26. That both of these officers should be under the general direction of the Matron.

27. Management of stores, linen, laundry and ward issue.

28. That pupils from smaller Hospital Schools have at least a period of six months of their course in a larger Hospital School by affiliation.

29. That pupil nurses take their invalid cookery course in the first year of their training, as well as anatomy and physiology.

30. That nurses who have been private nursing for, say, two years or more, be accepted on the staff of hospitals for a refresher course of, say, six months as fourth year nurses.

31. Discussion of present anatomy text book.

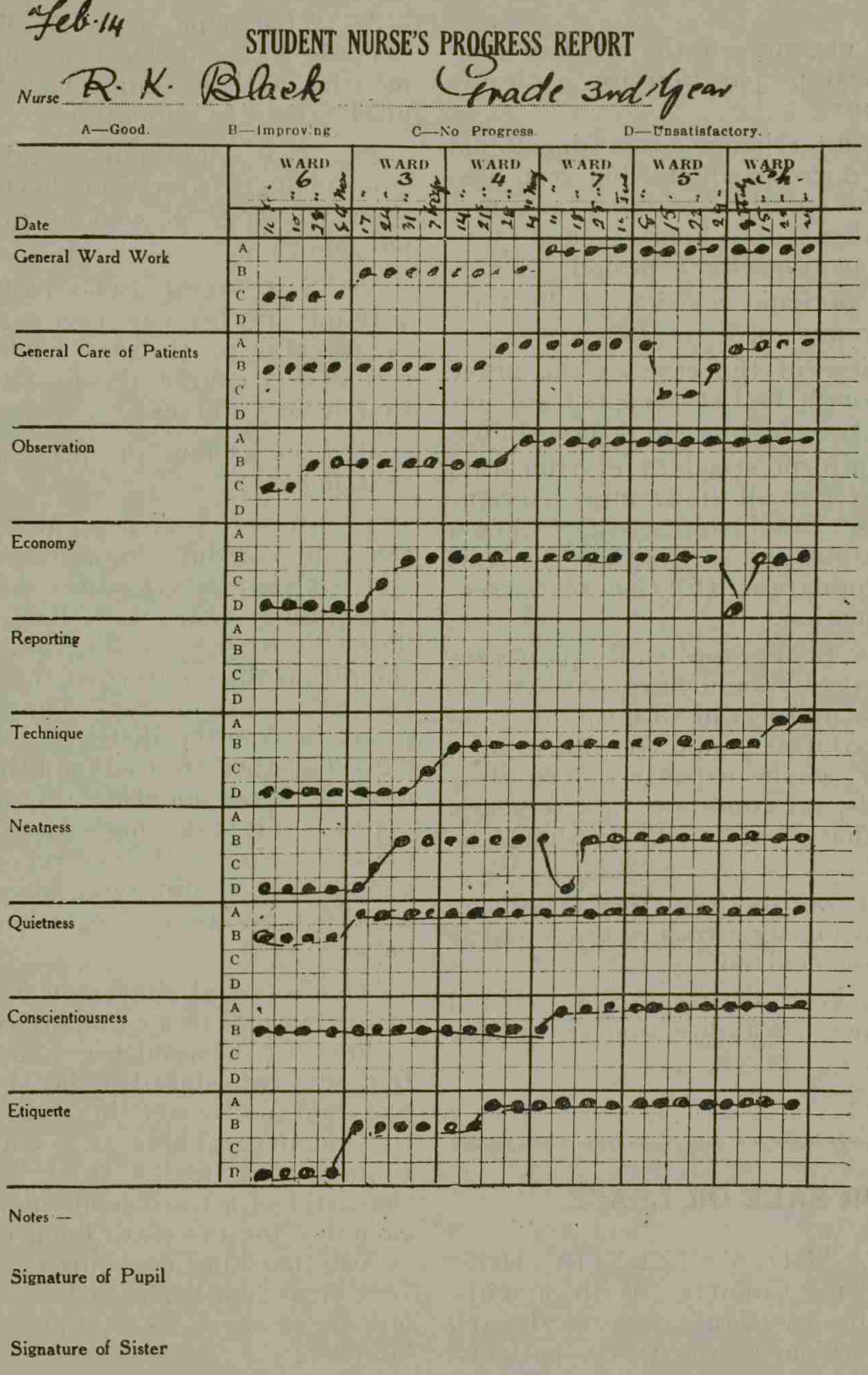
An interesting discussion took place on the hours of duty for nurses in training and for sisters. It was considered that a minimum of two days' leave a month is desirable where possible, taking into consideration the comfort of the patient and the needs of the nurse. The smaller hospitals in country districts felt that two days together in two months, or three days in three months, was much more appreciated than single days more frequently taken. It was recognised that conditions in different hospitals must affect regulations regarding off-duty days.

Miss Davis (Palmerston North) spoke of the benefits of a common, central stock of linen for hospital use. Since this system was introduced in her hospital, she had had no worry in connection with the laundry. There is a common linen room with a smaller stock in the wards, the sister of a ward sends in a requisition each day for the clean linen required. No "ward" marking is required, and there is very little lost. The sister and the head laundress check everything sent to the laundry.

It was decided that a recommendation be sent to the Hospital Boards' Association that when altering laundries in the future this system might be adopted.

Miss McKenny showed a chart of progress used in the Wanganui Hospital for student nurses, and recommended its use.

Suggested Progress Chart for Pupil Nurses



Another interesting discussion concerned the advantage to nurses in training in the smaller hospitals, to spend the last six months of the training period in a large hospital.

Miss Bicknell explained that this would necessitate new legislation.

Other resolutions carried the first day were:—

That all Hospitals in the Dominion should have a compulsory four years' training.

That pupil nurses leaving Hospital during their course of training, for any rea-

son other than health (or to be married) should not be taken on by any other Hospital to complete their training.

That certificated nurses be not given positions without a satisfactory letter of reference from the Matron of their training school, or referring to her personally.

That Nurses who have been private nursing for, say, two years or more, be accepted on the staff of Hospitals for a refresher course of, say, six months as fourth year nurses.

Miss Cookson (Whangarei) spoke on the need for training pupils in Hospital and Civil Economy. The average girl has not the remotest idea of the running of a hospital or economy in households, or as to how money is obtained for hospital expenses. She suggested that a short lecture on Civil and Political Economy be included in the curriculum, so that pupils could understand that if there is waste the money is not available for normal use, and that they should also understand the source of supply.

It was decided to recommend to the Nurses' Registration Board that an elementary text book on the study of Civil Economics be added to the curriculum, and also that "Barclay's Anatomy" be substituted for Furneau, retaining Thornton as a secondary book of reference.

An Education Committee was set up consisting of Misses Stott, McKenny, Macdonald, and Tennent.

Miss Cookson also spoke on the arrangement in her Hospital to give sisters preparation and instruction in administrative work, and other Matrons undertook to arrange similar courses in their Hospitals where not already given.

The opinion of the Conference was expressed as follows:—"That in future no Ward Sister be appointed until she has had a post-graduate course." (The proposed post-graduate course at the University includes "Administration.")

The Conference decided to approach the Otago University Council and ask them to reconsider their decision regarding the post-graduate course for Nurses, at the same time urging the need for such a course.

Further recommendations to be sent to the Hospital Boards' Association were:

That Matrons have authority from their respective Boards to give preference to candidates with a secondary education.

That the dietician and masseuses should be under the control of the Matron for the purpose of discipline and the administration of this department.

Stores Delivery.—Another discussion took place concerning stores delivery. It was felt that when the issue of stores was in the Matron's hands there was greater economy than when a steward had control. In the larger hospitals a Matron had too much else to attend to, so a House Steward is necessary. One Matron stated that the method recommended to her by the Health Department would take two clerks to carry out, so she returned to her own way.

Cookery.—The period during which "Cookery" should be taken drew forth varied opinions. One Matron thought it should be taught in the earlier part of the training so that in the third year a nurse could take a more intelligent interest in the different diets and be better able to prepare them. Miss Tennent thought nurses should be further advanced in their knowledge of disease before taking cooking. Elementary classes might be given in the first year, and a more advanced course on Dietetics in the third year.

Miss Searell said one system for all was difficult. Nurses in their first year do not always complete their training. She thought "Cookery" might be given in the second year, as in the third year the nurses were too necessary to ward duty to be spared for the classes.

Miss Macdonald thought there was enough to be got through in the first year without including cookery.

Compulsory Hours' Study.—Miss Stott said she had not found this system practical. It entailed having a superviser, which was a tax on a busy staff. The nurses lost the time that might otherwise have been spent in the sunshine, and if they were keen they would study without being compelled.

Miss McKenny stated that she had not found it necessary to institute a compulsory study hour; it was a matter of counsel. The ground to be covered before the next lecture was set, and she had experienced no difficulty in getting sufficient study. The general opinion was not in favour of a compulsory study hour.

A universal flat rate of salary for nurses in training was recommended by Miss Tennent. For instance a nurse would receive £50 a year during her three years' training instead of as at present—£30, £40, £50, or £40, £50, £60 per annum. The suggested method would greatly simplify computation for superannuation.

It was decided that the next Conference should take place early in February, 1929, in Dunedin, or wherever the course for the Diploma of Nursing is established, and an annual fee of 2s. 6d. be charged to meet incidental current expenses.

At the conclusion of the meeting, Miss McKenny rose to speak for the Matrons and thank Miss Stott for her hospitality. Miss McKenny said Miss Stott had been an inspiration to them all in her fortitude and the way in which she had conducted the meetings. She had created an atmosphere of ease and comfort and of home, and they were all most grateful to her that the wish of so many hearts had at last materialised. She asked Miss Stott to accept a cloisonné vase as a memorial of the first Matrons' Conference.

Miss Stott very feelingly replied, saying how much pleasure it had given her to receive such a grand response to her invitation.

Matrons Present and Hospitals Represented at the Conference, June, 1927

Hospital.	Matron.	Hospital.	Matron.
Ashburton	Miss Watt	Palmerston North	Miss Davies
Balclutha	Miss Shepherd	Patea	Miss Kelly
Blenheim	Miss Lewis	Picton	Miss Jermyn
Dannevirke	Miss Brown	Invercargill	Miss Ross
Dunedin	Miss Tennent	Taihape	Miss McGruer
Gisborne	Miss Benjamin	Taumarunui	Miss O'Connor
Greytown	Miss Burton	Waihi	Miss Lord
Hawera	Miss Nutsey	Waikato	Miss Keddie
Masterton	Miss Barnitt	Waimate	Miss Lindsay
Napier	Miss McDonald	Waipukurau	Miss Drummond
Nelson	Miss Brown	Wanganui	Miss McKenny
New Plymouth	Miss Campbell	Westport	Miss Dunsford
Oamaru	Miss Mackie	Whangarei	Miss Cookson
Pahiatua	Miss Berry	Rotorua	Miss Searell
		Wellington	Miss Stott

A Pleasant Evening

A very pleasant gathering of visiting Matrons and friends was held at the Pioneer Club on June 15, when Miss Bicknell was "at home" to a large number of guests. The room was charmingly decorated with chrysanthemums, hydrangeas, and foliage. Miss Bicknell received wearing black satin embroidered handsomely, and an Oriental scarf. Some very acceptable songs were given by Misses Willoughby and Agnes Wilson, and later an amusing competition was held, Mrs. Watt being the prize-winner. Bridge was enjoyed by a number of guests. A very delicious supper was served, bringing an enjoyable entertainment to a close. Among those present as well as the Matrons were: The Hon. J. A. Young (Minister of Health), Dr. and Mrs. Valintine, Dr. and Mrs. Watt, Dr. and Mrs. J. S. Elliott, Dr. and Mrs. Paget, Dr. Agnes Bennett, Dr. Ada Paterson, Mr. and Mrs. C. M. Luke, Miss Stott (Wellington Hospital), Misses Kohn, McRae, Pengelly, West, MacGregor, Willis, Lambie, Moore, Inglis, Lea, and others.

Acute Yellow Atrophy of the Liver Complicating Pregnancy

Doris C. Gordon, M.B., Ch.B., D.B.H., F.R.C.S. (Ed.).

Primipara, aged 22, due to be confined on October 23rd, 1926. The early months of pregnancy had been singularly free from any discomforts, the patient never experiencing any morning sickness whatsoever. Patient came of a highly nervous family, considered her mother had been an invalid ever since her own birth, and was in consequence very apprehensive about her own approaching confinement. Was reputed to be a heavy cigarette smoker.

The usual urine tests were done on September 12th, 20th, and 27th. A trace of albumin was noted on the 27th.

October 1st.—The husband reported, per telephone, that patient was not feeling well, nauseated, and off her food. On request he brought up another urine test the same evening, said there was no headache or swelling of feet, simply that patient did not want to eat the prescribed meat free diet, had vomited twice in the last 48 hours and was particularly thirsty. The urine (non catheter specimen) showed still the same minute trace of albumin and was sugar free. I gave him a prescription for a bismuth mixture, and said I would call round and see the patient on the following morning, Saturday. The husband then asked me not to call this day, as they were taking advantage of his Saturday holiday to move into a more convenient house, adding that he had got his mother and sister to come in and do all the moving for his wife. It was then decided that I would see her in any case on Monday, 4th, and if she was no better he should let me know and I would see her on the intervening Sunday. I received no communication from him during Sunday, 3rd.

Monday, 4th.—I arrived at the house at 9 a.m. and found patient bright and lively in bed, a two quart jar of lemon drink beside her which she had just about drained during the night. The sclerotics of her eyes were a bright golden yellow. She was a natural brunette, had more than the usual pregnancy pigmentation, and saving on the palate jaundice was not visible elsewhere. Questioning the mother and sister-in-law as to how long this jaundice had been present, it transpired that they were ardent Christian Scientists, and therefore "having eyes they saw not" the danger signals of disease.

Case was immediately transferred to my private hospital, and on admission I advised the Sister in charge that though the patient seemed bright and cheerful, the trouble might yet prove to be one of the rare cases of acute yellow atrophy. Temperature on admission was 97.8, pulse 116, systolic blood pressure 114. Fœtal heart 140, to right and below umbilicus.

During day of 4th.—Treatment was, firstly, high bowl wash which returned small amount of pale coloured fæces, This was followed later by two glucose and sodium bicarbonate rectal feedings. The patient took by mouth, during the remainder of the day, 3ozs. each of well sweetened arrowroot and bread and milk. The temperature kept subnormal throughout the day, and indeed throughout the remainder of the illness.

Morning of 5th.—It was reported patient had drunk 16 pints of water in her 24 hours in hospital, had excreted 80ozs. of urine, which was free of sugar, free of acetone, and contained still the slight amount of albumin. The urine had a slightly greenish hue. By night time on the 5th, patient had only vomited twice since admission, had taken satisfactory quantities of light, sweetened, carbohydrate food, the jaundice had not increased, the liver dullness seemed normal, and the patient was full of life and spirits. Meanwhile I had referred to all my books of reference for guidance as to the type of jaundice I was dealing with. Distance made laboratory blood tests impracticable. Neither Whitridge Williams nor Jellett made any reference to thirst as an early symptom of acute yellow

atrophy, while Berkely and Bonny described a benign type of chlecystitis which might occur during pregnancy just as at any other period in life. As the patient seemed to be maintaining her general condition well, I concluded (and concluded wrongly) that I was dealing with a simple type of cholangitis with some involvement of the pancreas that would account for the intense thirst.

During night of 5th and early hours of 6th.—Patient became more restless, more frantic for fluids, pulse rose to 120, and daylight showed the jaundice spreading over face and body. Fœtal heart not audible, liver dullness now seemed diminished. I immediately prepared for bougie induction, but was delayed till early afternoon pending the relatives' permission. By 2 p.m. she showed signs of oncoming coma, and a consultation was held. The decision was that the case now presented fulminating symptoms, bougie induction would be too slow to help her, and we decided to try intravenous solutions of glucose and insulin injections which treatment has recently been reported from London to give very successful results in these cases. Bougies would be used on 7th if patient was still alive.

By 4 p.m. when the intravenous glucose was administered, the extremities were cold and cyanosed, the patient semi-comatose. 400 ccs. of glucose were administered, and the proportionate amount of insulin given intramuscularly. ¼ cc. of pituitrin alternating with 10 minims of digalen were given six hourly as circulatory stimulants. Within an hour of the intravenous glucose administration the patient began to warm up, the circulation in the extremities became better, and from this moment to the close of her illness there was no more vomiting. Blood was taken at 9 p.m. on this day to control our further glucose administrations and was reported later to have contained .16% sugar.

During remainder of the day of 6th—Patient became progressively more drowsy and from midnight to 3 a.m. on 7th took a series of atypical fits. These commenced with a bulging of the eyeballs, wide dilatation of the pupils and conjugate deviation of the eyes to the right. In about 40 seconds these phenomena were followed by fine fibrillary twitchings of muscles about mouth and a stiffening movement of the limbs. These in turn were replaced by a period of apnœa, during which the face became very cyanosed. The whole terminated in a deep sighing inspiration rising to a noisy respiration akin to Cheyne Stoke's breathing. The whole fit lasted one to one an half minutes, and recurred regularly every four minutes for two hours.

3 a.m. on morning of 7th—The fits merged into typical Cheyne Stoke's breathing, and for an hour her jaw had to be hitched forward periodically to re-establish inspiration.

Daylight on the 7th—Showed patient's colour now to be a coppery bluish green hue. The face was bloated, but pulse was full and bounding, blood pressure systolic now 130, and the mental condition much better. She now presented periodical restless movements, suggesting labour pains, and at 10 a.m., when we swung her across the bed preparatory to introducing the bougies with as little disturbance as possible, I was not surprised to find dilation had progressed to the size of a shilling piece. I inserted the bougies notwithstanding this spontaneous start into labour, in the forlorn hope that they would speed up the process. During the day we kept up her strength by rectal installations of glucose and small injections of insulin, pituitrin, etc.

She took nourishment well and came to the evening of the seventh day in a condition which compared to her state on the evening of the 6th, and was deemed very satisfactory. The waters broke on full dilation at 7 p.m. on the 7th October. The head was well down in pelvis, and we prepared for forceps delivery, administering 1-6 gr. morphia to reduce the ether administration to the minimum. A dead 8lb., slightly macerated baby was extracted without any apparent additional shock to the patient.

Glucose, insulin, etc., were kept up through the night of the 7th, and save for a brief period of Cheyne Stoke's breathing early in morning of 8th, she passed a satisfactory night.

Morning of 8th—Showed an itching purpuric rash over a wide area of the body, but despite the fact that the urine excretions were down to 14ozs. for the last 24 hours, the patient passed a very good day. Nourishment was taken satisfactorily, there was no sign of coma, the patient complained frequently about the itching rash, and asked awkward questions about the infant which she knew had been born. 300 cc. of glucose solution was given intravenously, and the proportionate amount of insulin at 11 a.m.

At 8 p.m. on night of 8th patient took another Cheyne Stoke's seizure, came out of this with a loud moan, took another at 8.30, during which she died.

No post-mortem was obtainable.

I am advised by the Health Department of New Zealand that no similar case record appears among their reports of maternal deaths in New Zealand.

Dr. Jellett's sole suggestion was that it would have been wiser to have started induction measures on the 4th, when I first saw the jaundice, but added the rider that the end results would have been the same in any case, as genuine cases of acute yellow atrophy during pregnancy were always fatal.

I am indebted to Sisters McCallum and Welby for their untiring service in the nursing of this case.

The Cause and Manner of Infection of Pulmonary Tuberculosis

Consumption, a disease of civilisation, has been known to have been prevalent among the Egyptians in the times of the Pharoahs. Ravages of the disease have been found in mummies, and Hippocrates, 460-376 B.C., described the symptoms clearly and convincingly.

The cause of the disease is a minute microbe belonging to the vegetable kingdom, so small that millions of them grouped together would not be discernable to the naked eye. Now, this germ is incapable of movement by itself. It is readily destroyed by heat, by disinfectants, and by exposure to the direct rays of the sun, and even killed in a few hours by bright light and fresh air, though there be no direct sun on it.

As there are 6,000 to 7,000 people in New Zealand suffering from the disease at any given time, and as many of these expectorate millions of germs a day, and do not attempt in any way to destroy the sputum, the question may be asked: Why do not we all become infected through our ancestors?

Several factors play a part. We, through our ancestors having suffered from this disease, have acquired a certain resistance or immunity. Uncivilised races, amongst whom the disease was unknown before contact with civilised people, did not have the immunity.

The death-rate was appalling when the infection reached them. The Black-feet race of Indians dropped from 50,000 braves to less than 500 in a generation.

An analogy is to be seen in the first outbreak of measles in Fiji, where 50,000 natives died. They had no acquired immunity to measles as we have.

Unfortunately, in a few of us, this immunity is weak and easily broken down; again, it may be lowered by debilitating illnesses, such as measles, pneumonia, influenza, etc., or overwork, worry, and bad living conditions, lack of food and the wrong kind, certain trades where the dust is irritating—stonemasons, etc.

Repeated infection will break down resistance. It has been proved by statistics that outdoor workers suffer less from tuberculosis than indoor workers. Again in England, the death-rate from this disease is very high among brewers, barmen, etc., the taking of alcohol even in repeated small quantities, seems to lower the immunity. So much for the causes

of consumption—they are the tubercle germ, plus a lowered resistance.

Every consumptive has germs in the diseased part of the body. Where do they come from, and how do they gain entrance to the body? There are two sources from which the germs may come. One is from the cow, and the other from the human being. The cow gives forth germs in the milk, whenever the udder is diseased, and sometimes when it is not. Milk then is one of the sources of infection.

The other source is man. The infection is in the sputum, and cough spray. When a person coughs he sprays out a vapour. In a consumptive that spray may contain germs.

Milk has been shown to be a definite cause of infection, as calves fed on milk from a tuberculous cow developed consumption, while others fed on milk known to be pure did not develop it.

Children fed on milk from tuberculous cows may—and in many cases do—develop consumption, but so some do even when fed on pure milk. One can justly ask them, how do we know that infected cow's milk can cause consumption. We know because there is a slight difference between the two germs; they are both germs of consumption, but different varieties.

The tubercle bacilli can gain entrance to the body in three ways: (1) By inhalation; (2) by ingestion; (3) by inoculation.

To inhale the germs it means that they must be in the atmosphere. Now a T.B. subject may cough up some thousand of millions of germs a day. If the sputum is expectorated on the ground it dries, and particles of dust and germs float about.

Others use their handkerchiefs, simply stick them back in the pocket, the sputum dries and is shaken off. Pockets are infected, and dragging the handkerchief out spreads more germs, and so it goes on. Hence the reason for using a handkerchief bag and burnable handkerchiefs.

Next is the cough spray. When an infected patient coughs, the infected spray is thrown six feet into the air. Always cover the mouth when coughing. Moustaches are dangerous, as sometimes the sputum adheres thereon; hence the reason why patients should be clean shaven. In ordinary quiet breathing no germs are given off.

By Ingestion: From infected cows' milk and butter. This is usually in children, Practically no adults suffer from bovine tuberculosis. The germ when swallowed into the stomach may pass to the glands of the lung, and from there spread to the lungs. The lesson to be learnt here is that all cows should be tested, and for infants the milk pasteurised.

By Inoculation: This is rare and quite unlikely to happen to the average civilian.

Now, realising the above, it follows that the consumptive patient, who is properly trained and able and willing to carry out instructions, is no real source of danger. Still less should such patients who need our sympathy be regarded as lepers to be shunned.

On the other hand, the selfish or ignorant patient who disregards all precautions, becomes a grave menace to his fellows, and will, I think, in time be segregated.

We have seen how infection can occur. Let us now consider what happens when the tubercle bacillus gains a lodgment in the body. Any organ can be attacked and tubercles formed, but in adults it is chiefly the lungs which are infected.

The bacillus lodges and begins to multiply, causing inflammation in the nearby tissues. In response to this certain cells, some from the tissues, and some white cells or leucocytes from the blood vessels of the infected part, surround the bacilli. The mass produced forms the tubercle. Two things may now happen, though usually there is a little of each. The central part may soften and cause action, or the whole tubercle may be converted into a fibroid mass, depending on the resisting power of the individual. The more resisting power the more fibrosis. Usually, however, there is some softening inside the tubercle and some fibrosis around.

Should the resisting power be poor, the softening may be followed by the contents of the tubercle becoming semi-liquid, and discharging into a bronchus, leaving a cavity. This cavity may scar up or other tubercles may empty into it, thus forming a larger cavity.

In a patient who is progressing towards a cure these tubercles either fibrose completely or else a strong capsule of fibrous tissue is formed around them, thus hemming in the germs, which cannot then do harm unless something greatly lowers the resisting power of the patient.

Besides causing the changes in the lungs, the bacillus also produces a virulent poison which finds its way into the blood, and is distributed throughout the body. This poison is the cause of many of the symptoms of tuberculosis, and in most cases with a fatal ending is the actual cause of death. The lungs are spongy bags, and because of this the disease may progress very rapidly and large cavities form. The bronchioles and bronchi form natural channels for the discharge of tuberculosis material from the lungs. Usually, however, the tubercles do not communicate with the bronchioles in the earliest stages of the disease. Any sputum at this time comes only from the irritated secreting surfaces of the bronchial vessels, and therefore is not true tuberculous sputum, as it does not contain tubercle bacilli, or material from inside the tubercle. Later, however, if the disease progresses, the tubercle breaks through either their air sacs or bronchiole, and the tuberculous material mixed with secretion from the bronchiole is coughed up and constitutes true tuberculous infective sputum.

(By kind permission of Waipiata Sanatorium Journal.)

Home for International Studies

The Home for International Studies, opened by the Duchess of York, June, 1925, at 15 Manchester Square, W.1, London, is indeed fulfilling its purpose as a home away from home, for this group of world student nurses gathered yearly for the post-graduate course London can give them. The funds for this Home were contributed by the Red Cross organisations of the world, and many of the countries have given still further in their gifts, and are now furnishing a room for their own students with their own national products such as, curtains, cushions, rugs, pottery, pictures, needlework, etc., afterwards that country's name is written on the door. Just picture the welcome after a hard day's study combined with an excursion to see the housing conditions in the slums of London to return to the warmth and comfort of your own country portrayed in your room, it really puts new life into one. I was hoping to read that New Zealand Red Cross (which, I am sure, is not poorer than many of the contributing countries, namely, Latvia, Finland, Czecho-Slovakia, etc.), had in like manner contributed to this Home and placed for all time a New Zealand room for its past and future students.—J.A.M.

Insurance Nurses

The following Sisters have been appointed as Visiting Nurses on the staff of the Australasian Temperance and General Mutual Life Assurance Society, Ltd., to visit contributors to the Society: Miss Ivy Buckton, Auckland; Miss Mabel Blathwayt, Wellington; Miss Winifred Moore, Christchurch; Miss Eva Cheek, Dunedin.

Unity in Diversion

Echoes of a talk given at the Nurses' Christian Union Conference at Wellington, March 7th, 1927.

The reason that I have been asked to speak is probably largely because I was for over 10 years in close contact with Christian Unions in Europe, unions of students that had a great deal in common with yours.

They, too, were composed of young people, facing life, and keen to fit themselves to serve. Students belonging to the most varied churches or to none at all, who were anxious to follow Jesus Christ and to discover what difference He makes to life. But, unlike you, they were men and women students of between 20 and 30 different nationalities, people who thought and spoke in languages unknown to one another. Some of them had Bible study groups together, but those studies had to be in French, a foreign language to nearly all of them. If our thought background here differs—and it does—what was theirs? Armenian, Russian, Greek, Roumanian, Turk, Egyption, etc., with the further difference of their church background orthodox, Roman Catholic, Anglican, Free Church, Brethren, Mahometan and Jew. And yet, underlying all this tremendous diversity there was the very real unity of a common search for God. Each one seeking to be true to the best that she had, to respect the faith of others, and to go out together with them to find more light.

No doubt, as you do in your hospital life, we tried to be on the alert to help the newcomers to feel at home by putting them into touch with what would be useful to them, and by giving them the chance of sharing in the life of the Christian Union.

In Geneva, our end of the year meetings, held out in the country, were stirring times. Under great oak trees with grassy slopes, and away in the distance Mount Blanc towering above the hills, we met, and a short service was held by the students. Then those who had finished their course as lawyer, doctor, chemist or teacher, and were returning home were free to give any farewell messages they wished.

A Mahometan once told us that nothing that had been said had been of any use to him; it was not that, but the atmosphere that he had felt in the Christian Union that had made him want to find its source.

Again and again, Austrian, Pole, Hungarian, Bulgarian told us that, returning to surroundings where religion was a question of nationality and not one of life, they were going out to be utterly alone in following the new vision they had begun to see, and were relying on us to stand by them in prayer, so that in their isolation the vision might not grow dim.

Is not your Nurses' Christian Union seeking to bind together the hospital and the scattered nurses of the country within and outside New Zealand into a living fellowship?

The vocation that you are following, unrelentingly calls for your very best. When a wonderful little new life comes into the world, it is your help that is needed; when illness breaks into our homes it is on you that we rely; it is you who can stand by and help by the very atmosphere that you make, when we are faced with life's tragedies and when the great partings come. You have tremendous and unique opportunities of service, and it is always your very best that is asked for.

Looking back at those Student Christian Union days in Geneva, one realises the immeasurable help and inspiration, and the new power, that come through fellowship and prayer.

"Lord, what a change within us one short hour,
Spent in Thy presence, will prevail to make;
What weary burdens from our bosoms take,
What parched grounds refresh, as with a shower!
We kneel! and all around us seems to lower;
We rise! and all, the distant and the near,
Stands forth in sunny outline, brave and clear!
We kneel, how weak! We rise, how full of power!
Why, therefore, should we do ourselves this wrong
Or others—that we are not always strong,
That we are ever overborne with care,
That we should ever weak and heartless be,
Anxious or troubled, when with us is Prayer,
And Joy and Strength and Courage are with Thee!"

R. C. Trench.

Obituary

MARGARET McNAB.

The shadows of sadness rested upon Otautau and district on a recent Wednesday morning when it became known that our well loved friend, Nurse McNab, had obeyed her last call. She had continued her daily round until Saturday, and on Tuesday evening, after a brief painless illness, passed away peacefully in her sleep. Nurse Margaret McNab received her general training at Barnhill Hospital, Glasgow, and her maternity training at the Glasgow Maternity and Women's Hospital. After service at Barnhill Hospital as charge nurse, she became a Queen's nurse of the Scottish Branch of the Queen Victoria Jubilee Institute for Nurses, working in Edinburgh. Her next field was at Ardnamurchan, Argyllshire, and from there she came to New Zealand. Her first New Zealand appointment was that of Matron of the Waiuta Hospital, under the Inangahau Board, on the West Coast. Then, after four years' service at Matron of the Pleasant Valley Sanatorium, under the Otago Board, she came to Otautau as District Nurse two years ago. To those of us who knew Nurse McNab here, it is not surprising to learn that the officers of each and every of her charges gave her letters expressing their esteem of her work and personality. We, in Otautau, speak of what we know. True to the truest traditions of her profession, the very sacrifices she made in the interests of her patients hastened her departure from our midst. Had she thought one little atom more of self and less of her work she would have been yet with us. That she did not was characteristic of her and all her actions. Her kindly influence and quick sympathy will long be remembered, as well as the good works her hands found to do. Thankfulness for her efforts and appreciation of her womanliness are our tributes to our departed friend.

Rev. J. B. Bickerstaff held a short service in the Presbyterian Church on Thursday morning at 7.15 a.m. The body left by the morning train, and was interred at Green Island, Dunedin.

The Rev. Bickerstaff also held a public memorial service in the Church on Sunday evening after the service, the Church being filled.—(An Otago paper.)

Mrs. Ada Grace Lodge, wife of Mr. H. E. Lodge (Secretary to the Hutt Valley Power Board and member of the Upper Hutt Borough Council), died at Wellington Hospital on a recent Saturday. She had been ailing for some time past and was operated on. She was Secretary of the Upper Hutt branch of the Plunket Society until her illness precluded her taking an active part in the work. Mrs. Lodge received her midwifery training in St. Helens Hospital, Wellington.

The death occurred at the Wellington Hospital on June 7th, of Sister Ida Sheldon, who had done her training there and had for the past 12 years been attached to the staff. She was sister-in-charge of the eye, ear, nose, and throat ward for the past eight years, and by her kindly disposition, combined with her strict attention to her duties, she endeared herself to all with whom she came in contact. Up till the Friday she had been on duty as usual, but she then developed what was thought to be a cold. However, pneumonia set in and the end came very rapidly. Sister Sheldon was the daughter of Mrs. James Sheldon, of Brougham Avenue, Wellington. The funeral was conducted by the Rev. H. E. K. Fry, Vicar of St. Mark's. A service was held at St. Mark's Church, and also at the graveside at Karori. Among those present was a strong representation of the hospital staff, including Dr. Wilson (Superintendent) and Miss Stott (Matron), Miss Bicknell (Director of Nursing), also members of the Hospital Board and Mr. G. Kennedy, St. Mark's Parish Churchwarden.

Sister Margaret Campbell, N.Z.A.N.S., passed away at Auckland on May 12th after an illness of over 18 months. On her return from war service she took up Plunket work, and was still engaged at that work when her health gave way, and we regret to say she never recovered.

New Zealand Trained Nurses' Association

Auckland Branch

Mrs. Tracy Inglis entertained the Council at a special meeting at her residence to meet Miss Bicknell on her visit to Auckland. A short discussion took place re Post Graduate Course for Nurses. Most members spoke, all being in favour of the movement, and urged Miss Bicknell to try and push the matter on with a view to getting the Government to give more favourable consideration to it, especially with regard to finance.

The discussion closed awaiting a further report from Miss Bicknell.

Canterbury Branch

A lecture was given on April 28th to the members, by Dr. Farr, on his recent trip to Japan, and which was made much more realistic by showing some fine lantern slides of the great earthquake and the fire which occurred at that time.

The doctor spoke in high praise of the kind treatment given to the delegates to the Conference, and said they all thoroughly enjoyed the trip and the wonderful scenic beauty of that land.

Miss Hood proposed a vote of thanks to the doctor, and also to Miss Farr, for providing a very nice supper, which was much appreciated by the members.

Dr. L. A. Bennett gave a lecture on hydatids, in the Nurses' Club Room, on May 26th. There was a fair attendance and the lecture was much appreciated. Many of the newer methods of treating the disease were explained, and were of much interest.

A social evening is to be held on June 30th, when we hope for a large attendance.

Two New Branches

Wanganui and Taranaki.

For some time past the matter of forming a Branch of the N.Z.T.N.A. in Wanganui has been mentioned among nurses in Wanganui.

At the October meeting of the Central Council a delegate from the Wellington Association (Miss McKenny) was asked to see if it was possible to form a Branch. On May 26th a meeting of nurses was called by Miss McKenny taking advantage of the opportunity to have Miss Inglis Honorary Secretary N.Z.T.N.A., who was spending a night in Wanganui, present.

The nurses assembled at the Nurses' New Home, the meeting taking place in the large sitting room which was gay with autumn foliage and chrysanthemums—quite festive.

About fifty were present—all the Private Hospitals were represented—St. Helens and a few married ex-sisters. Miss McKenny welcomed the nurses and announced the object of the gathering and introduced Miss Inglis.

Miss Inglis then explained the advantages and obligations of becoming members of the Association, especially emphasising comradeship, and the educational possibilities.

The rules used by the Wellington Branch were quoted for the information of inquirers and the procedure for transferring (for members of other Branches now resident in Wanganui).

It was then unanimously decided to form a Branch in Wanganui—all present agreeing to join or transfer.

Miss McKenny was elected President, Miss Gott Secretary and Treasurer, Miss Benjamin and Miss McBeth Vice-Presidents, Miss Strachan, Miss Williams, Miss Livingstone, Miss Lee and Miss Bagley Councillors, Drs. Nelson and A. Wilson Honorary Medical Advisers, Miss M. A. Newcombe Lay Member, Mr. Henry Keesing Honorary Solicitor.

The date of the first meeting was fixed for the 27th June. Miss Inglis then spoke of the needs and claims for support of "Kai Tiaki," on which several new subscribers came forward.

The members of the (newly formed) Association were then entertained at supper by the Hospital nurses in the large dining room of the Home, and a very pleasant evening concluded. The unanimity and enthusiasm displayed are a happy augury for the future success of this Branch.

NOTE.—Since the inaugural meeting, several offers of lectures for members of the Branch have been received.

At a meeting of trained nurses, held at the Nurses' Home, New Plymouth, on Monday, May 23rd, 1927, a Taranaki Branch of the New Zealand Trained Nurses' Association was formed.

Miss Inglis, General Secretary of the Trained Nurses' Association of New Zealand, who was visiting privately in Taranaki, very kindly consented to address the meeting. She reviewed the history of the Association and pointed out the advantages of membership. She stressed the excellent work done for the Association during its pioneer days by Miss H. McLean, R.R.C., who was also instrumental in organising the first New Zealand Nurses' Journal, "Kai Tiaki."

The Association, with the help of the Department of Health, had secured superannuation for nurses. There was every possibility of re-establishing a course at the University for a diploma in nursing. The Association is determined to carry this through. The Association was also interested in settling any dispute regarding fees, more especially in connection with maternity cases. Unity is strength, and Miss Inglis was of the opinion that, if the whole Association took up any matter concerning nurses generally, the authorities would be much more impressed than if a single individual was to approach them.

It was then unanimously decided to form a Taranaki Branch and 26 of those present were enrolled. It was pointed out that if less than 25 were to join a Sub-branch only could be formed, and the Branch would then lose its right to vote on the Central Council.

The following officers were elected:—

President, Miss Campbell; Vice-Presidents, Misses Wade and Gill; Hon. Secretary and Treasurer, Miss E. McAllum; Advisory Members, Dr. Walker and Dr. Thomson; Council, Mesdames Ellis, Southam, Thomson, Misses White, Peterson, Patterson, Gill, Holmes and Ross.

Miss Inglis was sincerely thanked by those present for the helpful talk she had given, it being very much appreciated. A dainty supper was then served.

The first N.Z.T.N.A. Taranaki Branch meeting will be held on the first Tuesday in July, when Dr. Walker has kindly consented to address the meeting.

A Letter from China

On the 22nd of June last the nurses of Wellington Hospital had an interesting hour in listening to Dr. May Janes, an American doctor stationed in Northern China. She was their guest for that evening, having been invited by the Nurses' Christian Union.

A letter from her appears below:—

Six hundred miles up the Yangtse Kiang stands the ancient city of Wuchang, which has been my home since January, 1914. Until a few months ago it was surrounded by massive grey walls, beautifully festooned by wild vines and shrubs. Then came a forty days' seige, with its shot and shell and bombs, which naturally did much to disfigure these ancient fortifications. When the city finally fell into the hands of the Nationalists, the people, determined not to make it possible for the warring factions to pen them up again for slaughter and starvation, demanded that the city walls be torn down. So these ancient fortifications were gradually being demolished when I last saw the city, at the end of March.

Wuchang is one of three cities at the junction of the Hau River and the Yangtse. The group of three—Hankow, Hanyang and Wuchang—form the composite city known as Wu-Hau, the most important inland metropolis of China. Wuchang was the seal of the outbreak of the "First Revolution," which, in 1911, overthrew the Manchu Dynasty and made China a republic, at least in name. Just sixteen years to the day after the outbreak of the First Revolution, on October 10th of last year, the victorious Nationalist (or Southern) Army marched into Wuchang. That army, which really represents the patriotic aspirations of China, was enthusiastically welcomed by the people. Not long after the Wuchang (really Wu-Hau) was made the capital of Nationalist China, and most of the army moved on down the Yang-tse for the conquest of the territory lying eastward to Shanghai.

In the heart of Wuchang stands our hospital, known as the Church General Hospital. It was built, and is supported by the American branch of the Church of England (the Protestant Episcopal Church). In 1914 it was just a tumble-down miserable affair, but now we have a really splendid group of modern buildings, covering the greater part of a large city block. Owing to conditions in China it has been conducted as two separate sections, the men's and the women's departments.

In our women's department we have a Training School for nurses which we have slowly and painfully built up since 1914. At first I had to take in girls with practicaly no education and completely lacking all background of either Christianity or hygiene. Our Mission School girls at that time thought it quite beneath them to come to us for training. Gradually, however, we have been able to break down prejudice and to raise our standards spiritually, intellectually and physically. We insist upon the same course of training, both theoretical and practical, as in our home lands, and would not graduate our first girls until they could come up to our standard. Our first class, of just two, graduated in 1920. Now we have a Training School of about forty pupil nurses and eight of our own Chinese graduates. Until January we had always one or more American nurses on our staff in Wuchang, but after the January riots (when the British concession in Hankow was taken by the Chinese), our foreign nurses, and the one American doctor associated with me, began to feel that nervous strain of the long-drawn-out trouble so seriously that it seemed best to let them return to America then. Already, for various reasons, the staff of our men's department had dwindled away and their wards had been closed. One of their Chinese doctors had remained on to conduct their out-patient department, and to help me with our work for women and children.

By January the chaos in Central China had reached a point that almost defies description, and mission institutions on all sides of us were perforce closing down. This was true even of hospitals. Just why the Communistic Party of the Nationalist Government made it so diffi-

cult for mission hospitals to carry on, it is difficult to understand. The fact remains, however, that catastrophe was overtaking hospitals on all sides from Canton up through the province of Hunan (just south of us), and then along the Yang-tse Valley.

That our Chinese nurses stood firm as earnest Christians willing to render service against all sorts of odds, even when threatened with anti-Christian riots, is by no means a matter of small credit to them. They had stood firm through the long siege, going bravely and cheerfully about their work, when bullets were whizzing constantly about us (they crashed through windows on every side of the hospital) and cannon shells, and the even more terrible air raid bombs, bursting about us. And this they did on ever-diminishing rations, with starvation facing them if the siege had not terminated just when it did. (The last available meal of their gruel was eaten the very morning the city fell, and only chaff was left after that.) Yet what wonderful chances for real Christian service these stern times brought. Can any amount of anti-Christian propaganda make those poor suffering Chinese women and children, whom these nurses tended so kindly and carefully, ever forget that expression of Christian services? With cholera, dysentry and all manner of diseases raging, what a refuge the hospital proved for those destitute, suffering mortals. What careful nursing was required by the frightfully wounded victims of the air raids, with their compound comminuted fractures, often multiple, and so frequently involving the thigh and other large bones of the bodies.

Nor when the siege was over did the opportunities end. Throughout these months of social revolution which followed, no matter how great the chaos nor how wild the anti-Christian and anti-foreign propaganda, our nurses went on minstering, openly in the name of Christ, to the multitudes of the suffering people of the land. Both high and low came to us, and even the official class seemed appreciative of the help they received. Though we were not over-crowded as in the siege days, yet there was plenty to do. Even when the final order came for the evacuation of all of us foreigners—both British and American—there were almost a hundred patients in our wards.

At that time I had another American nurse with me, who had kindly come from other work in the city to help me after my other foreign nurses had to leave in January, and our business manager (an English lady), who had staunchly stood by us, through siege and succeeding chaos.

And what has become of that hospital since the end of March? Would that I knew myself! When I departed, it was running along as usual under two Chinese doctors and our staff of Chinese nurses. Our refuge ship remained off the shore of Hankow two days before she was convoyed down the river, along with another refugee steamer, by a series of British and American gunboats. During those two days I had visits from some of our Chinese nurses, and a letter from the doctor I had left in charge. From these I learned that they were bravely taking up the heavy burdens, and planning to carry on, as nearly as possible, just as before. This applied not only to the professional, but also to the religious, work of the Hospital. Though my latest news from Wuchang is over two months old, I still cherish the hope that they have been permitted to continue the work, under Christian auspices, even in that centre of radicalism. But even if they have been dispersed, or if the institution has been taken over by the Communist Government, and their conditions thus greatly altered, I still feel confident of the witness of their Christian service is bearing amidst the suffering and sorrow of these strange days of chaos.

No matter what comes, I believe there is soon again to be a place in China for medical missionary work. Whatever may be the fate for the time being of schools and other forms of missionary work, I believe that the need of the people will call back the medical missionaries, both doctors and nurses. And what could give us a better opportunity to show the real meaning of Christianity than to respond to this call?

At this time it seems to me especially vital to bear the message of Christ's love

to the struggling people of China. What will happen if the Christian forces withdraw for a long time and leave the field entirely to the champion of atheism? Aside from my deep concern for the particular Chinese whom I know and love, I feel that, for the good of all China, and likewise for that of the rest of the world, when China rises in her full strength, we Christians should make a supreme effort at this crisis to give China the true Christian ideal of life.

"The Evolution of Nursing"

In connection with the Matrons' Conference, Miss Moore gave a short address on "The Evolution of Nursing," and showed a number of lantern slides which she uses in illustration of lectures on the history of nursing. These illustrated nursing from primitive times down to the present day, and showed some of the early methods of cure when disease was believed to be due to evil spirits and the medicine man of a tribe brought spells to exercise these spirits. Early instances of sweat baths and cupping were shown to be found among the Egyptians and other early races, and a picture of the first known god of medicine found in Memphis and dated as far back as 1000 B.C., was shown. Pictures of the great people in medicine and healing were among the slides, Esculapius and his daughter Hygeia (thought to be one of the first nurses), who taught that disease could be prevented, Dorcas, who in the early Christian period was the first district nurse and taught the Roman women to nurse their sick, Fabriona in Rome; Hildegarde, in Germany; St. Francis, of Assissi; Clare, who founded an Order of Nurses; St. Elizabeth, of Hungary; the St. John Hospitallers in Jerusalem; the Order of Beguins in Belgium; the brothers of the Misericordiae, in Florence; down to Florence Nightingale and her band of trained women. Pictures were shown also of hospitals at different periods, a picture of a Roman operating theatre, the earliest known picture of dissecting, and the hospital of the Knights in Valetta. In the early hospitals the patients wore no clothing, and were accommodated several in a bed; in others the beds were heavily curtained and were well away from ventilation, all offices (even to a funeral service) were performed in the ward, and even to St. Bartholomews, less than a hundred years, ago, there were curtains to each bed. The pictures carried on to the first training school for nurses at St. Thomas' and showed the early reformers in medicine and nursing. John Howard, Elizabeth Fry, Pasteur, Lister, and W. Rathbone, who reformed the old, bad method of district nursing.

At the conclusion a hearty vote of thanks was passed to Miss Moore.

A vote of thanks to the Minister of Public Health for the interest he had displayed in the Conference was passed. After the lecture the visitors went to St. Helens Hospital, where they were shown over the Hospital by the Matron, Miss Newman and Dr Agnes Bennett. They spent a most enjoyable and instructive hour, and a delicious tea was provided before they left.

At the conclusion of the Conference, Miss Inglis, Hon. Secretary of the N.Z. Trained Nurses' Association, urged the obligation of all nurses to become members of the Association, and to subscribe to their own journal, "Kai Tiaki."

Peculiarities of the English language:

Reply to telephone call: Yes, I'm in the midst of dyeing, don't keep me.

Callous rejoinder: All right, die on, I won't stop you.

Forthcoming Examinations

(This Article appears too late to help the Candidates for the June Examinations, but those who are to sit next December might read it with much profit.)

The final ordeal in general nursing is now approaching for many trainees. The assurance of the Seniors and of the Sisters that the questions asked on the papers are well within the knowledge and common sense of those sitting for the examination fails to bring any comfort. We only believe it when we find, after waiting for about a month that we have passed.

The following advice may be of use on the days of the examination:—

(a) Be at your destination in plenty of time and thus settle down comfortably.

(b) Avoid listening to the useless questions and answers you will find some candidates indulging in to the very last moment.

(c) When the questions have been given out, read them through carefully and slowly three times and mark those of which you are perfectly sure. Five, or even ten, minutes spent in this way are wisely spent.

(d) Divide the time at your disposal by the number of your questions.

(e) Now attack and completely answer the questions you feel confident about. There are usually two questions whose answers are brief. You will find you have thus gained confidence in knowing some of your work is mastered, and that you have more time than you thought for the longer answers.

(f) Now make a determined attempt on those questions you thought more difficult. Do not abandon your paper and leave the room before the full time has elapsed.

It is astonishing how much information recurs to us as we concentrate. Be sure you are answering the question asked and only that. Glance at the question once or twice. It is easier to wander from the subject than one thinks—till it has been done and time wasted. For the question you are answering, take a fresh page of foolscap. Do not write out the question, only put its number.

Write plainly, be concise, do not wander, show the examiners you have knowledge, put in the essential features and points. Be very careful when "time" is called to gather up the whole of your work placed in order. Candidates have at times left several sheets of manuscript under the blotting paper.

A last word, do not work up to the last day, to say nothing of the last hour. It only makes you nervous and excited and you will "pick up" no knowledge worth testing by examination.

Success attend you on Wednesday and Thursday.

N.Z. Nurses' Christian Union

At the last meeting of the Executive Committee of the N.Z.T.N.U., Mrs. Tythe Brown was appointed temporary Travelling Secretary. Mrs. Brown will begin her tour about the end of July, and will visit the North Island first.

A Memorial Service for Sister Sheldon, Nurse Scott, and Nurse Wiggins, late of the Wellington Hospital staff, will be held on Sunday, 31st July, at 5.30 p.m., in the Hospital Chapel. All nurses invited.

State Examination for Nurses

The State Examinations were held on June 8th, 1927.

MIDWIFERY.

The questions were as follows:—

1. What are the evidences of pregnancy to be obtained by examination of the breasts, abdomen, and vulva in the latter months of pregnancy?
2. What are the causes of delay in the first stage of labour? What treatment would you adopt before sending for assistance?
3. Give briefly the causes of rise of temperature during the first puerperal month.
4. What are the chief conditions which are likely to lead to post-partum hæmorrhage? What treatment would you adopt in a severe case—no doctor being available?
5. How would you manage a case of twin labour by yourself?
6. How do you manage the cord after the birth of the child, and what complications may arise with regard to it during the course of labour and during the first week after delivery?

The following candidates have been successful in passing the recent State Examination for Midwives:—

Passed First for the Dominion.

Collier, Susie B., R.N., Whangarei Hospital.
MacIntyre, Ethel L., St. Helens, Invercargill.

(The adove candidates gained equal marks.)

90% and Over.

Ross, Constance, R.N., Whangarei Hospital.
Morrison, Gladys, St. Helens, Auckland.
Leslie, Ella D., R.N., St. Helens, Auckland.
Lund, Doris E., R.N., Stratford Hospital.
Mackay, Eva, R.N., McHardy Home, Napier.
Doneghue, Catherine, R.N., St. Helens, Dunedin.
Paynter, Edith, R.N., St. Helens, Wellington.
Roper, Annie E., R.N., Essex Home, Christchurch.
Satchell, Helen, R.N., Batchelor Hospital, Dunedin.

75% and Over.

Hilditch, Edith, R.N., St. Helens, Wanganui.
Roberts, Weira, R.N., St. Helens, Gisborne.
Read, Elizabeth M., McHardy Home, Napier.
Shaw, Eileen, Salvation Army Home, Wellington.
McCahon, Catherine, R.N., Essex Home, Christchurch.
Coulston, Marion, R.N., St. Helens, Dunedin.
Carmichael, Grace, R.N., Essex Home, Christchurch.

The following were also successful:—

Kirgan, Daphne, St. Helens, Auckland.
O'Dowd, Mary, R.N., St. Helens, Wanganui.
Wynward, Henrietta, St. Helen's, Wanganui.
Proffitt, Margery, R.N., St. Helens, Christchurch.
Warnock, Jeanie, St. Helens, Wellington.

Completed Pass.

Twentyman, Alice, R.N., St. Helens, Auckland.
White, Winifred E., R.N., St. Helens, Wanganui.
Anderson, Helen, St. Helens, Invercargill.

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

MATERNITY NURSING.

The questions were as follows:—

1. What anti-septics are used in midwifery, and how would you prepare them?
2. (a) What would lead you to expect the existence of puerperal septicæmia, (b) and in what main points does puerperal septicæmia differ from sapræmia?
3. You are in attendance at a septic case; state briefly your precautions before proceeding to another confinement.
4. What information of value do you obtain from ante-natal examination of a seventh-month pregnancy?
5. Describe a clinical thermometer.
6. State briefly your reasons for advising your patient—(a) not to nurse her baby, and (b) to wean her baby at any time between the end of the first month and the sixth month.

The following candidates have been successful in passing the recent State Maternity Examinations:—

Passed First for the Dominion.

Margaret O'Connor, R.N., Mangonui Hospital.
Vosper, Ellen, R.N., Stratford Hospital.
Trewby, Susie, R.N., St. Helens Hospital, Wellington.

(The above candidates obtained equal marks.)

90% and Over.

Barker, Florence, R.N., St. Helens Hospital, Auckland.
Martin, Mabel, St. Helens Hospital, Auckland.
Ashby, Lilian, St. Helens Hospital, Auckland.
Cubitt, Julia, St. Helens Hospital, Auckland.
Bedggood, Noel, R.N., St. Helens Hospital Auckland.
McInnes, Marjorie, R.N., St. Helens Hospital, Auckland.
Dawson, Beatrice, R.N., St. Helens Hospital, Auckland.
Wood, Flora N., R.N., St. Helens Hospital, Auckland.
Reid, Eileen, R.N., St. Helens Hospital, Auckland.
Connelly, Ruth, R.N., McHardy Home, Napier.
Boshier, Ida, R.N., McHardy Home, Napier.
Anderson, Muriel, R.N., Stratford Hospital.
Scott, Helen, R.N., Stratford Hospital.
Samson, Janet, R.N., St. Helens Hospital, Wellington.
Thomas, Catherine, R.N., St. Helens Hospital, Wellington.
Welsh, Corrie, R.N., St. Helens Hospital, Christchurch.
Stevenson, Margaret, R.N., Wairau Maternity Hospital.
Eaden, Davina, R.N., Timaru Hospital.
Hiskins, Marianne, R.N., Timaru Hospital.

75% and Over.

McLeod, Molly, R.N., Whangarei Hospital.
Walker, Lilian, R.N., Whangarei Hospital.
Beanfort, Norah, R.N., Whangarei Hospital.
Hunter, Ruth, R.N., Whangarei Hospital.
McLeod, Kathleen, R.N., Kawakawa Hospital.
Spencer, Sylvia, R.N., St. Helens Hospital, Auckland.
Humby, Hazel, St. Helen's Hospital, Auckland.
Hamilton, Marion, St. Helen's Hospital, Auckland.
Nelson, Francis, St. Helens Hospital, Auckland.
Furey, Mary, St. Helens Hospital, Auckland.
Hurbutt, Margaret, Waiuku Hospital.
Fletcher, Muriel, R.N., Thames Hospital.
Campbell, Eileen, R.N., Whakatane Hospital.
Morris, Elizabeth, R.N., Kawakawa Hospital.
Smith, Florence, R.N., St. Helens Hospital, Gisborne.
Reid, Catherine, R.N., St. Helen's Hospital, Gisborne.
Smale, Annie, St. Helen's Hospital, Gisborne.
Smith, Ethel, R.N., McHardy Home, Napier.
Burdett, Ethel, R.N., McHardy Home, Napier.
Moore, Gertrude, R.N., McHardy Home, Napier.
Francis, Lilian, R.N., St. Helens Hospital, Wakatane.
Wallace, Annie F., R.N., St. Helens Hospital, Wellington.
Rowe, Annie, R.N., St. Helens Hospital, Wellington.
Butterfield, Marjory, St. Helens Hospital, Wellington.
Foreman, Annie, St. Helens Hospital, Wellington.
Grainger, Olive, R.N., Alexandra Home, Wellington.
Exley, Laura, R.N., Alexandra Home, Wellington.
Arnott, Nellie, R.N., Alexandra Home, Wellington.
Christie, Lilias, R.N., Alexandra Home, Wellington.
Hill, Rosa, Alexandra Home, Wellington.
McCaughern, Eldred, Alexandra Home, Wellington.
Scanlon, Constance, R.N., Wairau Maternity Hospital.
Walker, Ida May, St. Helen's Hospital, Christchurch.
Bowron, Jessie, R.N., St. Helens Hospital, Christchurch.
Vyner, Mavora, R.N., St. Helens Hospital, Christchurch.
Davis, Jessie, Methven Hospital.
Musgrave, Helen, Wairau Maternity Hospital.
Greer, Marjorie, Essex Home, Christchurch.
Stubbs, Florence, R.N., Waikari Hospital.
Calder, Grace, R.N., St. Helens Hospital, Dunedin.
Crichton, Gwendoline, R.N., St. Helen's Hospital, Dunedin.
McLean, Mary, St. Helens Hospital, Dunedin.
Anderson, Catherine, St. Helens Hospital, Dunedin.
Smith, Margaret, St. Helens Hospital, Dunedin.
Irwin, Victoria, Batchelor Hospital, Dunedin.
Houston, Annie, R.N., Batchelor Hospital, Dunedin.
Nelson, Mabel, Batchelor Hospital, Dunedin.
Hamilton, Mary, Batchelor Hospital, Dunedin.
Rowe, Eleanor, St. Helen's Hospital, Invercargill.
Cropp, Iris, R.N., St. Helens Hospital, Invercargill.
McRae, Kate, St. Helens Hospital, Invercargill.

The following were also successful:—
Davies, Elsie I., R.N., Thames Hospital.

Colquhome, Alice, St. Helens Hospital, Dunedin.
Beyers, Inda, R.N., Kawakawa.
Mathews, Phyllis, McHardy Home, Napier.
Sussmilch, Veronica, R.N., St. Helens Hospital, Wanganui.
O'Brien, Margaret, Opunake.
Trapski, Mary, R.N., St. Helens Hospital, Wellington.
Baker, Mildred, Wellington.
Drake, Loeta, R.N., Masterton Hospital.
Willis, Hannah, R.N., Rakaia and St. Helens Hospital, Christchurch.
Latta, Annie, St. Helens Hospital, Invercargill.

The following completed their pass:—

Straka, Esme, St. Helens Hospital, Gisborne.

The following obtained a partial pass:—

Mangakahia, Mabel, R.N., St. Helens Hospital, Auckland (passed oral).
McCallum, Jane, McHardy Home, Napier (passed oral).
Robinson, Madeline, Alexandra Home (passed oral).
Beattie, Charlotte, St. Helens Hospital, Christchurch (passed oral).
Dwyer, Hilda, R.N., St. Helens Hospital, Christchurch (passed oral).

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

The following candidates were successful in passing the recent State Examination for Nurses:—

Passed First for New Zealand, 91%.

Nissen, Charlotte A., Christchurch Hospital.

Passed with 90%.

Atkinson, Helen, New Plymouth Hospital.

Passed with 75% and Over.

Missen, Edna Marian, Auckland Hospital.
Anderson, Lucy E., Auckland Hospital.
Elder, Alice M., Auckland Hospital.
Dunnet, Millicent E., Auckland Hospital.
Reeves, Norris M., Hamilton Hospital.
Thomas, Annie V., Hamilton Hospital.
Coad, Eveline L., Hamilton Hospital.
Morton, Emily, Hamilton Hospital.
Snell, Gladys, Hamilton Hospital.
Thompson, Irene V., New Plymouth Hospital.
Clarkson, Ruth M., Stratford Hospital.
Aitken, Enid M., Wanganui Hospital.
Burton, Mary M., Gisborne Hospital.
Hussey, Doris W., Blenheim Hospital.
Robertson, Ivy J., Dunedin Hospital.
Robertson, Helen M., Dunedin Hospital.
Campbell, Muriel, Dunedin Hospital.
Campbell, Annie I., Dunedin Hospital.
Lucas Caroline M., Dunedin Hospital.
Willoughby, Dorothy F., Wellington Hospital.
Kreeft, Evelyn C., Wellington Hospital.
Winfield, Edith, Christchurch Hospital.
Watson, Eileen, Christchurch Hospital.
Harman, Aileen D., Christchurch Hospital.
Richards, Olive G., Christchurch Hospital.
Smith, Jean H., Christchurch Hospital.
Schroder, Mabel, Waimate Hospital.
Nash, Rita Maude, Waimate Hospital.

The following candidates were also successful:

Lees, Caroline J., Whangarei Hospital.
Attridge, Gertrude J., Whangarei Hospital.
Carruthers, Annie I., Auckland Hospital.
Grenside, Ethel M., Auckland Hospital.
Couper, Mavis B., Auckland Hospital.
Smeed, Ivy A., Auckland Hospital.
Dobson, Amy F., Auckland Hospital.
Bartle, Jane M., Auckland Hospital.
Ogilvie, Eunice I., Auckland Hospital.
Speedy, Avala T., Auckland Hospital.
Sharpe, Mabel, Auckland Hospital.
Murray, Coralie M., Hamilton Hospital.
Fraser, Chrystabel M., Hamilton Hospital.
Willison, Olive, Hamilton Hospital.
Manning, E. Joan, Hamilton Hospital.
Vance, Doris, Thames Hospital.
Greensmith, Isabella E., Thames Hospital.
Swindell, Rita, Thames Hospital.
Kelly, Marjorie, Thames Hospital.
Fleming, Olive P., Waihi Hospital.
Manson, Alice M., Waihi Hospital.
White, Myrtle J., Waihi Hospital.
Mutton, Sarah E., Rotorua Hospital.
Phillips, Zara C., Rotorua Hospital.
Craig, Ivy M., New Plymouth Hospital.
Flint, Joyce I. E., Stratford Hospital.
Brown, Doris, Hawera Hospital.
Bagge, Evelyn D., Wanganui Hospital.
Rawson, Gwendoline F., Wanganui Hospital.
Minto, Jean, Wanganui Hospital.
Burrows, Kate E., Palmerston North Hospital.
Ayers, Leah M. G. Palmerston North Hospital.
Satherley, Veronica, Taihape Hospital.
Carron, Millicent M., Gisborne Hospital.
Small, Elizabeth M., Gisborne Hospital.
Armstrong, Evelyn M., Gisborne Hospital.
Buttress, Margaret E., Nelson Hospital.
Tebay, Monica B., Nelson Hospital.
Slatter, Ruby M., Nelson Hospital.
Lowe, Queenie R., Napier Hospital.
Clear, Iris, Napier Hospital.
Mackay, Elsie, Napier Hospital.
Bull, Lily D., Napier Hospital.

Farr, Evelyn, Dannevirke Hospital.
Tolmie, Mildred E., Waipukurau Hospital.
Robinson, Ruth R., Dunedin Hospital.
Fraser, Alice M., Dunedin Hospital.
Saunders, Ora, Dunedin Hospital.
Miller, Elsie W., Dunedin Hospital.
Davidson, Christina, Dunedin Hospital.
Wilson, Margaret C., Dunedin Hospital.
Minchan, Philemena A., Dunedin Hospital.
Beaglehole, Joan, Wellington Hospital.
Prosser, Janet A., Wellington Hospital.
Cowley, Irene L., Wellington Hospital.
Bright, Enid, Wellington Hospital.
Barnett, Gwendoline, Wellington Hospital.
Tinkham, Alexandra M., Wellington Hospital.
Beckett, Helen M., Wellington Hospital.
Tingey, Leyden I., Wellington Hospital.
Gray, Irene W., Wellington Hospital.
Johnson, Vera M., Wellington Hospital.
Golding, Vera C. A., Wellington Hospital.
Stone-Wigg, Beatrice E., Wellington Hospital.
Tamblyn, Ethne M., Wellington Hospital.
Challis, Olive M. G., Wellington Hospital.
Marryatt, Tui, Masterton Hospital.
Salt, Ida E., Greytown Hospital.
Carter, Eleanor J., Christchurch Hospital.
Spooner, Jean, Christchurch Hospital.
Tomlinson, Ida G., Christchurch Hospital.
Grubb, Florence L., Christchurch Hospital.
Knight, Noeline M., Christchurch Hospital.
Goulstone, Ethel M., Christchurch Hospital.
Bascand, Eileen M., Christchurch Hospital.
Hill, Clarice E., Christchurch Hospital.
Lowe, Ruth C., Christchurch Hospital.
Shepherd, Marion, Christchurch Hospital.
Ives, Estelle M., Christchurch Hospital.
Scott, Eleanor, Timaru Hospital.
Taylor, Mary E., Timaru Hospital.
Wheatley, Iris K., Waimate Hospital.
Williams, Margaret D., Greymouth Hospital.
Walmsley, Oreti E., Greymouth Hospital.
O'Leary, Julia A., Hokitika Hospital.
Faulkner, Annie, Hokitika Hospital.
Haste, Edith E., Hokitika Hospital.
Whiteley, Ellen P., Invercargill Hospital.
Varcoe, Rita A., Invercargill Hospital.
Joyce, Myrtle, Riverton Hospital.

The following completed a pass:—
Strahan, Selina K., Hamilton Hospital (surgical).
Brocas, Ruth, Hokianga Hospital (medical).
Robinson, Margaret J., Auckland Hospital (medical).

Robinson, Margaret J., Auckland Hospital (medical).
Olsen, Myrtle, Auckland Hospital (medical).
Clark, Olive M., Auckland Hospital (surgical and oral).
Braun, Leah H., Auckland Hospital (surgical).
Brown, Jessie, Auckland Hospital (surgical).
Wallingford, Ena, Hamilton Hospital (medical).
McEldowney, Jean, Waipukurau Hospital (oral).
McKay, Kathleen M., Taumarunui Hospital (medical).
Adlam, Eileen M., Hawera Hospital (medical).
Spensley, Kathleen A., Napier Hospital (medical and oral).
Bernau, Airini V., Napier Hospital (medical).
Haenga, Harriet, Napier Hospital (medical and surgical).
Gwyn, Alevena M., Napier and Oamaru Hospital (medical).
McArthur, Euphemia, Wellington Hospital (surgical).
McAllum, Adelaide V., Wellington Hospital (surgical).
Scott, Kathleen, Christchurch Hospital (surgical and oral).
O'Connell, Winifred E., Christchurch Hospital (medical and oral).
Cattermole, Bertha R., Ashburton Hospital (surgical).

The following obtained a partial pass:—

McLeod, Muriel M., Whangarei Hospital (oral).
Chatfield, Emilie F., Auckland Hospital (oral).
Nazer, Myrtle I., Auckland Hospital (surgical and oral).
Robeko, Dorothy, Waihi Hospital (oral).
Pugh, Myra, Wanganui Hospital (oral).
Grenside, Jessie A., Waipukurau Hospital (oral).
Samuels, Muriel, Dunedin Hospital (medical and oral).
McLeod, Alice H. W., Christchurch Hospital (oral).
Hoben, Rhona D., Christchurch Hospital (surgical and oral).

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

In Memoriam

(Contributed by a Member of the N.Z.N.C.U.)

It is difficult to express in mere words the loss we have sustained in the untimely passing of Sister Sheldon. Her very life was an inspiration of the nobility of duty, her kindly, patient, earnest and gentle personality endeared her to those whose privilege it was to know her. Truly it may be said "To know her was to love her." Few people could have been more ready to answer the call than Sister, for she lived each day as though the last. Through long years of service Sister worked earnestly and unostensibly—never too busy for a kindly word of encouragement—never too busy to explain the simplest detail to those who worked under her. Sister Sheldon was one of the pioneer members of the N.Z. N.C.U., and had been a consistent and ardent worker throughout. The loss of her presence at the Study Circle is greatly felt.

"Pussy's Operation"

The case of "Pussy," a feline favourite in a Samaritan Hospital for Women, will, we think, interest nurses who are also cat lovers. Pussy was expecting her first family. On Sunday in November she delivered herself of a dead kitten, but seemed very distressed afterwards. Her kindly owners noticed that her abdomen was very tight and drum-like, and on the following Monday they called in the vet. He took the little creature away, hoping to help her, but later in the day he returned again. "Pussy," he said, was so small that he must either perform the operation of total hysterectomy or poison her. "Pussy" was kept at the hospital that night while her fate was debated. She had been but a stray homeless creature when she first walked into the institution, but she had become a great pet, and, unable to endure the thought of "putting her away," Matron decided in favour of the operation. At 10 a.m. on the Wednesday the operation was performed. The uterus with its contents, four large dead kittens, weighed 4lb. At 7 p.m. pussy returned looking lifeless, her fur all cold and her body swathed in bandages. She resembled a very sick baby. Hot water bottles were placed about her, and, before a warm fire after the administration of a little brandy, she soon began to look better. She was fed every day with a pipette at two hourly intervals. Brandy was administered in every other feed, and the feeds consisted of milk 3ii, and raw beef juice, 3iv, alternately. By Saturday she was sitting up washing herself, and seven days after the arrival of the still-born kitten she was able to take all her own feeds. "Pussy" was throughout an excellent patient. When she wanted anything she just mewed.

—"Nursing Mirror," Jan. 1st, 1927.

Farewell to Miss Campbell

On June 30th the Nursing Staff of the New Plymouth Hospital gave a farewell evening to their Matron, Miss Campbell, who is leaving for a holiday trip to Vancouver. The Memorial Hall in the Nurses' Home was very prettily decorated and turned into a cosy lounge. Guessing competitions and various games, which created much laughter, were thoroughly enjoyed by all present. Miss Wade, on behalf of the Nursing Staff, presented Miss Campbell with a solid leather suit-case. Supper was then partaken of and was followed by dancing. The happy evening was concluded by joining hands and singing "Auld Lang Syne." Miss Campbell left New Plymouth next evening for Auckland, sailing from there on July 5th, by the Aorangi.

Review

A Text Book of Orthopaedic Nursing

A most valuable Text Book of Orthopædic Nursing—the first that has ever been written—has quite recently been published in England. The author is Miss Evelyn C. Pearce, who has for many years held important positions in hospitals and clinics devoted to patients deformed or crippled by accident or illness.

The nursing of orthopœdic patients is of great importance and especially here in New Zealand, where infantile paralysis has been so prevalent. Every nurse should feel the necessity of such excellent information as this little book contains. It should be in every hospital library, and will be read with the greatest interest and benefit. The writer is a qualified nurse as well as a holder of the Teacher's Certificate, chartered Society of Massage and Medical Gymnastics. A Foreword by Sir Robert Jones, Bart., K.B.E., C.B., F.R.C.S., and an introductory chapter by Dame Agnes Hunt, D.B.E., R.R.C., add to the value of this unique addition to nursing literature. The book is splendidly illustrated and quite inexpensive.

Subscriptions to Nurses' Memorial Fund have been received from:—

Miss K. Gordon
Miss Siddles
Miss H. Patterson
Mrs. Kenney
Miss E. Williams
Miss Bursell
Mrs. Potham
Miss Henderson
Miss Huddleston
Miss A. Lang
Miss C. Woolf
Miss Thornton
Miss J. Fraser
Miss C. Street
Miss Relling
Miss Deal
Miss Blick
Miss G. Berry
Miss Thurston
Miss Beaumont
Miss A. D. Brown
Mrs. C. W. Pollock
Miss Lea
Miss Bennett
Miss D. Ashcroft
Miss Remnant
Miss L. Gray
Miss M. E. Grant
Miss M. Ewing
Miss H. Kenny
Miss A. Friend
Miss E. M. Nutsey
Miss McLean
Miss Gray
Miss Hull
Mrs. John Ross
Miss J. S. Whitehead
Miss McLoughlin
Miss B. L. Forrester
Miss J. Walker
Miss M. M. Anderson
Mrs. L. E. Smith
Miss G. F. Lisby
Miss A. F. Pearson
Miss J. Macpherson
Mrs. Buchanan
Miss M. F. Barnett
Miss G. M. Liepst
Miss G. Mobray
Miss G. Walker
Miss A. Dunden
Miss Field
Miss C. M. Doneghue

The following is told by a lady doctor:

A mother and her two daughters were staying with the doctor at the seaside, and the mother and elder daughter were writing letters, when the younger child, aged 3, demanded pencil and paper, as she too wanted to write letters.

After writing away steadily for some time, the mother asked the child to whom she was writing. "Oh!" said the child, "I am writing to Aunty Phlogistine."

It appears that the doctor had frequently ordered antiphlogistine in the child's home.

Notes from the Hospitals and Personal Items

BIRTHS.

FORD.—On May 7th, to Mr. and Mrs. Ranji Ford (nee Winifred Smith), at "Katakataia," Ruatoria—a son.

WALKER.—To Mr. and Mrs. H. H. Walker (Nurse Gwen Pellew), of Dunedin—a daughter, in December last.

MARRIAGES.

At Eastbourne Presbyterian Church, on April 23rd, by the Rev. Gibson Smith, Kenneth A. Stewart, of Te Ore Ore, Masterton, was united in holy matrimony to Miss Rebe Smyth, of Lansdowne, Masterton. Miss Smyth was trained at the Masterton Hospital, and afterwards was on the staff of Queen Mary's Hospital, Hanmer.

On April 27th, 1927, at St. Peter's Church, Riccarton, Christchurch, by the Rev. H. T. Yorke, May L. Nicholls-Smith (late of Christchurch Hospital staff) to Cyril Henry Jaggar, of Riccarton. (Their home address is: 30 Hinau Street, Riccarton, Christchurch.)

STEWART—SMYTH.—On April 23rd, at Eastbourne, by the Rev. Gibson Smith, Kenneth Alan Stewart, of Te Ore Ore, Masterton, to Rebre Smyth, daughter of Mr. and Mrs. E. C. Smyth, of Lansdowne, Masterton.

PERSONALS.

Miss Inez Smart, who has for some time been on the staff at Hazebrouck Private Hospital, Marton, has left for a trip to the Fiji Islands.

Miss Kathleen Owen is doing temporary duty at Miss M. Flower's Maternity Hospital, Marton.

Sister Elsie McKenzie (N.Z.A.N.S.) is doing private nursing in Melbourne.

Sister Eileen Hodge, trained in the Wanganui Hospital and later in charge of Private Hospital, Raetihi, was married on April 27th to Mr. Eric Salmon, of Hastings.

Miss Marjorie Ulwood, trained at Kawa Kawa Hospital, is now Mrs. Bloomfield, and is living at Kaitaia.

Miss Sybil Petre, trained Christchurch Hospital, is now Mrs. Vincent Ward. Her address is Heretaunga.

Miss Edith Burrell, trained at the General Hospital, Bristol, England, has been appointed Ward Sister at the Dannevirke Hospital.

Letters have been received from Miss Thurston, who has now reached England, and is living in Beckenham, Kent.

Sisters Persen and Child have gone to Sydney for a trip. While there they hope to visit Miss M. M. Cameron, R.R.C., who has been invalided ever since her terrible experience in the "Marquette" disaster.

Sister C. Blackie, another "Marquette" victim, has lately been appointed a district nurse in the Wanganui district under the Bush nursing scheme.

Miss Edith Buckley, trained at Auckland Hospital, who was for some years Matron of the District Hospital, Lithgow, N.S.W., is now Matron of the Gippsland Hospital, Sale, Victoria.

Miss I. Buckton, trained in Thames Hospital, took ante-natal and midwifery certificates in St. Helens Hospital, Christchurch, last year, and this year completed Plunket training in Dunedin.

Miss Macdonald, Matron Napier Hospital, has returned from a trip to India and the Malay States. She had a most enjoyable holiday, and looks much improved in health. She was entertained at supper on the night of her return to the hospital by the nurses who gave her a most hearty welcome.

Miss Melville, for over nine years Matron of the Wairoa Hospital, and who recently retired, has been granted a pension of £50 a year by her late Board, its continuance being subject to the Board's pleasure.

A Mothercraft Centre has been established at Canberra, and a nurse has been appointed in charge of the work, which will be extended to all suburbs of the new city. Mothers to attend at a depot and the nurse to visit other suburbs as soon as suitable depots can be arranged. Sister Ella Whiting, late of the Baby Health Centre at Waverley, Sydney, is in charge. She had a distinguished war service record, and was selected from a large number of applicants.

The Federal Commission is giving the Society great assistance by providing the residence and salary of the nurse for two years. The Committee equipped the centre, which will be conducted on the same lines as the Baby Health Centres controlled by the State Government.

Miss Edith Orr and Miss I. McOwen, both trained in Auckland, and for the past three years engaged in private nursing, have gone to Australia to take up nursing for a short time.

Nurse A. M. Storey, who trained at the Christchurch Hospital, is now a bush nurse at Lunawanna, South Brune Island, Tasmania.

Miss E. M. Hilditch, formerly Matron of Tauranga Hospital, left for America in April, where she hopes to spend an enjoyable holiday.

Miss I. M. Page, who trained at the Christchurch Hospital and was for some time Sister at the Waikato Hospital, Hamilton, left New Zealand in April for a trip to England.

Miss A. Hamann has been appointed Matron of Scots College (Boys' College), Wellington, and commenced her duties towards the end of April.

Miss Clara McKeague is on the staff of the Rotunda Hospital, Ireland, where she finds the work most interesting.

Miss Eileen Knight appears to be having a most enjoyable holiday in Ireland, after nursing some months in England. She and Nurse Musker contemplate visiting Paris before returning to New Zealand.

Sisters Margaret and Harriett Trask have returned from an eight months' visit to Australia, and the former is very much improved in health. They propose settling in Wellington.

Miss D. Smith, Sister on the staff of the Hamilton Hospital, is leaving for England in June, where she hopes to get nursing work.

Business Notices

SUBSCRIPTION TO JOURNAL.—**The subscription to the journal is 6/- per annum for members of the N.Z.T.N.A., for non-members 7/6 per annum. It is published quarterly, and any money remaining after actual expenses of printing and posting are paid will be put towards the future enlargement and improvement of the paper. Subscribers are requested to send addresses to which the journal may be sent, to Miss Todd, Secretary, Wellington Branch, N.Z.T.N.A., 1 Kensington Street, Wellington.**

Single copies can be obtained for two shillings each.

(Canterbury members may, if they desire, pay their subscriptions to Miss Buckley, District Health Office, Christchurch.)

All communications regarding Advertisements should be addressed to the Publishers: **The Tolan Printing Co., 22-24 Blair 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 7th of January, April, July, and October, 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.

All literary communications, articles contributed, items of news, and other matter for printing in the journal should be addressed to: **Miss Maclean, 32 Upper Watt Street, Wadestown, Wellington.**

Small Casual Advertisements from Nursing Homes, Maternity Hospitals, etc. The cost of these advertisements is 10s. for a two-inch space and 7s. 6d. for one inch for one insertion. The copy and postal note should be forwarded direct to the Tolan Printing Co., 22-24 Blair Street, Wellington.

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