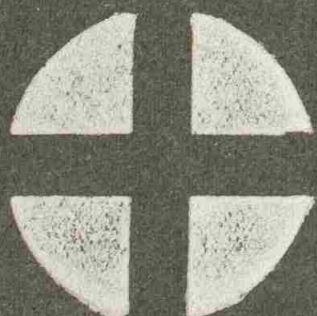


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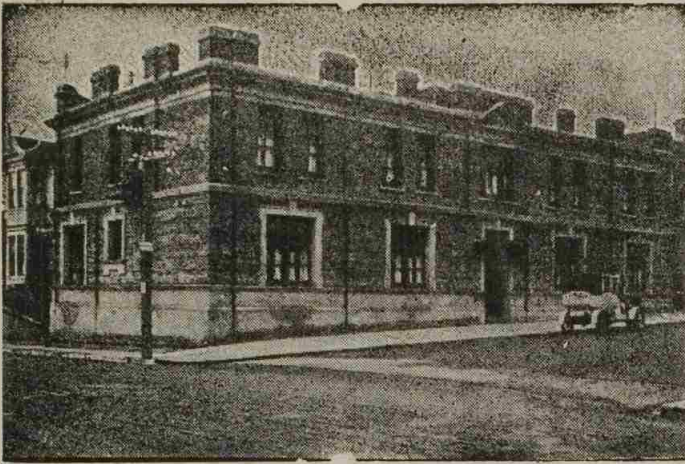
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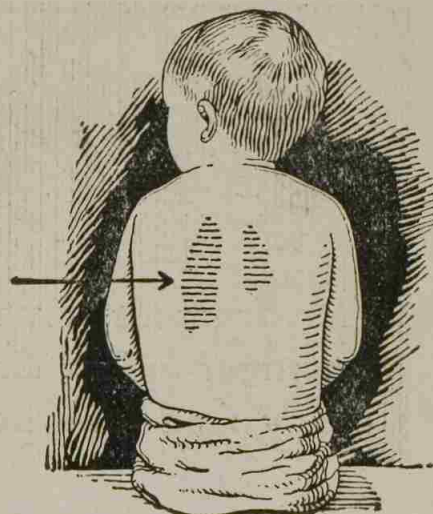
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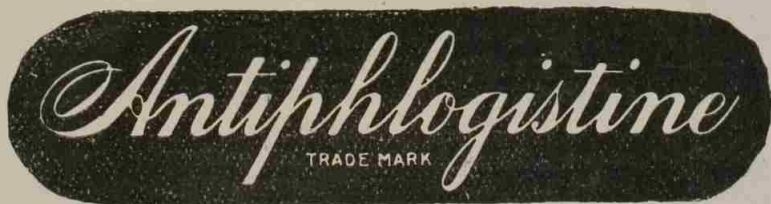
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(THE WATCHER—THE GUARDIAN)

## The Journal of the Nurses of New Zealand

VOL. XVII. No 3

JULY 2nd, 1928

[Registered as a Ma azi-e  
at the G.P.O., Wellington] Price 2/-

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### Nurses' Memorial Fund

The terrible disaster which befell the New Zealand Nursing Service early in the Great War, when the "Marquette" was torpedoed and eleven nurses lost their lives, led to the establishment of the fund which has done much to lighten the lot of other nurses. It was at a meeting of the Otago Branch, soon after the disaster, that the suggestion was made that a memorial should be set on foot. It was felt that the form of memorial which would have been most pleasing to those who were lost would be one to benefit their fellow-nurses.

Miss Thompson, the President of the Otago Branch, put the matter before Dr. Lindo Ferguson, a known friend to

nurses, and quickly, with his co-operation, the other centres were approached, and committees were formed in each. A Central Committee was instituted at Dunedin, with delegates from other centres. Dr. Lindo Ferguson, as President, Dr. William Young and Sir George Fenwick as Vice-Presidents, Mr. Chamberlain as Hon. Treasurer, Miss Williams as Hon. Secretary, worked enthusiastically, and gradually a fund was built up. Each centre collected its own subscriptions, which were forwarded to Dunedin, and there invested in War Loan debentures. An appeal was made through the Press, which brought a good result. It was decided that the interest only

should be used, and therefore, until the fund accumulated, not many annuities could be given. Fortunately, the Government agreed to give a subsidy on each annuity paid, and this enabled much more to be done. However, this arrangement did not last very long, and owing to the necessity of retrenchment these subsidies were not paid after March, 1922.

Rules were drawn up at Dunedin and forwarded for approval to the other centres. Under these rules, forms of application for relief were printed, which required certain particulars from applicants which have to be endorsed and verified by reputable persons, if possible, by the local branch of the New Zealand Trained Nurses' Association or by the Registrar of Nurses.

Nurses registered in New Zealand, maternity nurses as well as general trained nurses, are eligible, provided they are over 60 years of age, or are unable, on account of ill-health, to make a living. No one having an income of more than £104 per annum can receive an annuity from the fund. The amount of annuity may not exceed £104 per annum. Grants for temporary relief may be made in cases of sickness or other special need.

A very great assistance to the fund was the grant of £8,000 from an estate which was left as a special war charity, and which the trustees decided was well fulfilled by the Nurses' Memorial Fund. Apart from this, no very large sums have been received, but doubtless, if the needs of the fund and its objects could be brought before people when considering bequests, some good might be achieved. It is known that the fund has been considered by several nurses when making their wills.

In the last Annual Report, it is mentioned that the capital stood, on March 31st, 1927, at £21,000, bearing interest at 5½ per cent., yielding £1,100 per annum.

The calls on the fund are increasing, and although several of the original annuitants have died, or have been able to relinquish the help, there are many who cannot be granted annuities until the fund has increased.

On March 31st there were 15 annuitants receiving £52 or £75 per annum. The maximum annuity of £104 cannot be granted at present, and grants for temporary relief have to be restricted, but the smaller amounts have been very gratefully appreciated by the recipients, and have often meant just the little difference which spells comfort.

Nurses in private practice may often have opportunities of bringing before people who might gladly contribute to the objects of this fund. Many nurses themselves give regularly to the fund, and if every nurse in New Zealand gave even a small sum annually, the capital would be so much augmented that no really deserving application need be refused.

It may be added that, thanks to the promoters of the fund and the kind assistance given by President, Hon. Secretary, and Hon. Treasurer, the expenses of administering it have been almost nil.

Since writing the above, the report of the Nurses' Memorial Fund for 1928 has been issued, and we note that the fund has benefited by a legacy of £1,000 from the late Miss C. J. McLean, of Timaru, and that the several branches of the Association have donated sums varying from £60 from Auckland during the year. Fifteen annuitants were on the roll, and there had been as many as 19 at one time. A grant of £50 was made to a nurse who had a long illness, to enable her to make a fresh start.

Sir F. Truby King was welcomed at a re-union of students, held at Cromwell House, Highgate, to give past and present nurses an opportunity of meeting him. It was he who founded the Training Centre and Babies' Dietetic Hospital at Trebovir Road, Earls court, in 1918.

About 180 nurses from all parts of England assembled for tea. Sir Truby King gave an account of the early work of the movement in New Zealand. He chatted with a great many of those present, some of whom had been trained when he was Medical Director.

—From the Nursing Times, April 7.

## Our Own Journal

We note in the last number of the South African Nursing Record, that the Editor, Dr. Tremble, conceived the brilliant idea of issuing the April number as entirely a nurses' journal—all articles to be written by nurses, all reports to be contributed by nurses.

He considered that there were "plenty of thinking women in South Africa capable of writing—if they would do so."

The result is a very interesting and instructive number, and I am now bringing to my readers' memory the many appeals I have made to our nurses to write articles for the journal, either on their thoughts about matters which concern nurses, or to write accounts of interesting cases, descriptions of new treatments. Nurses in the large general hospitals have splendid opportunities, and might add greatly to the interest of the journal and to the knowledge of those who are not so well placed if they would do this. Not only would it benefit "Kai

Tiaki" and its readers, but the writers themselves would thereby take a more intelligent interest in their work and the new methods, and the results would be more impressed on their minds, and thus they would be more able to use them in their after work. I give thanks to those nurses who have sent me very valuable contributions from time to time, in prose and verse, and also to those who send news either of their own doings or of those of their friends. I believe the page of the journal turned to first of all is that of personal items. We should also aim at a more frequent publication. Very often, items of news are received too late for the quarterly issue, and all these are, of course, too stale for the next. This, however, cannot be done until our subscription list is a much larger one. Nurses who take an interest in their profession, and who are proud of being registered, should all take the journal, as it is for them that it is carried on.

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## The Matrons' Conference, 1929

This is an early reminder that the Matrons' Conference will be held in Wellington owing to the Post Graduate Course having been established there. The Course begins in March, therefore, I would suggest that the Conference be held about 9th April (week after Easter) which would enable you to see the class at work and to gain any information you may wish.

It would be most helpful if all remits and subjects for discussion reached me not later than **a month** before the meeting.

I believe it is not clearly understood that the Matrons' Conference is not for Matrons of Training Schools only, but for Matrons of all General Hospitals, great and small, we are out to help each other.

A suggestion for discussion is:—That the annual subscription of 2/6 now due, be paid at the time of the Conference. By so doing it would save a great deal of time, expense and labour.

This year I would be grateful if the payment of the 1928 subscription be deferred till the 1929 Conference.

This early reminder of the Conference is to enable Matrons to arrange the holidays of their staff so that they, the Matrons, might be free to attend.

Ex-matrons will be very welcome to attend, but may neither speak nor vote.

If any Matron has not received a copy of the above letter, please communicate with me, when a copy will be sent her.

(Signed) L. W. I. STOTT, F.B.C.N.,  
President and Hon. Secretary.

## The Annual Meeting of New Zealand Nurses' Christian Union

The Master bade His friends "Come ye yourselves apart and rest awhile"; and, realising how sorely our own lives need such times of refreshment, year by year N.C.U. calls us to conference—not to a heavy formal assemblage, but to a week-end spent in fellowship, sure of mutual interests and ideals. For those who have been able to take part, there can never be any doubt that N.C.U. is a real living force in our midst. Would that every single nurse could come, but of necessity the number is limited.

N.C.U. is proud to count as Honorary Members all New Zealand nurses engaged in missionary work, and Conference has enabled some, at any rate, to enjoy personal contact with those on furlough. This year, we had the privilege of meeting and hearing Dr. Haddow and Miss Bargrove (both on furlough from China on account of the present unrest there), Miss Cowles from India, and Miss Cordell from Melanesia. Introductions were the order of the day at the first meeting, when visitors, retired nurses, trainees, missionaries and stay-at-homes made friends over the teacups at the Nurses' Home, Wellington Hospital; after which all keenly enjoyed a tour of the buildings. In the evening, after Dr. Wilson, our President, had extended a warm welcome to the visitors, Dr. Elizabeth Bryson gave us a most interesting address, taking as her starting-point a quotation from Ruskin—(Good art always consists of two things: the observation of facts and the ordering of them). She showed us that these are also the essentials of all good nursing, of all noble life, of, indeed, religion itself. (A full report is given elsewhere.) Dr. Wilson then asked Dr. Haddow to give us some account of her work, experiences in China, which she did most interestingly, explaining the present situation and the outlook for missionary work.

On Sunday afternoon we met again at St. Mark's for the Conference Service, which was well attended. Two of

N.C.U.'s firmest friends, both untiring Committee members, led the service, the Rev. Fry reading prayers, and the Rev. Shirer reading the Lesson. The Rev. Fielden Taylor gave a brief address on the problem of pain, and place in God's world—a question which must needs come home to every one of us from our first day in the wards, and a question on which he speaks from experience—from inside, not as most of us, from outside.

Monday morning found us gathered at Wellington's new Karitane Hospital, enraptured alike over the adorable babies and their surroundings within, and the glorious panorama without. Over morning tea (what would nurses do without morning tea?) Miss Bargrove told us some of the difficulties of midwifery and infant welfare work in China. After lunch we met for a brief Bible study, and then Miss Bargrove gave us an account of the Nurses' Association of China, which is not only the Chinese T.N.A., but is also the examining and registering body, and sends delegates to the International Council of Nurses. It is impossible, I think, for us to realise the enormous amount of devotion and patient teaching that made possible the establishment of such a body in China, where conditions of living and the status of women are both tremendous obstacles; and it is a mighty testimony to the spirit that inspired that devotion that all members of the Association (some hundreds) have become Christians.

Afterwards Miss Cowles told us something of life in India, and Miss Cordell showed some beautiful photographs of Melanesia and the Melanesians. Though the conditions of their work varied considerably, naturally, all these speakers emphasised the deep happiness of the life, in spite of drawbacks and difficulties.

From their faces one would have reason to think that not in a future life, but here and now, they have been bidden to enter into the joy of their Lord.

Before the final opening meeting of Conference in the evening, members met for a business meeting, election of officers and other business. A number of suggestions were discussed, mostly for changes in the wording of the Constitution to suit the development of the Union. As all these points will be submitted to all members, there is no need to detail them here.

At the meeting following, Miss Bargrove and Dr. Haddow once more gave us first-hand knowledge of medical work in a land that sorely needs a helping hand, and then, after supper, unwilling good-byes were said, and Conference, 1928, was over, to remain ever a memory of happy, sunny hours, when like Christians, we stood for a brief space on the Delectable mountains, and our longing eyes were rewarded with the vision of the Heavenly City.

## Address Delivered to the Nurses' Christian Union

By Dr. Elizabeth Bryson

Ruskin has told us that "Good art always consists of two things: (1) The observation of facts—wheresoever the search after truth begins, there life begins; wheresoever that search ceases, there life ceases. (2) The ordering of these facts by strength of human intellect—dealing with them in unalarmed intelligence and unhurried strength." Again, he goes on to say that the first universal characteristic of all great art is tenderness, as the second is Truth.

Then, reading about Joseph Lister, the man who "saved more lives than all the wars of all the ages have thrown away"—who has relieved more pain than all the drugs which ever were discovered"—I found that he told his students that there were two great requisites for the medical profession: "First, a warm, loving heart, and secondly, Truth in an earnest spirit"—again, you notice, Tenderness and Truth.

Strange, is it not, that two such great men, speaking of entirely different ways of life, should emphasise the same two requisites. How true it is that all great art and all noble life is founded on these two things: (1) Truth—accurate observation of facts. (2) Tenderness—the spirit of love in dealing with these facts.

Again, it has been said that "love of medicine (the science of medicines) makes the scholar, but love of the patient makes the doctor." Again the two

(1) the scientists' interest in truth—accurate facts. (2) The doctor's love of the human being—understanding of facts.

Consider these two aspects:—

1. The accurate observation of facts is the basis of all knowledge, the essence of all progress, the one need in all branches of work and life. Remember Madame Montessori and her work, when she brought this principle to bear on the education of little children—no longer laying down the law, but truthfully recording natural facts, close and patient observation enabling her to answer the question: "How do little children grow, if left to themselves?" We do not know until we have observed, patiently, humbly, unseen. The result of her accurate observation of facts was an educational revolution, an entire change of viewpoint. Yes, there must be truth first, then willingness to learn, willingness to acknowledge that we have been wrong, willingness to learn from anyone, however humble. Here again, Lister sets us a notable example. "No detail was too small for him to notice, and no one so humble but that he was willing to learn from him. For two years he had been doing laborious chemical experiments in order to find out the most reliable material to use for tying blood-vessels to stop haemorrhage, and had come to the conclusion that catgut was most suitable. One day an old fiddler came into the Edin-

burgh Infirmary to play to the patients, and in Lister's hearing he happened to say that his fiddle would not work properly because the weather was wet and his fiddle-strings were not sufficiently seasoned. At once Lister seized on this new bit of knowledge, and later proved that the trustworthiness of catgut depends on the seasoning that comes with age. Lister, by the way, said of himself, that "as to **brilliant** talent I know I do not possess it, but I must try to make up as far as I can by perseverance."

Now, in our medical work, in nurses' work, this accurate observation of facts is the most vital need of the present day. We are so apt to get interested in the big dramatic things of medicine—of surgery rather—the things that we can see, the big tumours, the definite diseases that people die of.

How much more important are the simple illnesses that destroy health and sap vitality and take away from life the edge of enjoyment. How much in need of help are those who have troubles for which no operation is needed and which drugs do not relieve—who are neither very ill nor at all well, and in whom no one is specially interested. Why are we so slow to advance in the understanding and mastery of the simple illness? Because they are **more** difficult—they require more patient observation of symptoms, more humility, more **time**.

We want more and more observation—acute, intelligent, truthful. This is the only way to add to our knowledge.

Observation of facts! Sounds very simple doesn't it? Anyone can do that. We are not asked to diagnose, treat, or explain; simply to observe—observe nature in your patient, humbly and truthfully, and (because you are dealing with **humans** and not with **things**) sympathetically. **Is** it so easy? No. It is most difficult in some ways. A **good** nurse, as distinguished from a **poor** one, is a good observer. Nothing that the patient complains of or feels is unimportant, often it is vital, although apparently unimportant at the time. It may be that the observation and recording of it may be vital to advance in other cases though of no

special help in this particular one; it is all knowledge if it is truth. If we are observing facts in our patients, and are accurate and intelligent and truthful in recording them, life as a nurse will never become monotonous or tiresome; whereas, if we are interested merely in what **we** can do in bad "cases," in making them fit into our scheme of things, we will be continually perplexed and disappointed.

This observation of facts is good art—is noble life—is the way of life because it is the way of Truth—"Ye shall know the Truth."

Having got Truth in observation and recording, we can build up on them in our medical work—unalarmed intelligence, unhurried strength, based on facts. Doctors will testify how a case "clears" when they get a good nurse in charge; not so much because of what she actually does for the patient, as of the flood of light shed on the case from her "facts"; because the material we work in is **human**, our ordering of the facts can only be done adequately through the second great requisite—the "Tenderness" of Ruskin, the "Loving Heart" of Lister.

Lister was both Scientist and Doctor; Lister was a born Scientist because he never ceased to be a student and "feared only that he might miss the Truth"; he was a born Doctor, because, as he used to say, "there is only one rule—put yourself in the patient's place"; and, "the individual patient wants to be relieved, not studied." His patients loved him because they knew he cared; his students, because they knew he was as much a student as themselves. Strange though it may appear, the fact remains writ large—that we can only understand through sympathy, through love. We cannot cure **illness**—we have to cure **persons**.

Which are life's "**worth while**" moments? Think back; is it not when, by sane understanding, sane sympathy, you have touched another life, have helped someone to see a little more clearly, have done the something that is more than just your work, your job? Henry Drummond says: "The moments that stand out, the moments that you have really lived, are the moments when you have done things

in a spirit of love. To love abundantly is to live abundantly, and to love for ever is to live for ever." Love inspires us—we may not call it by that name, but it is there; and it is because this human sympathy is bound up with our work that medical work is so satisfying to the soul even while the mind and body may be weary and over-tired. The truth is that we cannot do our work well, in the spirit of Truth and Love, without getting away

from self—we escape from the narrow bands of Self into the larger life of loving work.

And what is true religion but this—Truthful work in the spirit of Love? There is no greater and no other, for Love is of God. "Love **active**," says Drummond again—"Have you ever noticed how much of Christ's life was spent in doing kind things—is **merely doing** kind things?"

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### THE ANNUAL DINNER of the N. Z. O. W. W. A.

The dinner was held on April 28th, at the Grand Hotel. There were forty members present, and several visitors. Some of the ex-Army sisters came from a long distance, and apologies were received from a number who were not able to attend. The tables were beautifully decorated with chrysanthemums and early narcissi, and with the bright dresses of the company and their war medals and decorations, the scene was brilliant. During the dinner, the President, Miss Maclean, proposed the health of the King,

which was drunk standing. After dinner, an adjournment was made to a sitting-room, and after telegrams of greeting from the Returned Soldiers' Association, the Red Cross, and many friends were read, some of the party settled down to bridge, while others enjoyed chatting with each other.

Among those from a distance were: Misses Lalla Miller, Miss Walker (from Napier), Miss Barnett (from Marton), and Mrs. Brice (from Marton).

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### NIGHTINGALE MEDAL

The Red Cross War and Peace Time Committee recently received from the headquarters of the International Committee of the Red Cross, Geneva, a miniature of the Florence Nightingale Medal for presentation to Miss Maclean, R.R.C., who received the decoration some years ago.

The Committee invited Miss Maclean to afternoon tea, and Mr. Burnett, Chairman of the War Time Committee, made

the presentation with a kindly reference to the services for which the decoration was awarded. Lady Luke also spoke in eulogistic terms.

Miss Maclean, in replying, said that she felt the two decorations awarded to her had been in recognition of the splendid work done by the nurses she had selected for war service, and of whom she was very proud.

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### ANZAC DAY

At Auckland a re-union of the N.Z. A.N.S. was held to attend the Anzac service, and quite a goodly number of sisters assembled. They were very pleased to have Miss Bicknell among them.

At Wellington, the returned sisters met at the Cenotaph, when the service was held, and laid a wreath from the Association of N.Z. Overseas Women War

Workers. The wreath was made in the form of the nursing service badge, with silver leaves and crown, and crimson dahlias for the cross.

In the afternoon, at the invitation of the Officer Commanding, Miss Maclean and a number of the sisters attended the military parade at the Basin Reserve.



## Lunch on the Napier Bluff

One radiant frosty morning I ate my lunch on the top of the Bluff, where I could listen to the chirruping chorus of the crickets, the twittering of the birds, and the buzzing of the bees. There were so many circling around a shrub beside me that the short recurring break—caused while some of the tireless little insects plunged into the hearts of the flowers—gave to the purring sounds of those on the wing the effect of exquisite part singing, to which, sunlit, shaggy bodies, hairy legs and prismatic wings rhythmically dangled.

From an overhanging twig, to which it was fastened by a gray thread, its outside rough-casted with minute fragments of leaves and wee gray twigs—that were all arranged with their tapering ends towards its exit—its inside cosily lined with the finest, softest silk, swung a tiny parchment basket. Although so delicately made, this was the impregnable home of one of our clever little basket moths. While I was busy cutting off the twig to which the basket was attached, a Red Admiral alighted beside me. Proudly tilting up its head and henna-tinted feelers, it began to fan its navy blue, black, white and red spotted wings over its furry brown body, as though courting my admiration; but before I could satisfy my curiosity, the glowing creature flitted rapidly away, making a vivid crimson flash in the sunshine.

The bank on which I sat was perforated with holes leading into long slender pits, numerous hard balls of fine clay were scattered about the weather-beaten ones, which resembled broken columns, giving to the bank the appearance of a

turreted fortress riddled with cannon balls, of which, some were still embedded in the crumbling walls. Nor were the worms the only occupants of this miniature castle, for glistening ants scaled its walls and disappeared in the holes; a red spider crouched in one of the broken turrets; a black one was weaving a web across several of the doors, and at its base was a forest of acasia seedlings, their young puce leaves set off by a boundary of fine moss, which, under the magnifying lens, looked like a fairy forest of young larches.

As I ate, my eyes explored the wide sweep of sparkling blue sea before me, where lay big ocean liners with smaller ships moored beside them, while others were running to and fro laden with frozen meat and bales of wool. There were many small craft loading at the Breakwater: fishers in motor boats beyond it, and seagulls with heliographing wings foraging among the waves. These, boomed and bounded, near by, like joyful dancers, and further on seemed to dash themselves at the foot of the green hills, finally disappearing in a white mist, further round the Bay.

At this table of good things that Nature had so bountifully provided, my mind slowly feasted, until rudely drawn away by a shrill whistle blown at the Breakwater. This was to recall a gang of workmen to their task of loading and unloading the waiting lorries. I, too—my heart echoing the music of crickets, bees and birds, and radiant with the glory of the morning—hastened my return to duty, in the sick-room.

—E.M.G.

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### Miss Stott

It is much regretted that Miss Stott, Matron of Wellington Hospital, is not yet fit to return to duty. She was, in May, granted two months' additional sick

leave. She is at present in Auckland with her sister.

Sister Judge, Home Sister, Wellington Hospital, is still away on sick leave, Sister Wells acting in her place.

## The Musings of a New Zealand Nurse

I placed them in a row—"Kai Tiaki," "The Nursing Mirror," and "The Modern Hospital." Yes, here I have three nursing journals from three English-speaking countries, and I fell to thinking which journal appealed most to me. Being a born New Zealander, of New Zealand-born parents, patriotism needs must make one place my own journal first, the journal representing the centre of our Empire, and last, but not altogether least, our American cousins find a place in my affections. Here in the centre I have a weekly publication, from which I gather much information, and on either side of it I have a quarterly and a monthly publication. The centre one represents Britain, the quarterly publication represents New Zealand, and the monthly publication represents the United States of America. The New Zealand journal is full of news, lectures, etc., but very few advertisements, compared with the other two journals—and therein lies the secret for the necessary finance to publish the journal more frequently. If only the Hospital Boards, private hospitals, and nurses could be induced to advertise in our journal, a more frequent publication, preferably a weekly one, would be assured.

My file of "Kai Tiaki" crashes to the floor! I stoop to pick them up, and my eyes rest on an open page, wherein is a photograph of the Matrons present at the Hospital Matrons' Conference last year. I fell to thinking again. Why should only the Matrons of hospitals under Hospital Boards be at that conference? Is there some red tape debarring the Matrons of our State Maternity Hospitals, Mental Hospitals, Sanatoria, and our well-conducted Private Hospital? What a pity if that is the case. How grand it would be if all classes of hospitals could be represented at such a conference; it would provide the missing link in our chain of hospitals throughout our little country. Therein lies the secret—it is lack of organisation and social service that our Nursing Association is suffering from. If only there were included in the general training of nurses a course of social ser-

vice, I am sure there would be a better understanding between the general public and our hospitals. As one who trained in a State Maternity Hospital, I feel that I must recognise what a great deal of good and understanding is brought about by the nurses who are sent by the Public Health Department into the homes of the people. I think our city Hospital Boards at least would do well to follow the example set them, and send their nurses—say, nurses in their fourth year—into the homes of the people who can afford to give a little, if not sufficient to pay fees for treatment in Hospital. Of course, a nurse could see when and if a doctor's advice, or hospital treatment, were really necessary, and could recommend such to the patient and relatives. What a great service could thus be rendered to the sick poor, and who knows how many people, by just that little attention, when they are down and out, could thus be saved from the doors of our mental hospitals and our prisons.

It is not my wish to criticise any Hospital Board, but to the onlooker very often the need for reform does impel one to put pen to paper.

Often I have heard complaints about how people are kept waiting at the front door of some of our hospitals, and I think to myself that something should be done "to speed things up," as our American cousins say. A few months ago, I was called to a neighbour's house to prepare a case for removal by ambulance to hospital. The patient was a woman—a case of threatened abortion—and she was naturally very upset at having to leave here three little boys, aged  $4\frac{1}{2}$  years,  $2\frac{1}{2}$  years, and 1 year. I offered to take the children till a relative arrived to take charge of them. The patient was operated on soon after admission to hospital. A week to that day, you can imagine my surprise when I saw the patient step out of a taxi and enter her home. Later in the day I was again requested to see the lady, who was very weak, and also very distressed at the thought of being sent home so soon (although the sugges-

tion of her discharge was quite agreeable to her), and she said she thought that the Hospital authorities wanted to get rid of her because she was a Lodge patient. I asked if that was all she was worrying about. No; she had to wait at the main entrance of the hospital for quite half-an-hour or more, and as she felt quite weak after getting up from her bed, she thought that someone might have given her a chair to sit on while she waited. I think so too, and would have done so, if I had been there.

NOTE.—In reference to some observations in the above paper, it is of interest to know that there is on the staff of one of the chief hospitals a nurse, whose duty is to be in attendance with the doctor admitting cases and to escort the patients to the wards to which they are allotted. She also attends to the patients leaving hospital, and arranges for them to be sent home by motor, or ambulance, if they are not accompanied by their own relatives. A nurse on such duty could do much to make the entry to hospital less trying to the nerves of a sick person, and to render their departure as easy and little fatiguing as possible. A kindly reception and farewell would do much to make the remembrance of hospital a pleasing one.

Having been for a time in charge of a country District Hospital, with a limited number of beds, and often placed in the same position as those Hospital authorities, I quite realise their position as regards beds, and know what it means—room must be found for the urgent cases, and the convalescent ones sent either to a convalescent ward, or, if they cannot afford further treatment, they must be sent to their homes. But what a sense of injustice is left in the minds of those poor weak creatures. So I do think that better provision should be made for convalescents, with less and cheaper attendance, or the nurse visiting those unable to pay the higher fees of hospitals.

Another matter which appeals strongly to me is the need of a Sick Benefit Fund among nurses. I have often seen nurses trying to keep on duty, when they should really be in bed, just because they cannot afford to be sick, or they fear they will be a charge on the Hospital authorities. I do believe in encouraging nurses to look first to their own health, and not to give in at the least little thing; but, nevertheless, we should all provide for a rainy day. What better start could be made,

that would supply impetus to the scheme, than by making the Nurses' Memorial Fund into a Sick Benefit Fund for nurses? Say if each nurse gives a small sum each month—a graduated scale for nurses in training, and all trained nurses the same amount—to the fund, then what better tribute could we pay our pioneer nurses, who are ill and without pension, free sick pay from the fund? I may be a dreamer, but I hope to see the day when a Hostel will be erected for those members of the nursing profession, who have so nobly given the best of their services to a suffering community, and now are left homeless, without relatives, and often without funds. It seems hard, but such cases do happen sometimes, and I hope that soon the nurse of to-day will pause awhile and think of her sister of yesterday, who worked so hard to blaze the trail for all the good things the nurse of to-day is enjoying.

Nurses of New Zealand, awake and help to bring our profession into line with other countries. It is not altogether your money that is wanted, but a better spirit to serve the noble principles of our profession. I wonder how many nurses in this fair land of ours realise what a wonderful start we have been given. Dr. Valentine's name cannot help but go down in New Zealand history as "the grand old man of the New Zealand Hospital system." Governments have come and gone, and no doubt each Minister of Health has left impressions, but behind them all has worked the master mind of our great, wise, and far-sighted administrator, the Director-General of Medical Services. Nor must be forgotten Mrs. Grace Neill, who obtained State registration for nurses 27 years ago. In our first Director, Division of Nursing, Miss Maclean, we had a hard-working and generous pioneer of nursing. Miss Bicknell is carrying on the good work, but how much help are we giving her beyond our general nursing? In the district nurse I see the pioneer of our great social service, which awaits us. Surely, with such a grand start as we have been given, we could combine to supply the missing links of the chain, while our pioneers are still with us. Help

to-day to bring their great scheme to its ultimate goal, and there will be no need for monuments and feelings of remorse on their passing. Who knows! Perhaps I see in the dim future a General Nursing Council, such as exists in England, with representatives of all branches of nursing, and perhaps some day a Board of Health, which will not only include members of the Medical and Nursing Professions, but representatives from the

ratepayers as well. And now I awake from my day-dreaming, and I feel I must add a final note. My criticisms are not made with the feelings of malice towards anyone, but just as an onlooker, who, for the past two years has stepped aside from her profession and has rubbed shoulders with the crowd, and sees what is missing in our work to-day, to bring us nearer the hearts and homes of our people.

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## From Nurses Abroad

Nurse Minnie Charles, who is on a trip abroad, writes from Nazareth, Palestine, where she is working in a Mission Hospital, a very interesting account of her work, which must indeed be strenuous.

Nazareth is a very pretty place, especially just now, when the wild flowers are in bloom everywhere—*anemones* are very common. In summer the place is bare and stony, and very hot and dusty, so we are enjoying the cold weather and rains, and hope it will rain a good deal more yet. Water is our great problem. For nine months of the year we do not have even a shower, and so we are continually tying up taps, etc. How we would appreciate a daily bath, but this is impossible. Water is used for bathing, then for floors, then for drains, and then to irrigate the gardens; often for washing clothes after baths—so you see none is wasted. We have 50 beds in hospital, besides cots. Five Syrian nurses and three Armenians (refugees). These are quite young and very slow in work and in the uptake, but nice girls and anxious to help. If they have a patient who helps himself and does some work, they like him, but if he needs care and makes work, pity help him. They do not ever expect pneumonias to live, and I have been so glad lately, because all these cases have recovered and gone out. "Oh," they say, "why do you bother like this; he will die. *Marsalamie*, let him die." So I feel thankful they don't die, so that they will realise that it is worth while fighting

for a life. About 75 per cent. of the babies in this country die; it is pitiful to see the poor neglected little things, only half-clad in dirty rags, and feeding from the mothers for over two years. A great deal of our work is with eyes—what a lot of blindness—*trichiasis*, ulcers, *trauchoma*, etc., we meet with and treat. We also have typhus, typhoid, malaria, dengue, tuberculosis, dysentery and commonly worms (tape and round). When a patient comes in we usually treat their eyes, then for worms and malaria, and then the disease. It is the case nine times out of ten, and they get great relief and are quite willing to be treated further. Operations are common, and we always have to allow some members of the family to stay with the patient until he is well. No mother will leave her boy alone whether big or small—a girl does not matter so much.

As regards hospital work, we always work short-handed, and not enough of anything. I am in charge of all wards, out-patients (hospital and down the town)—theatre, and also have to give first, second and third year lectures to nurses twice a week. They cannot study by themselves, and have to be spoon-fed, and over and over the same thing—oh, dear, how I dread lecture days! When I give papers, it is a case of re-writing them, there is so much correction. Then I must study Arabic, too—it is difficult to get time. We take maternity cases, too, and doctor and I do quite a lot of

village medical work. There is plenty to do, and the days just fly past, and, of course, the spiritual part of the work takes time, too. Services a.m. and p.m. for all wards, staff (house and nursing) and out-patients, etc. However, it is most interesting, and the people appreciate what we do for them; one only wishes the days would last longer, so that we could accomplish more, but we must be satisfied.

I left New Zealand on February 4th by the "Ruahine," and after a pleasant trip via Panama, arrived in London on March 16th, where I was met by Mrs. D. T. Cameron, of Lower Hutt, who is living in England for the next few years, while her son and daughter complete their education.

I was fortunate enough to be in London for the arrival of the King and Queen of Afghanistan, a most gorgeous pageant in spite of a rather cold, gloomy day. We had a splendid stand close to Hyde Park, and were thrilled indeed at getting such a close-up view of our own King and Queen.

There seemed to be millions of people lining the streets for miles. I think a London crowd is an object lesson in patience. Everybody was so quiet and orderly, and all kept amiable in spite of having to stand for hours in the cold.

Units of the various Guard regiments formed the Guard of Honour, and they, of themselves, were a truly magnificent sight.

For some time after the Royalty had passed we were unable to leave our stand, the crowds were so dense. Eventually we got away and drove through Hyde Park, passing meadows of crocuses and daffodils peeping through the snow, then on through the Green Park, past

Buckingham Palace, down the Mall, and into Whitehall, just in time to witness the "changing of the guard."

The flower shops are wonderful pictures of tulips, roses, lilacs, violets, primroses, etc. Such profusions I've never seen before, and not a gleam of sunshine anywhere.

The soft grey misty haze of London I have heard so much about, made the quietest buildings look imposing and beautiful.

So ended my first day in London.

On March 22nd, Mrs. Cameron and I motored to Ascot and Windsor, where we had lunch at an Old World inn, near the Castle Gates. Afterwards we wandered through the beautiful quaint old town, with its cobbled streets.

Our next trip to Windsor will be to see as much of the interior of the castle as is permitted.

Returning, we drove through Windsor Great Park, where the trees are magnificent; on through Eton, with its old school buildings, and here we saw the finest sight imaginable. Picture a troop of boys, all sorts and sizes, returning from their football field, wearing regulation football boots and shorts, well bespattered with mud, and to complete the outfit their usual long-tailed coats and "top hats." At this sight I enjoyed the heartiest laugh I have had since leaving New Zealand.

On the following Monday we motored to Kew Gardens. It was a beautifully sunny day, and the spring flowers were beautiful beyond description. I've never had such difficulty in keeping my hand from "picking and stealing" as I had this day in Kew Gardens. I've promised myself another day when the bluebells are in bloom.

L. C. Kohn.

### Appointment of Medical Superintendent to the Wellington Hospital

In succession to Dr. Wilson, who recently resigned, Dr. Ewen, the Assistant Medical Superintendent, has been appointed. Dr. Ewen has been for five years at the Hospital, and the staff is pleased

that he is to remain as their chief. Dr. Ewen was elected at the last annual meeting of the Nurses' Christian Union, of which he has long been a member of the Executive Committee, as President.

## ANTE-NATAL WORK

Lecture Given During the Refresher Week in Wellington  
by Dr. Elaine Gurr

In order to safeguard expectant mothers, there is dominant need for preventive medicine, which means the prevention of suffering and sickness by education, instruction and supervision. A watchword of the medicine to-day is **prevention**, and a department of the great subject of preventive medicine is **ante-natal work**, which is a subject of national importance **since it is the systematic supervision and care of the expectant mother, and care of the child before it is born.**

The medical profession have, for many years, recognised the necessity of systematic ante-natal supervision of the expectant mother throughout pregnancy, but the difficulty has been to impress the women **and their husbands** with the importance of ante-natal work and of the importance of **voluntary notification of pregnancy**, and to educate individual and public opinion in methods of promoting maternal welfare.

### History.

Over 20 years ago, Ballantyne, the pioneer of ante-natal work in Great Britain, first voiced his convictions that there was a real need for the protection and supervision of expectant mothers, and his appeal through the British Medical Association has gradually borne fruit in the numerous ante-natal clinics throughout the length and breadth of Great Britain.

### The Prevention of Ante-Natal Death and Disease.

Not only did Ballantyne emphasise the importance of ante-natal clinics, but he also stressed the necessity of protecting and improving our race by the encouragement of worthy parenthood; by the discouragement of unworthy parenthood and the protection of parenthood from racial poisons. It is evident, therefore, that the term "ante-natal work" includes Heredity and Eugenics (the attempt to

provide all future people with healthy ancestors).

Broadly speaking, ante-natal work opens up a very wide field of work. Theoretically at least, the prevention of ante-natal death and disease ought to begin in the ancestors of the individual, as there is reason for supposing that certain morbid states (as malformations or maladies) have their origin far back in the roots of the family tree. But **ancestral hygiene**, to come into play, requires long periods of time; nevertheless, some of the means for the **establishment of parental hygiene** can be immediately employed and tested within a generation. **Parental hygiene aims at insuring health in the lives of the future fathers and mothers.**

The moment a child is born with a hereditary taint, prevention has become almost impossible. It is no longer prevention; it is palliation. We look forward, however, to a time when we shall be able to prevent not only actually disease, but also the congenital predisposition to disease by ante-natal work.

The old excuse that infant lives, lost before and during birth, are the lives of "weeds," and therefore not worth saving, is no longer put forward in extenuating infantile mortality—in its place is found the ready acceptance of the responsibility of endeavouring to prevent the production of any such "weeds," and of ensuring the coming into the world of human beings capable of living healthily.

A nation is healthy, efficient and prosperous as its individual members possess those qualities, and the well-being and prosperity of the Dominion and of the families which compose the Dominion are largely dependent on the health and welfare of its women, since the women, as the present and future mothers of the race are, to a great extent, responsible for handing down a posterity that is pure and untainted, viz., children physically and mentally sound.

### Motherhood Safeguarded From Infancy.

In outlining ante-natal work we must trace how motherhood is safeguarded from infancy by **prevention** of disease by **education, training** and **scientific feeding**.

It is a well-known fact that ill-nourished infants may suffer from rickets and other illnesses, which cause suffering later in life, especially during pregnancy and parturition. Hence arises the necessity for infant welfare work, which has been so successfully established in New Zealand and abroad by Sir Truby King, with the result that New Zealand babies are given every opportunity to become strong, healthy, well-developed citizens.

We have next our School Medical Service, which is largely responsible for the medical supervision of children of kindergartens, primary and secondary schools. It is at this stage that the subject of **mothercraft** is first taught in the most tactful and delicate manner, and by **play** the **natural instinct** is unconsciously developed, and every small child is instructed in the importance of cleanliness for health; not only is bodily hygiene taught, but dental hygiene and the necessity for a simple well-balanced diet and correct clothing, and exercise in the sunshine and fresh air, which will produce strong, healthy men and women—the future parents of the race.

The societies for young people are also striving to produce men and women citizens, healthy in mind and body. Such societies as the Junior Red Cross, the Brownies and the Girl Guides, with their high ideals to develop good citizens among girls by forming their character, training them in habits of observation, inculcating loyalty and thoughtfulness for others, promoting their physical development, and **making them capable of keeping good homes and of bringing up good children**.

Later, the personal health of the expectant mother requires systematic ante-natal supervision, and it is due to the mothers that our next advance should be an increased effort to make child-bearing safer, easier and less burdensome.

We hope to attain this by ante-natal care. Such care, it need scarcely be pointed out, must have a far-reaching beneficial effect, both on the health of the mother and the welfare of the child, particularly in the first and most critical year of life.

Ante-natal care calls for skill, keenest observation, and the most considered judgment, and gives opportunity for education, relief and safeguarding of the mother. We have time, during pregnancy, to win the confidence of the mother, and to set at rest her fears and teach her the elementary principles of good health and **mothercraft**, both for her own sake and for that of the coming baby. To help her with practical suggestions for the relief of discomforts and the preparation for labour and child. It is our work to **prevent** unnecessary suffering and infant and maternal disabilities and deaths.

### Ante-Natal Clinics, New Zealand.

Recently, attention was drawn to the comparatively high maternal mortality rate in New Zealand, and also to the high rate of still-births and infant mortality rate for the first month of life.

When we contrast our unrivalled infant mortality rate with the high figure, we present in international obstetrical statistics, the natural question that occurs to all is:

What makes our maternal mortality return so high?

1. Is it that our obstetrical service is inferior to that of other countries?
2. Is it that the women of New Zealand are in many ways more susceptible to the dangers of maternity?
3. Or is it that the international statistics are not a true indication of the relative safety of the parturient women in the various countries.

We may answer the two latter questions in the affirmative.

- (1) If the New Zealand women be compared with the women of the slums of Dublin, Scotland or Austria, it is very evident that they are more susceptible to the dangers of maternity.

- (2) There is no uniform method for compiling international statistics, and for this reason figures obtained are of little value to us.

According to Sir George Newman, of the Ministry of Health, London, one of the reasons for the high maternal mortality rate was lack of ante-natal care, without which the birth of the child is so often associated with an element of uncertainty and danger.

It is to lessen, if not to eliminate, almost completely this element of uncertainty and danger to mother and child that Sir Maui Pomare initiated a campaign against these conditions. In his recommendations, the ex-Minister emphasised ante-natal supervision, and added that until ante-natal care is regarded as an essential part of midwifery, and until we educate all pregnant women to place themselves of their own accord at an early stage under the care of their medical adviser, there will always be dangers which **might have been prevented**. In accordance with the Minister's instructions, ante-natal clinics were established.

The subject of ante-natal work falls naturally under three headings:

1. Aims and objects.
2. Methods by which these aims and objects can be attained.
3. The results obtained by these methods.

The aims and objects of the work are:

1. To secure and maintain the health of the expectant mother.
2. To instruct the expectant mother in her bodily hygiene and habits during pregnancy.
3. To preserve pregnancy to full time.
4. To secure a normal labour and lying-in period, resulting in a healthy breast-fed baby and an undamaged mother.

It is clear, therefore, that the aims and objects of the Health Department are not only to prevent or minimise the complications of pregnancy, and so reduce the maternal mortality, but also to educate

individual and public opinion in methods of promoting maternal welfare.

The education of women and **of their husbands** should be promoted in every practicable way through the agency of ante-natal clinics, health visitors, and propaganda devised by the Health Department.

In order to carry out these ideals the Health Department is developing ante-natal work, and is establishing ante-natal clinics in the four centres of New Zealand in connection with the State Maternity Hospitals, other maternity hospitals and societies. When it is realised that the vast majority of all the dangers and disasters of midwifery are preventable by examination and correction during pregnancy, no further justification for ante-natal work is required.

### Plan of Action.

The clinics are conducted by nurses who have **double qualifications and special training in ante-natal work**. Each nurse acts entirely as an assistant to the patient's medical attendant and under his or her instructions.

The main clinics in connection with St. Helens Hospitals in the four centres of New Zealand are staffed by medical officers and are used as training centres, and are also the clinics where cases are sent for diagnosis and treatment from subsidiary clinics.

### Training.

A Nurse-Instructor in ante-natal work has been appointed in each centre, and in addition to the clinical instruction which extends for three months, a course of lectures is given to all nurses by a Medical Officer.

### Routine Adopted at the Clinics.

All patients are encouraged to attend the clinics as soon as they are aware of pregnancy—once a month up to the seventh month and every fortnight after that, bringing with them each time a specimen. In this way, free ante-natal supervision can be carried out during the entire period of pregnancy.



### Attendance.

Privacy must be one of the principal factors in encouraging a patient to attend. To ensure regular attendance and privacy, every patient is given an appointment card, on which is written the day and hour she is to attend, also any instructions that her doctor wishes carried out. The importance of continuous supervision is impressed upon the patient without in any way alarming her about the ultimate safe issue. **We do not wish to make the pregnant woman consider she is ill, and this danger must be kept in mind and the purpose of supervision and examination explained to the woman.**

The attraction of ante-natal work may be missing when a **healthy** patient finds she gets no medicine, but is told to eat a well-balanced diet and plenty of fruit, vegetables, and salads, and to drink plenty of water. The normal expectant mother needs no drugging, but she often prefers bottles of bismuth rather than careful dieting, tonics rather than fresh air and sunshine and exercise.

We regard instruction and education of extreme importance. We rely on sunshine, fresh air, suitable diet, exercise, correct clothing and good habits. Pamphlets giving advice upon diet, clothing, abdominal exercises and upon questions of special importance to the expectant mother are issued free of charge by the Health Department.

Each mother should understand that she is responsible for two lives—namely, her own and that of her child, and that if she lives according to the laws of nature, then pregnancy should be a normal condition. The course of pregnancy is at once a test and a demonstration of the efficiency and healthiness of a woman's organs and functions. This is seen to perfection in the course and result of pregnancy in women who are living healthy and natural lives. The old-time Maoris, the working women of India, the girls of Africa and other uncivilised tribes, with their magnificent physique, show the natural relation of pregnancy to the life of human females.

It is with civilisation with all its artificial complexities that we find pregnancy

in such a community as ours ceases to be really a natural function, hence arises the increased necessity for education, medical supervision and personal prudence.

Women have only to pay reasonable attention to their own health, and to give the ante-natal clinics a fair trial to become convinced of their benefits.

We examine the patient with a view to forestalling or preventing any unfavourable condition. For example, pelvic measurements are taken in order that the size of the Pelvis may be estimated, and appropriate treatment may be given for contracted Pelvis.

Special care is taken to eliminate any focus of infection, in order to prevent Puerperal Sepsis. When considering the causes of Puerperal Sepsis there are two recognised methods of septic infection of the Placental Site.

1. Intrinsic method.
2. Extrinsic method.

Not only should ante-natal clinic work be directed to protect the prospective mother against the intrinsic method of septic infection of the Placental Site, by eliminating all the septic foci **in the body** before labour, or, if possible, **before pregnancy**, but also it should safeguard the expectant mother against the extrinsic method of septic infection of the Placental Site by the prevention of instrumental deliveries, and by instruction of the mother in general hygiene, in the preparation of her maternity outfit and delivery room, and the importance of asepsis during labour.

The general treatment should be directed to raise the resistance of the body tissues against **all** infection from whatsoever menace.

For the treatment of the intrinsic causes one must consider the abolition of all septic foci **in the body**, as septic teeth, septic tonsils, pyorrhœa, constipation, septic vaginal discharge, and other causes of auto-intoxication.

### Dental Treatment.

Special attention is paid to dental treatment, and dental cards are filled in for all patients requiring treatment. The

old adage, "For every child a tooth," has expanded into the prevalent belief that for the expectant mother dental caries is inevitable, and treatment undesirable. It is accepted by the medical profession that dental treatment should be given **after the third month** of pregnancy, if the patient is healthy. Not only is dental hygiene important, but also the **developmental factor** of teeth must be kept in mind. We must prevent the low resistance of teeth to decay. Soft teeth of children are often due to lack of minerals in the mother's diet—the trouble lies in great measure in the faulty nutrition during ante-natal life, infancy and childhood.

### Diet.

The mother's fare consists too largely of tea and bread and butter. Milk, green vegetables and fruit are not taken in sufficient quantities. The dietaries are often badly balanced, and do not include the proper proportions of protein, carbohydrate and fat.

In order to supply expectant mothers with information regarding diet, model dietaries (of wax) should be displayed in the clinics and the Health Department's pamphlets on this important subject should be given the patients.

### Prevention of Goitre.

Simple Goitre is caused through lack of iodine in the food, and to safeguard mothers from developing goitre, and to

prevent the occurrence of Congenital Goitre and Cretins, we advise prospective mothers in endemic areas to take iodised salt, salt fish, and food rich in iodine, as milk, peas and beans. It is also the custom of the medical profession to treat patients with simple goitre with small doses of Potassium Iodide, which is given during pregnancy and **lactation**.

### Sterilised Maternity Outfits.

To minimise the risk of sepsis during labour and the lying-in period, a sterilised maternity outfit has been designed, and each mother, who is to be confined in her own home, is requested to prepare an outfit which will contain the necessary things required by the doctor and nurse during labour and the puerperium. The patient takes the outfit to the clinic, where it is packed, sterilised and returned to the patient ready for use.

In order that the work may be efficient, and to prevent unnecessary waste of energy and overlapping, there is need for co-operation between the Health Department, Education Department, Medical Profession, Nursing Profession and Maternity Hospitals, so that, by combined effort, we shall attain the common object which is to reduce the maternal mortality and infant mortality by making the mother the central figure round which all agencies may revolve for the protection and preservation of the health of both mother and child.

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## Obituary

On May 28th occurred the death, after a long and severe illness, of Miss Lampp, Sub-Matron of the Wellington Hospital. Sister Lampp had been at the hospital, where she went through her training, for over fifteen years, and after her qualification, served as staff nurse and ward sister, and for the last five years as Sub-Matron. She was much beloved by those with whom she had trained, and by the

junior nurses, and her devoted sense of duty was an example to all. She undoubtedly felt the strain of the Matron's long illness before she herself fell ill. Her body was removed by her parents to Marton, to be interred, and therefore no funeral service was held in Wellington, but a memorial service in St. Mark's Church was largely attended. The Rev. Mr. Shirer gave a most touching address.

## State Examinations

The State examinations of midwives and maternity nurses was held on April 3rd and 4th. There were forty-six candidates for the midwifery examination, all but three being already registered general nurses. All passed. Nurse Isabel Sinclair, R.N., trained at Timaru Hospital and St. Helens, Invercargill, being first for Dominion, and thirteen others, with honours, obtaining 90 per cent. and over.

Fifty-one maternity nurses sat, and all were successful. Nurse Elizabeth McCombe, of Naseby Hospital and St. Helens Hospital, Invercargill, passing first, five others with honours, having 90 per cent. and over. Of these, seventeen were registered general nurses.

The above report shows how much the general trained nurses are realising the importance of obstetrical training, and the co-operation of the nursing profession in this way should aid considerably in the reduction of maternal mortality in New Zealand.

The great success of the candidates in securing a one hundred per cent. pass in this late examination should be a great satisfaction to the teachers who have attained such a high standard.

We may here quote from an article, in the "Nursing Times of June 2nd, by Beckwith Whitehouse, M.S., F.R.C.S., Professor of Midwifery at the Birmingham University. He says: "There is what I may call a hybrid, a fully trained nurse who possesses a C.M.B. certificate, as the result of additional training in obstetrics after her general hospital training and State registration. She is indeed a pearl beyond price, and a most valuable asset to the medical profession and the women of this country. I should like to see more of these highly qualified people, for I firmly believe that they can exercise a tremendous influence upon the health of the nation."

The questions set by the examiners follow:—

### MIDWIFERY NURSING.

1. What changes take place in the breasts and what attention should they receive during pregnancy and the puerperium?
2. A patient, eight months pregnant, comes to engage you to nurse her. What investigations would you proceed to make?
3. What does Liq Amnii consist of? What does early rupture of the membranes signify?
4. What are the principal causes of prolonged labour?
5. Describe "White Leg." Give your treatment.
6. State briefly what is meant by the terms—Mastitis, cystitis, phimosis, ureter, Walcher's position, hydrocephalus.

### MATERNITY NURSING.

1. What is meant by "Placenta Prævia"? Why is the placenta called prævia, and what are the symptoms of the condition?
2. A patient who has delivered herself normally after a long tedious labour has a flooding during the third stage. Give your treatment.
3. What is septicæmia? How do bacteria gain entrance to the body?
4. What changes take place in the uterus during pregnancy?
5. What may excessive vomiting during pregnancy be due to, and how would you treat it?
6. How would you treat a premature baby?

### GENERAL NURSING.

The State examination of nurses was held on June 6th and 7th. There were 175 candidates. The results have not yet been reported by the examiner. The questions set for the written portion follow. The oral and practical examinations were held at the various centres on the first day of the examination.

**SURGICAL NURSING.**

1. Trace the circulation of the blood from the right internal jugular vein to the sole of the foot.
2. Name the different parts of the alimentary tract in order, giving approximate length of each in an adult.  
How does the large intestine differ from the small in naked-eye appearance?
3. What is meant by—  
Traumatic synovitis?  
Nephrectomy?  
Acute osteo-myelitis?  
Renal colic?  
Cellulitis?
4. Amputation of the breast. Describe the post-operative treatment, and mention possible complications.
5. What are the causes, signs, and symptoms of acute intestinal obstruction?
6. What are the signs, symptoms, and complications of mastoid abscess?
7. Give the nursing management of a case of gastrostomy.

**MEDICAL NURSING.**

1. How is the temperature of the body produced, and how is it regulated in health?
2. Describe, including a sketch, the portal circulation.  
What symptoms arise in a patient whose portal circulation is becoming obstructed?
3. Describe the appearance and complaints of a person suffering from acute pleuro-pneumonia.  
Detail the treatment of it, including diet—  
(a) Up to the crisis.  
(b) After the crisis.
4. What is a chronic gastric ulcer? Give the chief symptoms and the details of a course of dietetic treatment over a period of four weeks.
5. What are the causes of coma? Describe the nursing of such and the special precautions you take.
6. What is hyperthyroidism? Describe its signs and symptoms and the management of a case undergoing a course of medical treatment.
7. Describe the symptoms of chorea. How would you nurse a case?

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## Books for Study and Leisure Hours

"Dietetics for the Nurse," by T. Stewart, S.R.N. This little text book is well arranged and practical. It gives clear, easily followed directions for the ordinary preparation of food, giving its caloric value and the requirements for the body. It then deals with diet in disease, and gives the diets for different diseases with sample menus. Incidentally, also, the symptoms of the disease. The appendix gives also the composition and nutritive value of foods. This book should be very useful for the nurse in training, as well as for the qualified nurse. Price, 4/6, from Messrs. Faber and Gwyer, 24 Russell Square, London, W.C.1.

"Simplified Cooking and Invalid Diet," by a Doctor's Wife. A little book which should be very useful to a private nurse. There are a number of recipes easy to prepare, of appetising and tempting little

dishes for sick and convalescents. Included are blank pages for notes, which can be made use of for other recipes. Price, 2/6, from above address.

A book which may well while away a leisure hour or two is "The Wounded Name," by D. K. Broster, author of the "Flight of the Heron," and other historical novels.

"The Wounded Name" is written of the time of the Napoleonic wars, and ends after the Battle of Waterloo. The hero is a young French soldier, fighting for the monarchy, on whose name the slur is cast of having betrayed his men to the enemy. How he is cleared of this plot on his honour after much suffering winds up a thoroughly interesting story with none of the morbid uncleanness so common in modern novels.

## A Simple Method of Delivering Retained Membranes During the Third Stage of Labour

(By D. S. Milne M.B.)

No doubt it is a frequent experience of obstetricians to find that, however unhurried the third stage of labour may be, the membranes become nipped by the internal os uteri, and it is a matter of some difficulty to effect their delivery intact. On such occasions, it has been my experience that delivery by torsion or by gentle traction is often attended by tearing of the membranes and retention of a more or less large fragment. It was therefore with great satisfaction that I discovered a technique, quite by accident, that has proved to be invariably easy and successful, and as I can find no mention of it by the writers of text-books, and as no nurse of my acquaintance has seen its use, it seemed to me to be worth publication.

On one occasion, when I was endeavouring to expel the membranes by pressure on the fundus uteri, in a case where the vaginal outlet was so relaxed and patulous that the external os appeared at the vulva, the relations of the retained membranes to the cervix were plainly visible. Some gentle counter-traction had been exercised by the right hand on

the membranes, so that when the pressure on the fundus was relaxed and the cervix receded, the latter retracted from the membranes with a smooth easiness that was almost startling. The fundus was again pushed down to its fullest possible extent, with just sufficient traction on the membrane to take up the slack, and when the fundus was again released, the cervix once more smoothly retracted from the membranes. This procedure being repeated several times, the membranes were easily and completely expelled. No traction had been made on the membranes beyond what was just sufficient to take up the slack when the uterus was pushed down, and to steady them when the uterus receded. The method consists of allowing the uterus to recede from the membranes, and not of pulling the membranes out of the uterus. Since this occasion, I have employed this method in every case where difficulty occurred, and have invariably been gratified by the facility with which the membranes have been recovered intact.

(From the New Zealand Medical Journal)

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### List of Subscribers to Nurses' Memorial Fund

Miss Forrester, 2/6; Miss O. Longton, 2/6; Miss Gieere, 1/-; Miss Witchorn, 2/6; Mrs. Hunter, 2/6; Miss McLean, 2/6; Miss K. Gordon, 2/6; Miss G. Gordon, 2/6; Miss W. Clarke, 4/6; Mrs. E. Motion, £5; Miss C. Wilson, 2/6; Miss Bergin, 5/-; Miss Wade, 2/6; Mrs. Barclay, 2/-; Miss West, 2/6; Miss Moore, 2/6; Miss C. O'Doneghue, 2/6; Miss E. C. Young, 2/6; staff Waikato Hospital, £6; Miss Cruickshanks, 1/6; Miss A. M. Field, 3/6; Mrs. Heather, 2/6; Mrs. Tythe Brown, 3/-; Miss Opie, 3/6; Miss Grace Mowbray, 2/6; Miss Blick, 2/6; Miss K. L. Barnitt, 6/-; Miss Pirin, 2/6; Miss Gell, 5/-; Miss France, 2/6; Mrs. Baker, 1/-; Miss Cranmer, 4/-.

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### Notice

Nomination of Candidates for the Council, Wellington Branch of the T.N.A. for the ensuing year should now be sent to the HON SECRETARY,

Nurses' Club,

1 Kensington St., Wellington.

## New Zealand Trained Nurses' Association

The next Annual Meeting of the New Zealand Trained Nurses' Association will take place early next October, in Dunedin. It is hoped that any member who has special business to bring forward will communicate the same to the Secretary of her Branch, so that remits can be formulated accordingly. Remits should reach the General Secretary not later than August 20th, 1928.

The General Secretary (Miss Inglis, 183 Tinakori Road, Wellington) would be glad to have papers from nurses on subjects of interest to the profession, to be read at the Conference.

It is hoped that there will be a good gathering of nurses in Dunedin, to attend the open meetings of the Conference. Members should, if possible, arrange their annual leave to fit in with this time, and to so assist in making the Conference a meeting of interest and value to the profession.

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### Wellington Branch

A general meeting was held in the Club Room on Friday evening, June 1st. There was a good attendance of about fifty members. Miss Pengelly, the President, was in the chair. The principal business was in the formation of the committees for the three sections—Nursing Education, Public Health Nursing, Private Nursing—which had been agreed upon at a previous meeting. Miss Moore explained the objects of the formation of sections, as suggested by the International Council, and stressed the advantage at the Annual Conference of having each section represented from the different branches, and prepared for the discussion at round table talks of the different problems of each. Miss Bicknell, A.R.R.C., was appointed chairman of the Nursing Education section, and deputed to form her own committee of four members, with power to add to the number.

Miss Lambie was appointed chairman of the Public Health section, and has selected her committee.

Miss West was appointed to the Private Nursing section. The committees will be reported in the next issue.

It was proposed that the first work of the Nursing Education Committee should be to arrange for a course, or courses, of lectures, to be given by different specialists during the winter months. The present winter being well advanced, it was felt that if one course could be ar-

ranged, anything else should be left till next winter. It was decided that a fee would be charged for the course at the rate of 5/- or 1/- for a single lecture, which visitors or those unable to attend all might be able to hear. It was felt that while medical practitioners or others might be requested to give one lecture occasionally, the Association should offer a fee for anything approaching a course, also that nurses would be more likely to attend regularly if they were paying for their lectures.

Members were then asked to voice their wishes as to the subjects of the proposed lectures, and as the majority desired the subject to be "Dietetics," it was decided to request Miss Reid, the Dietitian recently appointed to the Wellington Hospital, to give the first course.

Metabolic Diseases was another subject many members desired, also Teaching Principles, and these can possibly be arranged for next winter.

It is to be hoped that all the branches of the Association will form section committees in a similar way, and be prepared for discussions at the Conference in Dunedin in October.

Some remits for the Annual Conference were suggested, to be brought up again next meeting.

After the meeting, tea and coffee was handed round, and the members spent a pleasant time in chat.

## Otago Branch

Miss Challis Hooper has been appointed a member of the Council of the Otago Branch of the N.Z.T.N.A. She fills the vacancy caused by the resigna-

tion of Mrs. Ewing, who has left for England.

Thirteen new members were elected at the monthly Council meeting, held on 8th June.

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## Dunedin Hospital Nurses' Re-union

The third annual re-union of Dunedin Hospital trained nurses, which is held at the Nurses' Home, Dunedin Hospital, on Saturday afternoon, May 12th, the anniversary of the birthday of Florence Nightingale, to commemorate her great work in the formation of modern nursing.

There was a very large attendance of nurses, some of whom joined the Training School in its earliest days. It is gratifying to notice that each year the re-union is more largely attended. The guests were welcomed by the Matron, Miss Tennent, Miss Nosworthy (Sub-Matron), Sister Valentine (the Home Sister), and all the sisters.

Mr. W. E. S. Knight, Chairman of the Otago Hospital Board, Dr. Thomson, Medical Superintendent, and Dr. Falconer were also present.

The large dining room had been turned into a reception room, and there a delicious tea was served.

Miss Skinner, an ex-trainee, who is making music her profession, and who has a delightful contralto voice, sang several songs which were much enjoyed.

Mr. Knight, on behalf of the Otago Hospital Board, welcomed the guests. Dr. Thomson referred to the loss they

had sustained in the death of the Hon. Mark Cohen, who had been such a staunch and loyal friend to the nursing profession. Mr. Cohen had been present at the first two re-unions. Dr. Thomson said he felt that all the nurses present would look upon Dunedin Hospital as their alma mater.

Miss Young, President of the Otago Branch of the New Zealand Trained Nurses' Association, expressed the pleasure the nurses of former days had in coming back to the Hospital, which they loved so well.

The Hospital and Nurses' Home were thrown open to the guests, who were conducted round by members of the staff. They were much interested in the new kitchen block and X-ray Department.

Among those present were: Miss Runciman, Mesdames Knight, Thomson, Falconer, Lyth, Gray, Sutherland, Hight, Kidd, Gourlay, Hoffman, Craig, and King, Misses Young, S. Wright, Peacock, Heenan, Kirk, Pratt, Fletcher, Laing, Girdler, Lilly, Shackelford, Dale, Naggart, M. Douglas, J. Douglas, F. Valentine, Ferguson, Laffey, M. Wilson, Every, Sturgeon, Gedney, Tyson, Dawson, Mandeno, Lindsay, McMillan, Wilkin, Bremner and Wells.

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At the Pan-Pacific Women's Conference, to be held at Honolulu, Mrs. Kidd, of the Auckland Branch of the N.Z. T.N.A., is going as the representative of

the Women's National Reserve. She is taking a copy of "Kai Tiaki," which will be exhibited with other magazines dealing with women's activities.

## Meeting of the International Council of Nurses, 1929

The meeting next year of the International Council is to be held on July 8th and week following, in Montreal, Canada. Our readers may remember that it was planned at the last International meeting to be held in China, at the invitation of the Nurses' Association of China, but the unsettled state of that country rendered it advisable to accept the invitation of the Canadian branch.

The Council is therefore preparing in good time for the meeting, and has issued a short circular to the affiliated countries, which we reprint, hoping that some of our members may be able to attend and act as delegates. Nurses visiting England, or intending to do so, could plan to later visit Montreal on their way back.

### MEETING OF THE INTERNATIONAL COUNCIL OF NURSES, 1929.

The sixth regular meeting of the International Council of Nurses will be held in Montreal from July 8th to July 15th, 1929. It is expected from five to seven thousand nurses from all parts of the world will be present.

A brief historical record of the Council and its aims may be of interest to those planning to attend the meeting.

The International Council of Nurses, which is the title of the Federation of National Association of Nurses, was founded in London, England, in 1899, by Mrs. Ethel Bedford Fenwick, who was also the first President. No affiliation of National Associations took place until 1904, when Great Britain, the United States and Germany were affiliated. At the last quarennial meeting, held in Helsingfors, Finland, in 1925, nineteen countries were represented on the Council as affiliated associations.

The voting body of the Council is known as the Grand Council, which is composed of the executive officers of the Council and the Presidents and four delegates from each National Organisation.

The aim of the Council may be summed up in a quotation from the front page of the official organ:—"The essential idea for which the International Council of Nurses stands is self-government of nurses in their Associations, with the aim of raising ever higher the standard of education and professional ethics, public usefulness, and civic spirit of their members."

### COMMITTEE ON ARRANGEMENTS INTERNATIONAL COUNCIL OF NURSES.

The Committee on Arrangements of the International Council of Nurses has opened a provisional office at the Royal Victoria Hospital,

Montreal, and will be very glad to give information or help to those planning to attend the 1929 meeting.

Arrangements are being made for accommodating the visitors during the Congress in Montreal, and in order that a sufficient number of rooms can be secured, it is important to know approximately how many will attend.

Applications for rooms should be made early, and through the Committee on Arrangements. When applying, please write a brief application indicating—

1. Name, address, and position of applicant.
2. Type of room desired in Montreal.
3. Probable date of arrival and length of stay.

The Province of Quebec and the Nursing Organisations of Canada are awaiting the opportunity to welcome the visiting nurses to Montreal, and nurses are urged to plan their holidays so that they will be in Montreal for the week beginning July 8th, 1929.

Anyone who may plan to come to Montreal by motor and who is not familiar with the routes, can obtain information by applying direct to the **Montreal Tourist and Convention Bureau, Inc., New Birks Building, Montreal**, when particulars concerning the roads and routes will be given and maps furnished by **Mr. Geo. A. Grafftey, Convention Manager**.

Miss M. F. Hersey, Superintendent of Nurses, Royal Victoria Hospital, Montreal, is Convener of the Committee on Arrangements.

### MONTREAL, THE CONVENTION CITY— PAR EXCELLENCE.

No city in the new world offers the convention visitor so great a range of historic, scenic and recreational interest, combined with the conveniences and amenities of a present-day metropolis, as does Montreal, Canada's largest city, and the financial, industrial, commercial, and transportation headquarters of the northern half of the North American Continent.

Side by side with the sturdy buildings erected in the seventeenth and eighteenth centuries stand striking examples of modern construction; triumphs of engineering skill like the Victoria Bridge, the new Harbour Bridge, and the Moun: Royal tunnel contrast strangely with the city's myriad associations with the intrepid French-Canadian pioneers who, by canoe or afoot, explored the middle of the continent and founded some of the greatest of the Canadian and American cities.

In or near Montreal are sites or actual structures recalling vivid memories of explorers, missionaries and soldiers who are inseparably bound with the history of the two sister nations, for they were the first to blaze the trail of civilisation in the vast territory which now comprises Central Canada and the Middle West of the United States.

Scenically, the City of Montreal has enviable advantages. Occupying more than half the



island of the same name, situated at the confluence of the St. Lawrence and Ottawa Rivers, the city has grown around the stately eminence of Mount Royal, whose sides and summit form a wooded park of 475 acres.

From the Mountain Park is gained a glorious panorama of rivers, lakes and countryside, with views of the Laurentians and the Adirondacks. A notable addition to the city's beauty spots will be St. Helen's Island, when made accessible soon to motor, tram and foot passage by the new Harbour Bridge.

Montreal's dual population of English and French-speaking citizens give it a cosmopolitanism of spirit that makes it distinctive among the cities of the world, blending the attributes of Canada, British, American and European centres. In the country regions, a few miles away, may be found scenes and character types which recall vividly the Brittany and Normandy of

the two centuries ago from whence came the ancestors of the habitants of to-day. Wayside shrines, thatched barns, well sweeps, roadside bake-ovens, yoked oxen, weavers, spinners, wood carvers and other handicraft workers—all breathe the spirit of an earlier and less favoured age.

Though 1,000 miles from the Atlantic, Montreal is one of the world's premier seaports, ranking next to New York on this continent for volume of trade, and leading it and all other ports of the world in grain shipments.

Montreal is the gateway to the Laurentians, a mountain playground thousands of square miles in extent, a paradise of nature dotted with gem-like lakes, rushing streams, soaring peaks, smiling valleys, and primitive forest in which deer, moose and other species of game abound.

Population of Greater Montreal (1927 census). 1,129,783.

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## Plunket Nurses' Association

Meetings have been held in the four main centres, and plans have been made by each branch for a series of meetings with lectures and discussions, etc., to be held during the winter months.

The following items are from the Auckland Branch of the Association:—

"A Syllabus was drawn up early in the year, and each month subjects of interest to all have been freely discussed. At one meeting, Mrs. Parkes, President of the Plunket Society, very kindly entertained the members at her home, and gave us a most interesting talk on her travels abroad."

In January, the members thoroughly enjoyed a moonlight picnic.

February of this year, 1928, opened up the Association's second year of activities. We were most fortunate to have the General President of the Association (Miss Pattrick) at this general meeting. Miss Pattrick gave us a most interesting talk on the work, inspiring us to carry on with renewed enthusiasm.

A varied Syllabus has been drawn up for 1928, which embraces lectures and discussions for each month, each alternate month being set aside for a lecture or subject of interest to both active and associate members.

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## New Treatment for Cancer

We read of a treatment of cancer, introduced by Dr. Shaw Mackenzie, which apparently is giving good results, and which is being specially investigated at the Salpetriere Hospital, Paris, by Professor Gardner, who reports very promising results. The treatment is sodium oleate, which is given subsultaneously. If the treatment continues to prove satisfactory, as in cases already treated, what

a boon it will be to humanity. It is also being tried with satisfactory results at Bucharest.

Little girl patient, recovering from meningitis.

Doctor: "Well, Bubby, who am I? Am I Mr. Hill?"

"Naow," very stolidly with nasal twang.

"Well, who am I? Don't you know?"

"The ould quack!"

## Paper Read to Plunket Nurses, Christchurch, by a Member of the Dental Association

(With Baloptical Illustrations Arranged by N. C. Branch, N.Z.D.A.)

As you probably know the bulk of the tooth is composed of mineral substances, chief of which is Calcium. Let us discuss the factors determining the laying down of Calcium teeth, and we shall thereby obtain some idea as to the why and the wherefore teeth develop as they do. Why are some teeth harder than others? Why do they decay more readily in certain diseases, but sometimes during pregnancy? What determines the amounts of Calcium, Phosphorus, etc., which are laid down in nearly always the same fixed proportions? Is the food eaten the only factor of importance? Are there any other factors, and can we control them?

Obviously, the cells of the tooth germ get their materials from the blood stream. Calcium circulates in the human blood in a very constant and fixed amount, i.e., 10-11 m.g. per 100 cc's., estimated from blood serum. Analyses have been made in various parts of the world of human blood under normal and pathological conditions, and in pregnant women. Let us give you a brief summary of some of the findings, together with the results of animal experiments.

### RICKETS.

Experiments are done on such animals as rats, guinea-pigs, puppies, etc. It has been found that rickets can be cured **without altering the diet**, if the animals are exposed to **sunlight** daily, or to ultra-violet rays, provided of course that there was sufficient Ca. and P. in the food originally. Instead of exposure to sunlight, the same results are obtained by **Cod Liver Oil** to the diet. It is now generally accepted that the curative effect of Cod Liver Oil is due to its containing **Vit. D.** The effect of Ultra-violet rays from the sun or from artificial sources, produces or somehow makes utilisable the calcification properties of Vit. D. (N.B.. However, these properties

do not pass through glass). You can derive much practical knowledge from this, which, as Plunket and Karitane Nurses, you are already using, we have no doubt.

At the expense of repetition let us impress these points: Abundance of foods containing Calcium, Phosphorus, etc., plus daily exposure to the sun's rays, or if that is not possible, addition of Vitamin D. (Cod Liver Oil) to the diet is important for pregnant and lactating women, and for infants.

### TETANY.

You may not be familiar with Tetany. It is characterised by twitchings of muscles, hyper-excitability of motor nerves, and in severe cases by convulsions. It is of interest here in that during tetany the Calcium content of the blood falls below normal; whereas in rickets and pregnancy it remains more or less constantly at the normal.

Experimental study of tetany introduces another factor which affects the formation of teeth and bones—that is, the **Endocrine** glands. You are familiar with the thyroid and the possibility of its abnormal action producing such results as goitre, Grave's disease, cretinism, etc. Situated beneath the thyroid are small glands—the parathyroids. Tetany results from their inactivity, and may be relieved by feeding an extract of para-thyroid glands and thus—without any alteration in the diet—the blood serum becomes normal again in its calcium content. An intimate relation in the functioning of these endocrine glands exists, and any abnormality of one adversely affects some or all the others. In pregnancy occasionally there is an upset of the parathyroid secretion of the mother, and hence the calcification of the bones and teeth of the infant is interfered with.

## PREGNANCY.

As a general rule we can state that there is **no great deficiency in the Calcium content of the blood serum during pregnancy.** There is a slight drop in the last two months, which is noted fairly constantly and which tends to rise directly after confinement. In the London School of Medicine for Women, the amount of Calcium in the foetus of different ages was estimated, and on this basis was calculated the absorption of Calcium from the mother at various stages. It was found that there is an increased absorption by the foetus in the last two months, which corresponds with the drop in the blood content of the mother.

Research has also been done, into the Calcium content of the blood in cases of eclampsia, excessive vomiting, albuminuria, etc., and **at no time during pregnancy is the variation of Calcium in blood very marked.** It seems highly probable, therefore, that sufficient Calcium (and other mineral foods) are not supplied in the diet, or are not being absorbed by the mother, even if supplied, the body draws on its enormous reserve in the bones and teeth.

This, however, does not **explain** why teeth sometimes decay more rapidly during pregnancy. As will be pointed out to you later this evening, there is no connection of blood vessels passing from the dentine to the enamel, and therefore Calcium cannot be withdrawn from the outer layers of enamel which is the part where decay usually commences. Certainly alteration in the mouth secretions, "morning sickness" when it occurs, and endocrinal disturbances all tend to aggravate the calcification of teeth and bones is not so simple that it lies entirely within our control by dietary and such-like means. Nurses! In your dealings with mothers you may find it expedient to make dogmatic statements such as "Your child's teeth are poor because you did not eat sufficient green foods when expecting and nursing;" do not become yourselves convinced of the absolute truth of such simple assertions. Bear in mind that the

problem is large and difficult and not fully understood by the **experts** in that line. It is complicated by such factors we have mentioned as the effects of ultra-violet rays; the action of the parathyroids and other endocrines; the proportions of Calcium, Phosphates and other minerals in diet, optimum in diet but not digested and absorbed; the normal amount of Calcium in the blood stream but not utilised by the tooth organ to best extent; and etc.! also many factors which we have not touched on to-night.

## B. DEVELOPMENT.

Tooth development in human beings commences early in foetal life, traces of the tooth germ being in existence as early as the 40th day and calcification begins in or about the 9th or 10th week.

Let us discuss the actual tooth structure.

The great mass of all teeth is composed of **dentine**—a tissue highly calcified and specialised, traversed by fine canals placed radially and communicating with the vital portion of the tooth, namely, the **pulp**. Over the crown of the tooth, i.e., the portion which eventually erupts above the gum, is a protecting layer of **enamel**. Enamel is composed of layers of highly resistant inorganic salts—fluorides, carbonates, phosphates, etc., and is for all intents and purposes a non-vital substance, and is when completed quite without the pale of nourishment from the body.

This enamel must be regarded as the greatest defence the tooth has, and it is according to the perfection or otherwise of its formation that the resisting powers of the tooth against decay very largely depends. Hence we see the importance of assisting by good pre-natal conditions the perfect formation of enamel.

It may be argued that the diet of the **mother** will only effect the formation of the temporary baby teeth, and that careful regulation of the **infant's** diet will rectify matters and produce all that can be desired in its permanent set. The fallacy of this argument lies herein:

Poorly developed enamel and tooth substance in the baby teeth leads to early

decay of the temporary set; decay, if not arrested, will eventually lead to death of the pulp, infection of the dead pulp by organisms and finally abscess formation (more commonly referred to as "gumboil"). Let us hear the conclusion of this. The permanent set are commencing calcification at birth and the tooth organs are slowly forming the teeth of the permanent set right through the early years of the infant's life. Now it stands to reason that the abscess on the baby tooth will impede and spoil the work of the organ of the permanent tooth which is situated directly under its predecessor. Thus unhealthy deciduous teeth will very seriously affect the more important set.

**Toxic agencies** at work over a period will exert a detrimental effect upon the enamel organ. Enamel, being the most highly specialised tissue of the tooth, is thus effected to a greater degree than the others. In the category of toxæmias we must place the **fevers of childhood**, such as measles, chicken-pox, scarlet fever, etc. The typical blemish which is caused by these fevers appears in the form of transverse lines of shrivelled enamel.

We now come to a consideration of the teeth after eruption, the care of them, and the importance of keeping them healthy until normally shed.

### PROPHYLAXIS.

Constant care is necessary to see that the baby's mouth is kept clean, healthy and free of food between feeding times. The method of cleaning is more a matter of individual opinion. With sufficient crisp foods, avoidance of "paps," and with fruits to complete the meal, an infant's mouth should be clean and healthy. The tooth-brush habit cannot be fostered too early, however, because of undoubted later benefits.

### CAUSE OF DENTAL DECAY.

**Caries:** Everyone is familiar with this lifelong curse, and we cannot pass over its reference to the very young child—for it is sad to record that very early decay is becoming only too common. A few words as to its origin will be of interest.

In the mouth there is always present the means (in the form of ferments) for turning sugars into lactic acid (the acid formed by soured milk) and this is the starting point of the decay attack. Teeth are formed of alkalis, which belong to one of the great divisions of chemical substances—lactic acid belongs to the great opposing group of acids. Now it is characteristic of these two great groups that acids and alkalies attack each other when brought into contact. So it is in the mouth. Fermented foods provide lactic acid which in turn unites with the alkaline substance of the tooth, in this way causing a break in the outer hard enamel layer. Once this coat is dissolved through certain microbes, which are ever present in our mouths, are able to enter into the dentine of the tooth. Thus we get decay formed with disease of the pulp following, and as an outcome of this, abscess and loss of the tooth.

Although at birth the mouth is practically free of microbic infection, very soon germs take up permanent residence, and this fact makes it essential to remember that we have always present in the mouth the means for disease production. Should the general health of the child be low, disease may occur in the mouth of nearby parts as an outcome of the ever-ready presence of these germs.

In childhood, a condition known as **thrush** is common. It usually signifies poor health of the child, associated with unclean mouth conditions. The cause is a plant of the yeast family, which grows and thrives as a white covering to various parts of the mouth cavity. Its occurrence is coincident with a state of low resistance to disease and requires energetic and urgent treatment.

As a point of much interest to you may be mentioned the question of **teething**.

It was considered in past times that teething caused all sorts of general disorders such as measles, etc. The present view is that the local irritation in the mouth accompanying the erupting (cutting) of teeth tends to aggravate any general disorders which may be present.

However, this does not mean that no disorder ever occurs with teething, for with some children there is a marked tendency for recurrence of trouble with the cutting of each tooth. We see no reason why a normal healthy child under ideal conditions should experience any general disorder through teething.

Lancing the gums in difficult tooth eruption often relieves the irritation, but on the other hand, the gum frequently reunites, where the tooth is slow to erupt, and then is more obstructive than before.

In conclusion, let us recapitulate briefly some of the points mentioned to-night. We have not so much gone into exact details in the matter of **diet** as given you some general principles, for we know, in your work you are already telling mothers what to eat and what to give

their children to eat. We have attempted to show you that the formation of the teeth, although greatly affected by food eaten, is influenced by many other important factors as sunlight, endocrine glands, etc. The problem of **dental caries** (decay) is also a large one, but certain points stand out definitely, and fortunately lie within our control—at least as far as economic conditions permit—viz., abundance of crisp foods which require mastication, and of vegetables and milk as rich in minerals, and of fruit and fresh foods for their vitamin content and cleansing action. Should teeth decay in spite of all care, it is important that such decay be removed and the teeth filled by a dentist—to avoid the injurious affects of the abscess which ultimately results, and also to retain such teeth for masticating purposes.

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## Correspondence

Wellington, 20/4/28.

Dear Miss Maclean,

Having just returned from a holiday spent with a District Nurse in the "Back o' Beyond," I felt I would like to bring to the minds of our city nurses the splendid work which is being carried out by these District Nurses.

It is quite a daily experience to commence work at 8 a.m., and after a hard day riding or driving, to again set out at 7 or 8 p.m., on horse-back, over "hills and down dales," to attend some sick person.

Quite often the nurses do not return until midnight, and if the trip is by launch—sometimes the launch gets stuck in the mud, and there is nothing to do but await the pleasure of the tide.

All these hardships are cheerfully borne by the District Nurses, and as a result they are loved by one and all in their districts, and give of their best in return. I have lived in "city clubs" from time to time, and heard nurses repeatedly decline private cases because they were "too far out of town," "not enough help kept," "not enough leisure hours," etc., etc., and I could not help thinking (when in the back-blocks) how selfish we city nurses are becoming—how utterly dependent on the luxuries of life, and how much we are in danger of losing sight of the first great principle of nursing—"Service before self."—I remain,

Yours sincerely,

"R.N."



## The Grace Neill Memorial Library

The first consignment of books for the Library has arrived from Home, where they were procured at reasonable cost through the High Commissioner. Among them were: "The Evolution of Modern Medicine," by Sir William Osler, "The Life of Pasteur," "The Life of Lord Lister." "The History of Nursing from the Earliest Times," by Miss Dock and Miss Nutting, has been sent for.

Among private contributions to the Library are "The Life of Florence Nightingale," by Sir Edward Cook, donated by Miss Maclean, who also presented "Outlines of Greek and Roman Medicine," by Dr. Elliott. "The Sound Economic Basis of Schools of Nursing," by Miss Adelaide Nutting, "A Joy Ride Through China," by Miss Sampson, and a number of text books. A later donation is a set of books on Psychology, from Miss Bicknell

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## Resignation

Miss Newman, Matron of the St. Helens Hospital, Wellington, has resigned that position, and will retire from active work. She intends to make her home with her sister, Mrs. Moore, in Christchurch.

Miss Newman was trained at Christchurch Hospital and Christchurch St. Helens, and became Sub-Matron of Christchurch St. Helens in 1910. During the war she relieved Miss Cameron, the Matron, who went on active service, and on the latter's return, invalided, succeeded her as Matron in 1917. In 1923

she was transferred to Wellington St. Helens as Matron, thus having been in the Public Health Service for over eighteen years.

Miss Newman's retirement, which, under the Public Service regulations need not have taken place for five years, is very much regretted by her Department and the staff and pupils of St. Helens, but she has given most devoted service all these years, and fully deserves to enjoy the leisure she has earned.

She is not due to leave St. Helens until September.

A recent visitor to the Dominion of interest to nurses is Miss French, who, some twenty-five years ago, was Home Sister at the Edinburgh Infirmary. Miss French has been settled for over twenty years in Johannesburg, South Africa, where she has held hospital appointments, and is now living in retirement.

Miss Inglis, Hon. Secretary of the N.Z. T.N.A., gave a small afternoon tea at her flat in Tinakori Road, to meet Miss French.

Miss Fraser, ex-Matron of the Dunedin Hospital, was another of the nurses known to Miss French at Edinburgh.

An interesting visitor to the Dominion during the month of May was Miss Maud Royden, the celebrated preacher. Miss Royden was received in all the centres she visited with enthusiasm, and crowds collected to hear her speak—crowds, not only of women, but of men.

In Christchurch, Miss Royden preached in the Cathedral on the Sunday she was there; in Wellington she spoke on two nights to an overflowing audience in the Town Hall. She has a very pleasing personality and great eloquence, together with a clear and strong voice, which was easily heard in the great hall.

## Easter Celebrations at Jerusalem—By a Missionary Nurse

On Palm Sunday we drove out to Bethany, about  $1\frac{1}{2}$  miles from Jerusalem. There the Bishop of Jerusalem and several clergymen and about 60 people assembled on the hillside, just above Bethany, and then we all (lead by the Bishop) walked in silence to Jerusalem, taking the route supposed to have been taken by Christ when He entered Jerusalem on the ass. We had a little service, and sang some hymns before we started, then again at the "meeting of the ways," where the ass was found, then again, when overlooking Jerusalem, and finally when we reached the Gates of the Garden of Gethsemane. The Bishop read parts of Scripture appropriate to the occasion and some quotations from Bunyan, etc. It was most impressive. It was a lovely day, rather cold, but just nice for walking, the way was very rocky and steep over the hills.

On Maunday Thursday we had a Communion Service in Christchurch (a little church near St. David's Tower, inside Jaffa Gate) at 7.30 p.m., and afterwards, again led by the Bishop, a large crowd walked through the old city out at Stephen's Gate, and on to the Garden of Gethsemane. There we divided into two groups, one going into the Garden for service of silent meditation, the other going further up the Mount of Olives for a service of hymns and reading from the Scripture. I joined the latter group. It was a most wonderful night, full moon, and there we sat overlooknig the city. There was a large Missionary Conference at the time, and many of the Missionaries came to the service. We had prayers in

Chinese, Japanese, French, German, Hindustan, etc.; then we walked back to Jerusalem, getting home about 11.30 p.m.

The Easter services were very beautiful; we had an augmented choir.

The week after our Easter, the Greeks, Armenians, etc., celebrated theirs. We went to one service in the Armenian Church—the "Service of the Feet Washing." Princess Mary and her party were there. We had tickets for seats, and sat in the second row, so had an excellent view of all the doings. The patriarch and priests were garbed in most beautiful embroidered cloaks. The patriarch wore a very much jewelled mitre. There was much chanting and singing, then the silver basin, cushion, and pyramid of soap, sponge, etc., were brought. The patriarch took off his beautiful cloak and put on an apron, and then each of the priests went up to have one foot washed. The patriarch broke off a little piece of soap, rubbed it on the foot, and then washed it off with the sponge. There was a Bible on a stand near, and each priest kissed it on the way back to his seat, after putting on his slipper. It was all done most reverently and quietly. The crowd behaved very well. The church was packed.

After all the feet had been washed, our Bishop put on a most beautiful robe, even more beautifully embroidered than the patriarch's, and a wonderful mitre with many jewels. He ascended the platform and read the passage of Scripture telling of the washing of the disciples' feet, and then pronounced the Benediction. It was a most beautiful service.

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### WINTER.

The worms were the very first farmers to till  
The face of this rugged old planet; and still  
They break the leaves up in the tiniest bits  
To drag them right down thro' their long slender  
pits,  
And share them with clever Bacteria there,  
Who mix a rich compound, from leaves, mould,  
and air,  
These goggle-eyed chemists, in moisture from  
rain,  
Make elements soluble time and again,  
For the roots are so greedy, they cry: Give us  
more!

As they nose in and out of the chemist's front  
door,  
At their wit's end to feed such a vast host of  
veins,  
That wind thro' the trees like a net-work of  
trains:  
Not a moment to spare, have the fatherly roots.  
Our love they arouse  
As they feed, warm, and house,  
Such numberless mothers and sleepy wee shoots,  
For the Spring has begun,  
'Ere the Autumn is past,  
And the Winter has come. —E. M. Goldsmith

## Maori Health Nurses

A paper read at the Refresher Course in Auckland by the late Nurse Jarrett:—

Native nurses are appointed and paid by the Department of Health. They must be fully trained and be certified midwives. The salary is good and uniform is provided. These appointments are open to Maori and European nurses.

On a nurse being appointed to a district, the Hospital Board of that district provides accommodation, usually a small cottage; the barest necessities of furniture are allowed. The Department of Health supplies a full equipment of medical and surgical stores.

Means of transport is the Hospital Board's responsibility. In back-block districts, horse and horse feed are provided. In other districts gigs, service cars, launches, trains, bicycles—all must be able to walk well. Three of the district nurses have cars I understand. In my district—town, country and remote back-blocks—I oftentimes use all these means of transport within a week. I have a horse, a bicycle, vouchers for trains, service car, somebody else's gig, or car—a lift on a cream cart, sledge or railway jigger.

Maoris have first call on the services of the nurse—Europeans in case of emergency.

The duties are many and varied. One goes out in hail, rain, or shine—weather permitting or weather not permitting makes not one iota of difference in today's or to-morrow's plans.

When not engaged with cases of sickness or outbreaks of disease, or anti-typhoid inoculations, paha are visited and lectures given—quite informal ones, no soap-box business at all in them. Advice to pregnant women, how to feed and care for the children, how health must be improved by cleanliness and suitable food, where flies go, not only in the winter, but at all times, why drinking water should be boiled.

I find all, men and women, very interested in lectures on the placenta. Maoris are always a little afraid of the third stage of labour, and do their best to hurry matters—the result, retained membranes.

Lectures on delivery of the placenta always take well. Cupped hands (placenta) and a roped handkerchief membranes is always especially interesting. They are very much in earnest when practising, and a big sigh of relief comes when the roped membranes come away.

Dr. Truby King's method of bringing back breast milk is practically a miracle.

Cooking lessons are also very welcome, and lessons in cutting out—as I am no dressmaker, this brings the beads of perspiration to my brow—in case of accident.

Much tact is required, and patience—the work of months being as one thinks lost, by say a patient taken to hospital for a simple abdominal operation and dying of anaesthetic pneumonia.

One must respect the Tapu of all sects. That is where a newly appointed nurse "falls in." One must respect their religion, and be able and sincere when asked by the head of the household to hold a karakia (say a prayer) for their sick.

One must also be able to see the other chap's point of view, and gently insinuate one's own. Be perfectly honest in one's dealings with them—no quibbling or evasions—that is their privilege. Say yes or no and stick to it.

Above all, one must have a keen sense of humour—that is the saving grace. Without it, one would review the day's work, six days out of seven, with a feeling akin to despair.

A little incident which quite knocked the wind out of my sails: I had been attending to a bad case of pneumonia, was obliged to stay on account of his condition in a mud floor whare, no bed (a borrowed chair did service for that), struggled day and night with the help of a relative. Maoris came at all hours hoping to see the patient and treat him Maori way. At last, their patience was exhausted. A day before the crisis, I was called out by a chief. After the usual preliminaries and a very flowery speech re their trust in me, etc., etc., he produced a wallet, saying: "I will pay you."



I just beamed on him, as fees are almost an unheard of thing. Producing two £1 notes and putting them into my hand, he said: "Now you go, eh?" and walked past me into the house. (All fees are paid into the Hospital Board's account.) It took the best part of a day to make him understand that nothing would move me, though more money was offered.

The work is hard, long hours, meals at any time—sometimes no meals at all, or a place to rest one's bones.

The anxiety of relying solely on oneself, the difficulty of diagnosis—so simple that seems when one has a doctor at one's elbow. The question of the back-blocks' nurse is eternally this: Am I able

and justified to treat this patient? Am I absolutely sure of my diagnosis, or must the case be taken to hospital—often a great expense and danger to life—a very great responsibility.

After all, one can only do one's very best, but it must be a very big best. Learning day by day better methods, endeavouring to keep up with the times, trying to carry on, with the ideals of our profession ever before us.

Last, but by no means least, the Medical Officer of Health and our Superintendent, Miss Bagley, know our difficulties—Miss Bagley by experience—and are at all times ready to stand by us. No need ever to doubt that the signal S.O.S. will not produce instant response.

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## Josephine Butler

In the "Nursing Times" we read of the centenary of this remarkable woman, who did so much for the cause of women when, after many years of constant endeavour, she succeeded in getting repealed the Contagious Diseases Act, which was so terribly unfair to women.

Young and beautiful, as seen in the charming picture given in the "Nursing Times," and happily married, she early took up the great principle that then could only be on standard of moral conduct for men and women, and it is due

to her influence and work that so much has been done to promote the cause of morality and the abolition of the white slave traffic—a cause which has now been taken up by the League of Nations.

Although not an active fighter for women's suffrage, Mrs. Butler was convinced that women would never be granted full personal rights and status until they were politically enfranchised, and she took a part in demanding that. A great demonstration was made in Manchester on the occasion of the Josephine Butler centenary.

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A case which came under my notice in one of the New Zealand Hospitals.

The patient was a woman, age 79 years. Complained of indigestion and flatulence for many years, with occasional regurgitation after meals, increasing breathlessness for two years, protuberant abdomen with small umbilical hernia easily reduced, feeling of heaviness and pain in abdomen.

On abdominal examination the doctor discovered patient had a large ovarian cyst, and advised her to go to the hospi-

tal for an operation. Patient was admitted to hospital on April 23rd, operation on April 26th. Ovarian cyst removed, which weighed 12lbs. Patient's condition was good after operation. Her temperature varied from: Temperature 99.6, pulse 96, to temperature 99, pulse 90, for first two weeks. For the remaining three weeks the patient was in hospital her temperature and pulse were normal. The wound healed by first intention, and patient was discharged fit and well.—Ward Sister.

## Extracts from Letter Written by Nurse Vera Civil, of Sudan Interior Mission, Kaltungo, Nigeria

How much has happened since I sent the last big home mail out.

One day I was called away unexpectedly and in a great hurry to help Dr. Barndon with another S.T.M. worker, who was pregnant and very ill, having had five haemorrhages. Their station was 65 miles from us and the country over which we travelled was very rough, rocky and hilly, there being a so-called geographical barrier between here and Bambur, which is 12 miles from a creek, 5 hours from the Benue River. Over this range of hills we travelled during the heat of the day. I didn't know until then just how hot the tropical sun was. Travelled about 15 miles on horseback, 15 on foot, and the remainder in a hammock, crossing the creeks on natives' backs. It was a great experience and would so much like to go into detail, but sorry, no time.

Left here on the Friday, 10 a.m., and reached destination 4 p.m. on Sunday, having travelled from 3.30 a.m. until dark on Saturday, and up at 3 a.m. Sunday and off by lantern light. In places we had to push our way through long grass, and corn about 12 feet high, and as dew had fallen, you may well picture us drenched to the skin and then when I might have ridden was too wet to do so. It just made us think of some of the stories we have heard of the jungles of Africa and made us realise, "well surely we are in Africa." After an examination the Dr. decided we must transfer the patient to Lagos as soon as possible, so another worker had to trek 21 miles to Lau to send a telegram to Numan, 80 miles away, and see if he could get a nurse and barge, and to Thi, some 150-200 miles down the river to get another barge to come and meet us. It was Sunday ere a barge could arrive, so you see how isolated we are here. In the winter time we are completely cut off by swift flooded rivers which are impossible to cross. Nearly two days going down and met the other

barge, then I returned with another worker. Spent several days at Bambur and treked back to Kaltungo, and a week later went over to Gelengu for over a week. Did this 32 miles on horseback. Really some of these horses are dreadful, they go just when and where they want to, and if anyone is extra heavy they sometimes sit down in the middle of the road and refuse to go on.

Just now small-pox is raging and hundreds are dying. Every day there are reports of many deaths. In one section so many have died that there is no one to bury them, and so their bodies are left in the huts. For some time all who contracted smallpox were sent off to the bush, but now those who have thus far escaped are fleeing there, and the sick ones are left to manage the best way they can. Some of the sights are so pathetic. A very sad case came to my notice today. A big brawny grown-up son died, and the only person who would go near him was his poor old mother. No one would help to bury him, so she had to drag him out of the hut, dig a hole in the compound, and bury him as best she could.

It is just heart-rending. If only they had listened at the start and done as they were told to prevent it spreading,—but they are so steeped in superstitions that when they become afraid it is impossible to do anything with them. It is just like a panic, and they are terrified of the demons and spirits. Oh! if we could just present the needs in such a way that those in the Homeland would really become more concerned about their dark brothers and sisters in far away lands, and just pray for them. These people have no foundation on which to build

Nine months have slipped away since we waved farewell, and six months since I arrived in this land. Am feeling fine and I am heavier than I have ever been, and so brown with trekking.

## Maternity Hospitals

Two Maternity Hospitals have recently been opened—one on Anzac Day, is a memorial to the soldiers who fell in the war, and is called the Hawke's Bay Soldiers' Memorial Hospital. It is at Hastings, and though mainly intended for maternity cases, is to serve also as an emergency hospital for cases which cannot be taken to the Napier Hospital.

The Matron of the Napier Hospital, Miss Macdonald, will, as in the case of the MacHardy Home, be responsible for

the staffing and general superintendance of the hospital, and a sister from the staff of the Napier Hospital is to be in charge.

In May the maternity annexe at Palmerston North Hospital, was opened. Though the building is in the hospital grounds, it is entirely separate from the hospital, and has a separate staff. The old Nurses' Home has been adapted as a residence for the staff of the maternity block.

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## Items of Interest

The appointment of a visiting Nurse to the staff of the Wellington Hospital, who is especially attached to the Tuberculosis Department, and is to attend at the Clinic which is now being developed, and will follow up the cases and contacts and see the home conditions of the patients, has been made in the person of Nurse Woodhouse.

Good work should be done by such appointments, as has been proved at Christchurch and Dunedin, where visiting Nurses have been attached to the Clinics for many years.

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The report of the Commission on Tuberculosis and the accommodation provided for both early and chronic patients, which has been concluding its investigations at the various Sanatoria in the North and South Islands, is awaited with great interest, and we regret that, as it is not yet published we shall not be able to refer to its recommendation in the present issue.

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It is of great interest to us to read in the "Nursing Times" of May 19th, of the graduating ceremony of students at the London University on May 9th, when included among those who received Academic Honours were the eight nurses who were successful in gaining the Diploma of Nursing recently instituted by that University. The ceremony took

place at the Albert Hall and was attended by many distinguished men and women in academic robes, and a large number of spectators.

The five nurses who were able to be present, two of whom had gained distinction, were received by the Chancellor. As remarked by the "Nursing Times" this ceremony marked a milestone in the history of nursing, when for the first time the University conferred the Diploma of Nursing on State registered nurses.

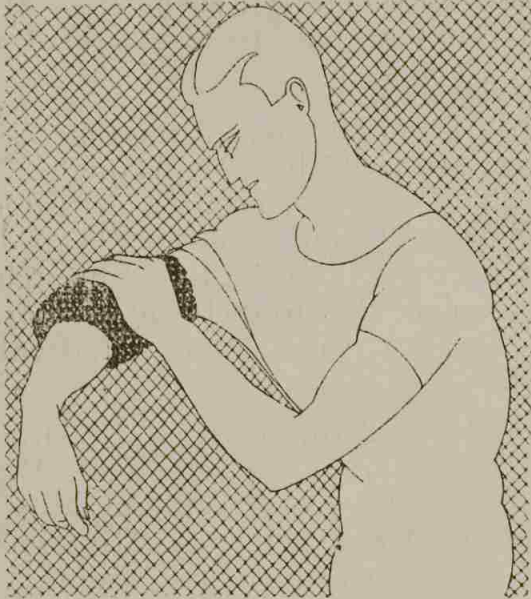
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Another great honour conferred upon a nurse was that of an honorary degree of the University of Dublin, conferred upon Miss Margaret Huxley in recognition of her professional work. Miss Huxley, it may be remembered, is the daughter of the late distinguished Professor Huxley.

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On June 26th the Governor-General and Lady Alice Fergusson visited the Pukeora Sanatorium. They were received by the Medical Superintendent, Dr. Maclean, and the Matron, Miss Landon, who presented her Excellency with a beautiful bouquet of flowers. The visitors visited the shelters and talked with the patients, and afterwards tea was served in the nurses' sitting room.

# The Warmth that Heals !



## Between the Doctor's Visits

When the doctor has paid his daily visit, every potential ache and pain in the body is apt to assert itself, as though the coast was now clear. No nurse likes to send or telephone frequently to the doctor without due need. Neither does she feel justified in prescribing sedative or analgesic drugs on her own initiative.

Fortunately, she is not unarmed. Wherever the ache or pain may be, the nurse can, in nearly every case, afford great relief by applying **Thermogene** to the affected part. It can do nothing but good; for not only does it soothe by its genial warmth, but it relieves nearly every sort of referred pain. Doctors recommend it, and patients ask for it. **Thermogene** is a carefully prepared pure cotton wadding, remarkably soft and fleecy, freed from dust and other impurities, and impregnated with skin stimulating vegetable essences.

**THERMOGENE**  
MEDICATED WADDING

**FREE SAMPLE**

A full-sized box with a copy of "Surface Therapy," will be sent FREE to any nurse who is unfamiliar with THERMOGENE and its many uses in practice.

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72 Dixon Street, Wellington.

## Notes from the Hospitals and Personal Items

### BIRTHS.

Mrs. Gibbs (Sister Ogilvie, of the Wellington Hospital) has a little son born at Christchurch.

Mrs. A. Irvine (Sister Kathleen Reid) has a little daughter, Elizabeth Joyce, born in May, at Hamilton.

On March 8th, the wife of the Rev. Henry Moody, Eagle, Alaska, of a son. (Nurse Doris Anderson.)

On May 17th, at Kaeo, North Auckland, to Mr. and Mrs. Ivan Clifford (Sister Jean Cameron, N.Z.A.N.S.), a daughter.

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### MARRIAGES AND ENGAGEMENTS.

Nurse Nora Henley, who recently completed her training at the Christchurch Hospital, was married in April to Dr. William Anderson Bird.

Sister Annie Rose, Reserve, N.Z.A.N.S., was recently married to Mr. L. W. Holdaway, of Pahiatua.

Miss Maude McGruer, Matron of Taihape Hospital, was married recently to Mr. Charles Stewart, of Taihape.

Sister C. C. Clark, of the Tauranga Hospital, has resigned her position as night sister on account of her approaching marriage. She was presented with a beautiful handbag from the Matron and staff, with best wishes for her future happiness.

Nurse Ada G. Thompson, trained at Christchurch Hospital, is now Mrs. A. O. Craigie, of 42 Upland Road, Wellington.

Nurse Linda Anderson is now Mrs. Levin, and has made her home in Cambridge.

The engagement is announced of Miss Erica McClatchie, Christchurch Trained Nurses' Club, to Mr. Fred. Withell, of Motukarara.

Miss A. M. Rowe, who has been a member of the Nurses' Club, Christchurch, for

several years, was married, on November 23rd, to Mr. F. N. Richardson, of the Land and Survey Office, Christchurch.

On February 1st, at St. Barnabas', Fendalton, by the Rev. Leash, Miss M. Gifford, Nurses' Club, to Mr. D. O. Rutherford, Culverden.

Miss M. Cochrane, Waimate, was married on March 14th to Mr. Daniels, Christchurch. Miss Cochrane was trained at Ashburton Hospital, and has been on the staff of the Nurses' Club, Christchurch, and also at Reefton Hospital. Mr. and Mrs. Daniels leave for England early in April.

On May 29th, in the Presbyterian Church, at Waipu, Nurse Isabella McLeod was married to Mr. William McKenzie Griffin, of Maungaturoto. Miss McLeod had been district nurse at Waipu.

### PERSONAL ITEMS.

Miss A. Murray, Matron of the Tauranga Hospital, writes that she has now a nice vegetable and flower garden at the Hospital. She had a visit from Miss Benjamen, Matron of Gisborne Hospital, who stayed with her a week while on annual leave.

Sister Whyte, of Southland Hospital, has been appointed night sister at Tauranga Hospital, in Sister Clark's place.

Nurse Civil, late of the Waikato Hospital, writes from India, where she is doing missionary work. She has had some interesting midwifery cases under great difficulties. We hope to hear something of her work later.

Nurse Ann E. Irwin, trained at the Alexandra Home, Wellington, is at present in charge of the Pongaroa Cottage Hospital.

Sister G. Metherill, who recently completed her midwifery training at St. Helens, Christchurch, is at present private nursing from the Nurses' Club, Wellington. She intends then taking her Plunket training at Karitane Harris Hospital.

**“The Relief is  
simply wonderful”**



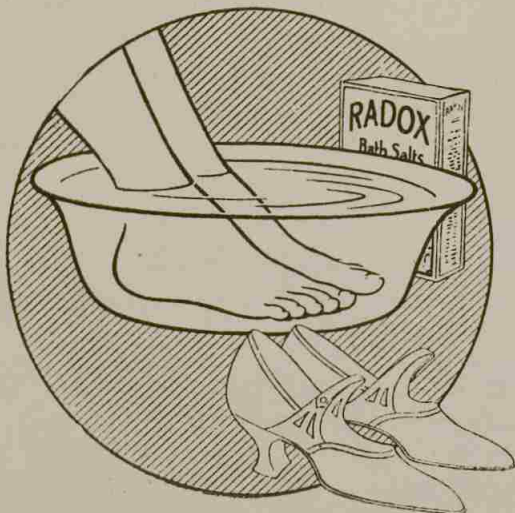
### **A Grateful New Zealand Nurse writes:**

*“Out of sheer gratitude I must tell you what a ‘Godsend’ Radox Bath Salts have been to me. My feet have at times been very painful indeed, especially under the soles, the skin getting hard, calloused and thickened. I started to use Radox Bath Salts about the beginning of last summer and through a busy six months I have not had an hour’s discomfort with my feet. The relief is simply wonderful—no corns, no soreness, no more stinging aches. Yours gratefully,*

*“G.R.M. (N.Z.R.N.)”*

*23rd Feb., 1927.*

When you dip your foot into a foot bath containing Radox Bath Salts, the dead skin combines with the Radox Bath Salts to form a protein salt of the actual corn itself. This protein salt dissolves in water like ordinary salt, and so loosens the corn that it may be lifted out bodily, root and all. Radox does not affect the living skin: it is only the dead skin of the actual corn which is dissolved.



## **Radox Bath Salts**

Manufactured by E. Griffiths Hughes Ltd., Manchester  
(Established 1756)

Supplies stocked by Fairbairn Wright & Co.,  
Auckland, Wellington, Christchurch and Dunedin,  
and by all Wholesalers, Chemists and Stores  
throughout New Zealand.

Sister Grace Reid has returned from her second term of service on the staff of the Apia Hospital, Samoa.

Nurse Helen M. Siddell has joined the staff of the St. Helens Hospital, Christchurch.

Miss Janet M. M. Hewson, trained at Greytown Hospital, and until recently Sister at the New Plymouth and Wanganui Hospitals respectively, left for Australia on April 27th. After a holiday in Sydney, Miss Hewson hopes to do some nursing in Sydney and Melbourne, and will then go on to Canada.

Miss Edith E. Simpson, trained at the Auckland Hospital, and Sister of that institution for several years, left for Sydney, Melbourne and Canada, with Miss Hewson.

Miss Beatrice McLean, Matron of the Hawke's Bay Children's Homes, Napier, has just returned from a delightful trip to Sydney and Melbourne.

Miss K. M. Moore, trained at Auckland Hospital, who for the past year has been on the staff of the Ear and Eye Hospital, Victoria Parade, Melbourne, intends visiting England during 1928, to increase her experience in this branch of nursing.

Nurse Dorothy E. Halpin has been transferred from the staff of St. Helens Hospital, Christchurch, to that of the Townley St. Helens, Gisborne.

Miss Ethel G. Earl, trained at the Wai-kato Hospital, Hamilton, and the Kawa Kawa Maternity Hospital, has been transferred from the Gisborne St. Helens Hospital to St. Helens Hospital, Wellington.

Miss J. M. Hagen, who recently returned from the Women's Hospital, Melbourne, where she trained as a midwife, is proceeding to Samoa by the June boat to join the staff of the Apia Hospital.

Sisters K. Stewart and G. Reid, who have just completed their service at the Apia Hospital, Samoa, returned to New Zealand by the March boat.

Miss Drummond, Matron of the Waipukurau Hospital, was recently granted

a month's sick leave, and has made a good recovery after an operation for appendicitis at the Bowen Street Hospital.

Miss Carston, from the Waipukurau Hospital, has been visiting Wellington.

Sister Anderson, for six years on the staff of the Palmerston North Hospital, has resigned on account of a breakdown in health.

Miss Hood wrote from Sydney, where she was visiting her relatives. She was feeling much better in health. She had seen Miss Cameron several times and found her much better and brighter than when she was in Christchurch.

Miss Jessie Ross has returned from England, and is private nursing in Christchurch.

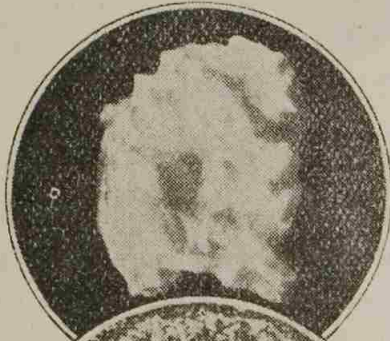
Misses Higgs and Wilson have severed their connection with the Nurses' Club, Christchurch, and are returning to England after an absence of many years. Both nurses were given a farewell afternoon by their colleagues, as a small token of the high esteem in which they were held.

Miss Higgs, who has been in New Zealand for nearly 20 years, was the recipient of many useful gifts by doctors, expatriates, nurses and friends, including a Kaiapoi rug from the nursing staff. Miss Wilson received a handsome scarf and hat box from the Club, and many other individual gifts from her friends. They left Wellington by the "Marama," connecting with the "Largs Bay" at Sydney. Many friends gathered, both at train and steamer, to say good-bye, and their loss will be keenly felt. Their last remembrance of New Zealand was some beautiful flowers in their cabin with a card wishing them bon voyage from the nurses.

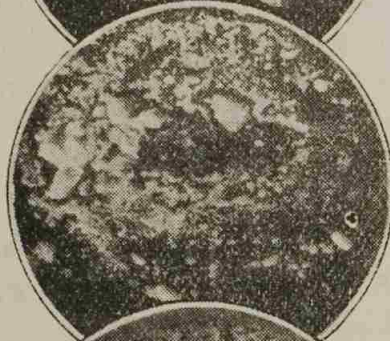
Nurse Kathleen Hall, mission nurse in China, is at present visiting Wellington and New Zealand.

Mrs. Oliphant (nee Miss Dora Reiper) was visiting Wellington, but was suddenly recalled to Auckland on account of the illness of her little boy, who was operated on for appendicitis.

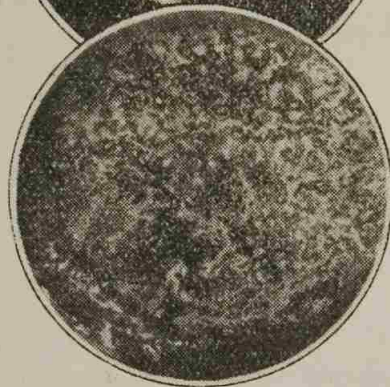
# This Barley is a wonderful aid to infant digestion



Indigestible clot from ordinary cow's milk (or milk and water, etc.).



Milk diluted with a weak barley water, prepared from Robinson's "Patent" Barley. The clot is mainly broken up and rendered a great deal more digestible than milk diluted with plain water.



Milk diluted with barley water prepared from Robinson's "Patent" Barley according to directions. Note how clot is entirely disintegrated and hence made easily digestible.

Pure Barley water is known to have a wonderful effect in breaking up the milk curds in an infant's stomach, thus making them digestible. The above photographs demonstrate more clearly than any words could, how effectively this is done by Robinson's "Patent" Barley. Its purity and the ease of its preparation make it ideal.

# ROBINSON'S

"Patent"

# Barley

Manufactured in England by  
**KEEN, ROBINSON & CO., LTD.**





BY APPOINTMENT TO  
H.R.H. THE PRINCE OF WALES

KOLYNOS INCORPORATED  
LONDON ENGLAND

*Please write for Free Professional  
Samples to—*

Kemphorne Prosser & Co's.  
New Zealand Drug Co. Ltd.,

Wellington Auckland  
Dunedin Christchurch

# KOLYNOS

## DENTAL CREAM

(MADE IN ENGLAND)

### BEFORE THE NEXT OPERATION

and after, the most vital part of your personal preparedness is the thorough cleansing of the mouth — for the same reason that the doctor's instruments are sterilised on the instant of using. The most efficient cleanliness and mouth sanitation is maintained by the use of

### KOLYNOS DENTAL CREAM.

Regular use of Kolynos keeps teeth sound and white by natural means; it contains **no grit** to scour the priceless enamel.

Sister Goldsmith writes that she is now keeping house for her brother in Napier, and doing a little visiting nursing.

Sister Mary Gould has gone to South Africa, and is going to do private nursing in Durban, but first is to pay a visit to Mrs. Colinbrander, whose home is 70 miles out.

Sister Eileen Welch has gone to Durban, where she is doing private nursing.

Sister Kate McIndoe is in New York nursing, and is very successful. One patient had been left a fortune of seven million pounds by his wife.

Sister Slater, of St. Helens Hospital, Wellington, has joined the staff of the Westport Hospital.

Miss Bagley, Matron of St. Helens Hospital, Wanganui, spent a week-end in Wellington in June.

Miss Pownall, Matron of the Otaki Sanatorium, writes that she has been vis-

iting sanatoria about Manchester. She saw Dr. Sutherland, the senior tuberculosis officer, to whom she had a letter of introduction from Dr. Jane Walker, who kindly arranged for her to see the various places. Although much bigger than the New Zealand Sanatoria and very up-to-date and convenient, especially in regard to kitchens and laundries, she did not find that they were better, and in many ways our own pleased her more. Everyone was very kind, and she enjoyed her visits. She expects to leave Southampton by the "Ionic" on August 17th.

Miss Stubbs, late Matron of Invercargill St. Helens, spent a very enjoyable holiday in a motor tour of the North Island with Miss Keddie, Matron of Waikato Hospital. On her way home to Timaru, she spent some days with Miss Newman, at St. Helens, and with Miss Maclean, at Highland Park. Miss Stubbs is very well and much enjoying her retirement.

# For Anaemia

## *Wincarnis Enriches and Builds*

In the various forms of Anaemia, as seen in growing girls, during convalescence, and after operations, Wincarnis stimulates the formation of richer blood, and a great improvement in nutrition is quickly seen.

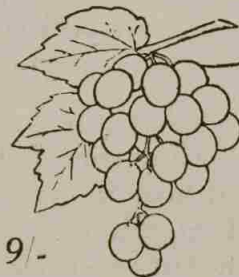
A Doctor writes:—

“I have prescribed “Wincarnis” for some years in cases of Anaemia and Debility, particularly the debility which follows such a large number of cases of Influenza, and am gratified to say that I have had most excellent results. It appears to literally put ‘new life’ into patients, and nothing that I know can in any way replace it. It justifies all and more than you claim for it.”

(Signed) M.D., D.P.H.

# WINCARNIS

The GOOD  
Tonic Wine



*Medium size, 5/6 ; Large size (double quantity) 9/-*

Obtainable from all Wine Merchants, Licensed Chemists and Stores.

Manufactured by

**COLEMAN & CO. LTD., NORWICH, ENGLAND.**

Nurse Etna Rolfes, who trained at the Wellington Hospital, and has been ill for some time with tuberculosis, after spending some time at the Otaki Sanatorium, has now been transferred to the Ewart Hospital, Wellington, under Dr. Short, and her friends will be glad to hear she is making good progress.

Nurse Phyllis Rolfes, her sister, who trained at Christchurch Hospital, is now in Wellington.

Miss Louise Bennett, R.R.C., left on June 1st for Sydney, where she intends to stay for a short time before proceeding to South Africa to visit a niece. Later she intends to go to St. Helena, where she was Matron of the Hospital for four years.

Sister Edmondstone is now in Hamilton, where she has undergone an operation, which, it is hoped, will greatly improve her health. She is in Miss Hawkins's Private Hospital, and is making an excellent recovery.

Her many friends will be pleased to learn that Miss McKenny, after her long period of treatment early in the year at Miss Kohn's hospital, in Wellington, has now returned to duty at Wanganui Hospital. She feels very fit and well, and we hope she will be able to carry on her arduous duties as Matron with the same satisfaction to herself and those working with her as of old.

Miss Broad was in the Wanganui Hospital for a fortnight with an attack of influenza. She has now returned to duty in Wellington.

Miss Newth, who trained at Palmerston North, writes that the various nurses from that hospital now in Auckland—Sister O'Sullivan at St. Helens, Sister Daniel at Mount Pleasant, Sisters Adams and Halley, and Mrs. Hill (Nurse Rhodes), Mrs. Rauston (Nurse Broderick) and herself—hoped to have a little reunion shortly. Miss Newth was hoping to return to hard work again soon.

Sister Molyneux has been appointed dietitian at the Christchurch Hospital, and Sister Randal assistant dietitian.

Sisters Dodds and Maclellan, of Dunedin, have opened a private convalescent hospital in Dunedin.

Miss Thurston wrote in May that she was about to start for a trip abroad, to Paris, Aix les Bains, and Switzerland. She was very well, and desired to be remembered to her friends in New Zealand.

During their term the post-graduate students have been entertained by various people interested in the new development. Miss Maclean and Miss Moore first invited them to an afternoon at Highland Park, when a lovely afternoon was spent in the garden. Miss Bicknell invited the bridge players on one evening, and those who did not care for cards for afternoon tea. Miss Inglis had two gatherings at her flat, and the last entertainment was on Saturday, June 23, when Dr. Ada Paterson invited them to her flat to afternoon tea. Several of the school nurses were present, also Miss Bicknell, Miss Maclean, Miss Moore and Miss Lambie.

Sister Comrie, who is now acting as ante-natal sister at Auckland St. Helens, in Miss Wise's place, was spending her leave in Wellington, and was among the guests.

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#### Notes from the Plunket Nursing Service and Karitane Hospitals.

In May, Miss Isabel Murray commenced work as Plunket Nurse for the newly established Granity Branch of the Society. Granity was previously a sub-branch of the Westport Branch, and Miss Murray had been Plunket Nurse at Westport for three and a half years before she resigned, in order to undertake the work of the new branch, with headquarters at Granity. Miss M. H. Benn relieved Miss Murray of her duties at Westport.

Miss H. S. Graham, formerly Plunket Nurse at Dargaville, has now been appointed to Milton, to fill the vacancy caused by Miss Lee's resignation.

Miss B. Jesson has rejoined the Plunket Nursing Service after an extended

# BUILDS FOR LIFE!

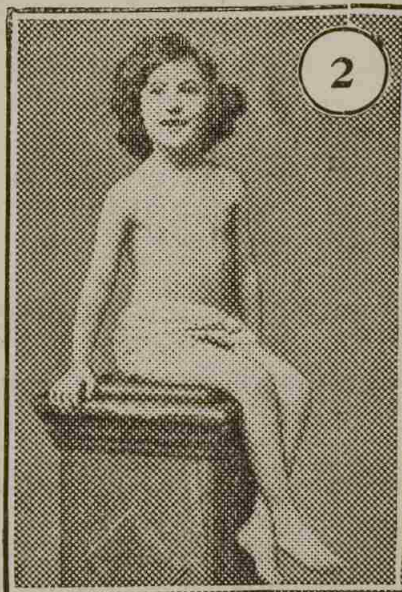
MRS. BAKER  
and her new baby  
TO-DAY



MRS. BAKER WHEN A CHILD



Age 5 yrs. 7 mths. Weight 1 st. 7 lb. 2zo  
BEFORE TAKING VIROL



Age 6 yrs. Weight 3 st. 2 lb. 2 oz.  
AFTER 5 MONTHS ON VIROL

## Pre-Natal Feeding

Fifteen years ago Mrs. Baker (then a child of six) was at death's door. Virol saved her life and laid the foundations of her own permanent good health and that of her child.

Read what Mrs. Baker says herself:—

Dear Sirs,

January, 1927.

"I feel sure that the enclosed photograph (printed above) of two generations of Virol children will interest you. As you already know, my life was saved by Virol during a severe illness, when I had been given up by the doctors, between 5 and 6 years of age. My baby boy is now ten months old, and is a splendid boy with fine strong limbs. He is full of life and very good-tempered. He has 8 teeth and is beginning to walk. I have breast fed him entirely till now, with the addition of Virol the whole time.

"I find Virol-and-Milk very valuable for myself."

(Signed) MRS. E. BAKER.

# VIROL

A building up food for all ages.

VIROL LTD., HANGER LANE, EALING, W.5, ENGLAND.

Messrs. WRIGHT, STEPHENSON LTD., P.O. Box 1520, WELLINGTON, N.Z. Agents for Messrs. VIROL LTD., LONDON.

These are guaranteed to be genuine photographs and accurate particulars of Mrs. Baker. This and every other case published by Virol Ltd. are open to the strictest investigation by any Doctor interested.

absence, and is now Plunket Nurse at Dannevirke.

Sister Satchell, of the Christchurch Karitane Hospital, has resigned and is leaving shortly for a trip to England.

Sister O'Neill, of Auckland Karitane, is away on an extended holiday in Australia.

During the present year, the following nurses have joined the staff in a temporary or relieving capacity:—I. Blake, W. E. Gott, D. Corbett, F. McKinnon, D. Cliff, M. M. Watt, M. Houghton, M. H. Benn, K. Thomas, I. Thompson, B. K. Merton, E. Fairweather, A. Rountree, B. Warneke, I. Doward, M. Shepherd, V. Milroy and J. Samson.

Nurse Kerr has been selected by the Wellington Hospital Board to take her Post-Graduate Course next term.

Nurse Firth-Jackson, who has been on the staff of the King George V. Hospital, has joined the staff of the Pleasant Valley Sanatorium.

Nurse Halliburton is now on the staff of the Apia Hospital, Samoa.

Nurse Maguire, of the C.S.M., Shanghai, is on furlough at her home fifty miles from Auckland.

Nurse Kathleen Paul, from Pekin, is on furlough, and when visiting Wellington again it is hoped to hear something of her work.

Several Missionary Nurses have expressed great appreciation of the letters and prayer leaflets they receive from the Women's Christian Union.

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### DISTRICT NOTES.

Nurse Scott, district nurse at Waihoa, South Westland, has returned to Christchurch, and is doing private nursing.

The Board has allowed the position to lapse.

Miss Cameron, R.R.C., has been spending a holiday with her sister at Wagga, N.S.W. She enjoys the country life. She is allowed her holiday by the Repatriation Committee, and a nurse is sent with her from the Private Convalescent Home, where she has been for several years.

Many old friends will be pleased to hear that Sister Howatson, after seven years, has just resumed her nursing work, having been pronounced fit for light duty. She has taken the position of afternoon duty offered her by Miss Wilson on the staff of the Waipiata Sanatorium.

Sister Mollie Hancock, of Dunedin, is at present in Wellington taking her midwifery training at the Alexandra Home.

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### PERSONAL ITEMS FROM DUNEDIN.

Mrs. J. Ross, Wairoa (nee Hesta Grant), has been visiting her father, the Rev. Wm. Grant, of Port Chalmers, but she was unfortunately called home owing to Dr. Ross's illness.

Miss Nettie Mandeno has been visiting her brother in Dunedin, but she has now returned north.

Miss Murial Campbell, Miss Irene Campbell, and Miss Davidson, trained in Dunedin Hospital, have been appointed sisters on the staff.

Miss M. Wilson, Matron of the Cromwell Hospital, is on a holiday visit to the North Island. Miss E. Bell is relieving her.

Miss Helen McLeod, trained at Dunedin Hospital, is to be married to Mr. Wylie, of Tapanui, on the 26th June.

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### PERSONAL NOTES FROM CHRISTCHURCH.

Miss Hood, Matron, Nurses' Club, Christchurch, has returned to New Zealand from Sydney, and at present is the guest of Mrs. Shrimpton, Hawke's Bay.

St. George's Hospital was opened on February 11th, and the staff has been

very busy ever since. The appointments of the Hospital are excellent, especially the heating system, the latter being much appreciated by both patients and nurses this cold weather.

The trip to the Franz Josef Glacier is becoming very popular, both with local nurses and visitors from overseas. Miss Carney and Miss Mercer, of Christchurch Club, spent a very enjoyable holiday there at Easter.

Other nurses who went over from Christchurch were Misses Wells, Pitt, Francis and Griffiths, all of Melbourne.

Miss Hennessy and Miss Aldridge, both of Wellington Hospital, have just concluded a holiday on the West Coast, and have joined the staff of the Nurses' Club, Christchurch.

Miss Beyers, trained at Wellington Hospital, and who has since been private nursing in Christchurch, left early in May for England.

#### NOTES FROM AUCKLAND.

The Auckland Hospital Auxiliary held a Hospital Week from May 27th to June 2nd. Among other fixtures there was a re-union of Auckland Hospital trainees at the Hospital in the afternoon, when they were the guests of Miss Taylor, the Lady Superintendent, assisted by Miss Rudd. Music and tea were provided in the spacious lounge of the Nurses' Home. The guests found their time fully occupied in renewing old friendships and talking over past days, and it was felt to be a very happy thought of Miss Taylor. Many nurses of the old school visited the Nurses' Home for the first time, and their tour of inspection was an eye-opener to see how the last word in comfort was provided for the fortunate staff. Another interesting occasion was the lecture which Dr. Paget, Inspector of Hospitals, kindly consented to give at the Nurses' Club. His subject was "The Aseptic Technique in Midwifery."

The lecture was well attended, and Dr. Paget took infinite pains to demonstrate



## Consumption

is an ever present danger to the weak.

The ease with which one can become infected is an alarming feature of this dread disease. The risk is greatest when the health is not at its best.

You can lessen the danger, maintain health and protect the lungs with regular spoonfuls of SCOTT'S.

No strength-maker is so pure  
—none so sure as

# Scott's Emulsion

It brings health to all  
JUST AS GOOD FOR ADULTS

simple methods to provide satisfactory technique which can be carried out in every private house, as well as in every hospital.

After the lecture, the nurses surrounded Dr. Paget and his demonstration table in order to see and handle the practical outfit. Supper was then served.

During the week also, the Girl Guides and girls from secondary schools were shown round the hospital.

Miss Gladys Whyte, late Maori Health Nurse, Auckland, writes from Karitane Hospital, Dunedin, that she is thoroughly enjoying her training, and finds the work very intensive, but very interesting; she also admires the wonderful view from the Hospital, and refers to the friendly spars between nurses from the various training schools, there being four Auckland nurses, including Miss R. E. Till, undergoing training at present.

### APPOINTMENTS AND RESIGNATIONS.

Miss Grace Calder, of Dunedin, who has just completed her midwifery training at St. Helens, Dunedin, has now been appointed District Nurse at Stewart Island. Sister Calder was one of the first fifty New Zealand nurses to serve during the war.

Miss Nurse has been appointed temporarily Matron of the Greymouth Hospital, to relieve Miss Braidwood, who is on sick leave. Miss Nurse previously acted as temporary matron at Greymouth.

Miss N. Sullivan has resigned the Matronship of Kaitaia College Hospital, and has been replaced by Miss Grace Young.

Miss M. King has resigned the Matronship of Whangaroa Hospital, and Mrs. North (Sister Kittlety, ex-Army sister),

who had been living in the district, has been appointed Matron.

Miss M. K. Stevenson has been appointed Matron of the Taumarunui Maternity Hospital, vice Miss Rose Dale, who has gone to Australia.

Miss Jessie Short has resigned her position as sister at Tauranga Hospital, and contemplates a trip to Australia in the near future.

Miss J. O'Neill, Sister-in-Charge of the Mothercroft Cottage at Karitane Hospital, Auckland, has resigned, and has gone to Australia.

Miss E. J. Chappell, of the Tauranga Private Hospital, has been appointed Matron of Te Puke Cottage Hospital.

Miss M. C. Roberts, late of Te Puke Cottage Hospital, has been appointed Matron of Opotiki Hospital, vice Miss T. E. Lowes, resigned.

Miss Hogg, who was Matron of the Hamilton Hospital for a time, is now Matron of a Hospital in Delhi.

Miss E. M. Taylor, trained at Wanganui Hospital, has been appointed Matron of Taihape Hospital.

Nurse Bradshaw has returned to the staff of the Wellington Hospital as Sister-in-Charge of the casualty department.

Nurse Aldrich has joined the staff of the Wellington Hospital as Sister.

Nurse Burrell has joined the staff of the Wellington Hospital.

Sister E. H. Bell, trained at Dunedin Hospital, who has lately been at Cromwell, has been appointed Matron of Dunstan.

Sister Woodhouse, trained at Wellington Hospital, has been appointed visiting Nurse from the Hospital.

Nurse E. Tamblyn and Nurse M. L. Turner have resigned from the staff of the Wellington Hospital.

## Te Deum Vitae

For violets, the dewy eyes of spring,  
For happy mating birds that soar and sing,  
The pure, pale primrose and the daffodils,  
For every censer that rich incense spills  
With such largesse on each warm summer  
breeze;

The clustered blossom on the orchard trees  
With its fair promise of abundant fruit;  
For each green tree, and every infant shoot  
That in its season beareth stalk and ear,  
Till golden fields tell harvest time is near;  
For the new life, the little lambs at play,  
Spring's resurrection brings away;  
For all Thy gifts, our thankfulness outpoured  
Is little worth, but still we thank Thee, Lord!

For all the friends who on this weary road  
Have given counsel, helped to bear our load;  
For times when dark storm-clouds have been  
dispelled,—

The gloom and terror when our hands were held  
So fast in Thine that fear could find no place  
When, though we could not look upon Thy face,

Thy voice we heard, and felt Thy presence near,  
And knew that unto Thee we were most dear!  
Hours of pure joy, exquisite, fleeting, few,—  
O Man of Sorrows, Thine were fleeting, too!  
These hours of sunshine on our hearts record,  
Lest in the winter we forget them, Lord!

For ears attune to catch the wild bird's notes  
For melodies that pour from human throats,  
For wondrous ones who caught and made our  
own

The singing water and the tempest's tone,  
For royal souls who serve their fellow-men,  
For all who made us rich with brush and pen,  
(Alas! for those who write unworthily,  
All who offend their fellow-men and Thee!)  
For all the gentle, tender ministries  
That smooth our paths, Thy Spirit's mysteries;  
For all of beauty, all of love and mirth,  
Which Thou hast sent to glorify the earth,  
Thy grateful children all with one accord,  
Unite to magnify Thee, gracious Lord!

—L. M. Macdonald.

## 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 **The Secretary, "Kai Tiaki," 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 let-

ters, 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 not later than 15th December, March, June and September, 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.



