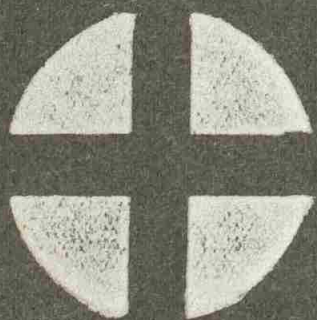


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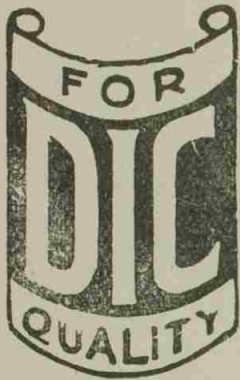
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Editorial

Partly as an outcome of the formation of the Obstetrical Society, New Zealand Branch B.M.A., it has been decided that a large and modern Obstetric Hospital should be erected at Dunedin.

This Hospital will take the place of the present small Maternity Hospital, St. Helens and the Batchelor Hospital. It is to be administered by the Otago Hospital Board, and to be a part of the Medical School. By this provision it is hoped to give to the medical students and midwives a more complete training and experience in modern obstetrics, and so to reduce the rate of maternal mortality, which in this country, as in most other parts of the world is far too high. Hitherto the training, especially of the medical students, has been more theoretical than practical, and the young doctors have been turned out on the world, often as country practitioners far from aid, with very little experience in the delivery of women in childbirth. Midwives have had a more practical training, being obliged

to personally confine at least 20 women, but as they have to depend in abnormal cases on medical aid, it can be recognised that those doctors they have to call in, need a thorough knowledge and practical experience of difficult cases, especially those needing instrumental interference.

It has been much felt that there have been no residential posts for young obstetric surgeons, and this lack it is hoped to remedy. More and more here as well as in other countries it is being recognised that midwifery is best in the hands of midwives, and that midwives should have the background of general medical and surgical training supplemented by more extensive training in the special branch of obstetrics, so that they will be able to deal with all but really abnormal cases. The training under the Nurses' and Midwives' Board has been lengthened to eight months, which is two months longer than that under the Central Midwives' Board, London, or the

Boards in the other Dominions. In the Scandinavian countries midwifery is greatly in the hands of midwives, and the training has been two, and in some places, three years, but it must be remembered that this is for otherwise untrained women, so that the three and often four or more years previous experience of our general trained midwives seems to

be more than equivalent. In New Zealand nurses are reluctant to take on the great responsibility of maternity work, and yet now that nearly all surgical work is done in private hospitals, those nurses who do like the entire charge of a patient will have better scope in maternity than in general work.

The Post-Graduate Course

The second year's Post-Graduate Course for nurses came to a completion on the 30th August, 1929, all the students successfully passing the required examination.

The Hon. A. J. Stallworthy, Minister of Health, presented the diplomas at an informal morning tea given by him at the Parliament Buildings for the students and those members of the Department of Health who had been concerned with their instruction. Opportunity was taken at this meeting by Dr. Valintine, Director-General of Health, to give an address to the students in which he wished them success and hoped that they would uphold the tradition of the New Zealand nursing profession which was again typified, he said, "in the conduct of the nursing profession under the trying conditions experienced in the hospitals in the Nelson and West Coast areas during the recent earthquake."

On the afternoon of the same day the Wellington Branch of the Trained Nurses' Association entertained the students at afternoon tea at the Nurses' Club, at the same time welcoming Miss Bicknell, Director of the Division of

Nursing, back to New Zealand from her recent visit to the International Conference of Nurses held at Montreal. After a delightful afternoon tea was passed round, Miss Kohn, President of the Branch, congratulated the students on their success and expressed the hope that they would all take a very active part in the work of the N.Z.T.N.A.. She then asked Miss Bicknell to relate some of her experience at the Conference.

Miss Bicknell expressed her pleasure at returning in time to meet the students before they dispersed, and then proceeded to relate many of her interesting experiences and give them a graphic account of some of the leading personalities who were present at this vast Conference. In concluding, she wished the students every success in their future professional careers.

As a final farewell the class entertained the two Instructors at a very happy luncheon party at the Ritz, much to the amusement of the "lounge lizards" in the restaurant. After some witty speeches from the students, the party broke up with singing "Auld Lang Syne."

The Nursing Journal—"Kai Tiaki"

It was decided at the recent Conference of the Trained Nurses' Association that the Journal should be issued two-monthly beginning in November with this number. The subscription has been fixed at 10/6 for the coming year, payable in advance, so it is now due. It was also de-

cidated not to combine the two subscriptions at present, but all fees are to be paid to the branch Secretaries. Full particulars will be given in the next issue.

H. C. INGLIS,

Hon. Secretary-General,

N.Z.T.N.A.

Annual Report of the New Zealand Trained Nurses Assoc.

October 1, 1929.

The twelfth Annual Report of your Association is now presented to you.

The chief interest of the year was the quadrennial meeting of the International Council of Nurses, which was held in Montreal last July. The Association had decided to send a delegate, and Miss McKenny was chosen. Later, the Association approached the Minister of Health, Mrs. Tracy Inglis, President, and Miss McKenny acting as a deputation to him. The result was that the Government agreed to send Miss Bicknell, Director of Nursing, to represent the Dominion. The Journal will contain a short account of the proceedings in Montreal.

The financial position of "Kia Tiaki," the New Zealand Nursing Journal, has caused considerable concern. We are very anxious to issue the Journal two-monthly, but that entails greater expense, though we hope there will be added revenue from advertisers. The Executive appointed last October to deal with this matter, propose that the two subscriptions—the Association and the Nursing Journal—should be combined and fixed at one guinea. The

extra amount received through a larger number taking the Journal will more than cover the cost. To ascertain the feeling of members a circular was sent out, and of the 1,300 delivered forms, 204 were returned with an adverse vote. The question will come up for decision during the present Conference.

We regret to record the death, from influenza, of Miss Jean Todd, a former Matron of Timaru Hospital, and latterly honorary secretary for "Kai Tiaki." A Matron who worked under her and loved her, as every one else did, says: "There was never a better nurse or a more conscientious, painstaking Matron turned out of a New Zealand Hospital."

A new branch has been formed in Gisborne with a membership of 32. A very hearty welcome is extended to them. There is every prospect of branches being formed in Hamilton and Timaru at an early date.

G. TRACEY-INGLIS,

President.

H. C. INGLIS,

Hon. Secretary-General.

N.Z.T.N.A

Taranaki Branch

A very pretty incident occurred at the close of Dr. Reid's lecture in May, when the President, Miss Campbell, took the opportunity of welcoming Nurse Barbara Bacchus, who is Taranaki's first Associate Member of N.Z.T.N.A.

Miss Campbell spoke a few words congratulating the movement of the last Nurses' Conference at Dunedin in making it possible for third year nurses to join the Association as Associate Members. She then presented Nurse Bacchus with a book (Watsons' 1928 Edition) as a memento of this occasion.

Nurse Bacchus, in thanking Miss Campbell, made one feel the decision of accepting Associate Members will be

very much appreciated by third year nurses.

This Branch has now a membership of 50.

The series of lectures arranged for the winter months has been keenly appreciated by all members.

The following is the series:—

May.—Dr. W. J. Reed. Endocrines and Gland Therapy.

June.—Miss M. Wise, Nurse Inspector. Ante Natal.

July.—Dr. R. J. Mcreddy. Dietetics.

August.—Dr. Burns. The Heart and its Disorders.

September.—Dr. D. E. Brown. The History of Bacteriology.

Hawke's Bay Branch

The August meeting of the Hawke's Bay Branch of the N.Z.T.N.A. was held in Hastings, in Mrs. (Dr.) Wright's drawing-room, which was beautifully decorated with flowering-plum blossoms and sprays of pussy-willow. Thirty-two nurses were present, the majority of these had motored out from Napier. Dr. Reeves, of Havelock, gave a very instructive lecture on the digestive juices, and although he was too shy to wait

for a formal vote of thanks. The nurses showed their appreciation by simply clapping him out of the room. After the remits for the October Conference of the N.Z.T.N.A. were discussed, a delectable afternoon tea was served. Before the close of the meeting a hearty vote of thanks was given to Mrs. Wright for the generous hospitality which had given such pleasure to so many nurses.

Obituary

The death of Sister Jean Todd, which took place in August, in Masterton, was a great shock to her many friends. Although never strong, she had been in better health till an attack of influenza caused her death. Sister Jean, as she was always affectionately known, was trained at the Wellington Hospital, and was Matron of Timaru Hospital. Later she was Secretary of the Wellington Branch of the N.Z.T.N.A., and assisted with "Kai Tiaki," residing at the Club. She was beloved by the many nurses who passed through there, as well as by those with whom she trained and those she trained at Timaru. Great sympathy is felt for her sister, Nurse Ida Todd.

Large numbers of beautiful wreaths and flowers were sent, among others one from the Wellington Branch.

Miss Siddells of the Private Hospital, Masterton, and Miss Bicknell, Matron of the Public Hospital, attended the funeral. They were grateful and thankful to be present, and felt they were a tangible link representing the spirit of the nursing world tending her whither she had gone.

The death of Miss Harriett France took place at Auckland Hospital on October 19. Miss France was the daughter of one of Wellington's early doctors, and she was one of the early trainees of Wellington Hospital under Dr. Ewart and Miss Godfrey. After private nursing she retired from active work, but during the war took charge of the old men from Victoria Ward in their temporary home. Her

many old friends will read of her death with great regret.

Sister Elie Richardson, late N.Z.A.N.S., passed away on 22nd September, at a private hospital in Wellington. She had been in bad health for some time and her many friends could not have wished her to linger on a hopeless invalid. She was trained at the Timaru Hospital, and took her Plunket training at Karitane, after acting as a Plunket nurse. When the Great War broke out she volunteered at once, and was sent away on the hospital ship Braeama. She afterwards worked at Trentham, and during the influenza epidemic worked devotedly until she herself contracted the disease and was very ill. Later she went to a sister in America, where she nursed for a time before returning to New Zealand. Her sweet unselfish disposition endeared her to all who knew her, and she will be much missed.

A service was held at held at the residence of her cousin, Mrs. Meeks, at which Miss Bicknell, A.R.R.C., Matron-in-Chief, Miss Speedy and Miss Lea attended. Among many beautiful flowers was a wreath from the N.Z.O.W.W. Association.

The sympathy of the many nurse friends of Miss May Chalmers is extended to her and her sister, Clara, in the sad death of her sister Edith, which took place at Feilding on 10th September. Miss Edith Chalmers had until her illness been helping her sister in her private hospital, and will be much missed by many friends.

Annual Conference of the New Zealand Trained Nurses' Association

Held at the Nurses' Club, Mountain Road, Auckland

The Central Council of the N.Z.T.N.A. met for their annual meeting at the Nurses' Club, Mountain Road, at 2.30 p.m. on October 1st, 1929.

Present:—President, Mrs. Tracy Inglis; hon. secretary, Miss Inglis. Delegates from Auckland: Miss Kidd, Miss Bagley, Miss Martyn, Miss Macfarlane. Wanganui: Miss McKenny, Miss Boyce, Miss Livingstone. Otago: Miss Holford, Mrs. Brew. Wellington: Miss Kohn, Miss M. Bagley, Miss Orsman, Miss Burton. Canterbury: Miss Muir, Miss Knight. Taranaki: Miss Gill. Hawke's Bay: Miss Goldsmith. Gisborne: Miss North. Southland: Miss Keddie (deputy delegate). Nelson: Miss Moore, Miss Lambie (deputy delegate).

President's Address.

Fellow Members,—

It gives me very much pleasure on behalf of the Auckland Branch to welcome you to this, the Annual Conference of the N.Z. Trained Nurses' Association. In doing so, may I express the hope that our time will be spent with profit and pleasure to all.

I have held the office of President of this Branch since 1920, and in this, the last year of my term, I have appreciated the honour of being the N.Z. President. In accepting the position at the last Conference, I felt that I might have been allowed to retire in favour of some one who had had more recent experience in nursing, but I can assure you all, that during my year of office I have done all in my power to forward the objects of our Association.

In looking over back records I find that our Central Council was formed in 1909, and I think that in looking back over the last twenty years you will agree with me that it has fulfilled the objects aimed at. May I quote from the records of the sec-

ond International Conference, held in the same year that our Council was first formed, to show you how the aims and objects of our nurses have been more or less fulfilled:—

“The practice of nursing in the future will not be restricted to a few years of mechanical training in hospital wards, and subsequently to a more or less narrow sphere of influence; but under a comprehensive curriculum defined by State authority, it will attain a definite value to the community. So much of the moral welfare of the people depends on sanitary conditions, that a nurse who grasps the opportunity should find herself in intimate touch with her fellow creatures. It is not sufficient that she should be the instrument for the relief of suffering, she must be the harbinger of its prevention. Inspired by a fine militant spirit, she will make determined war upon the fundamental wrongs which conduce to low vitality and physical deterioration, and she will appreciate that the beneficent scheme of life is embossed in light and beauty. She will proclaim that health and happiness are synonymous and will teach fearlessly that the well spring of life must be pure, to contaminate it a crime, and that the life-giving elements are the common rights of the community. In the teaching of health laws we shall ourselves enter into the fuller complement of life.”

I think you will agree with me that many of these objects have been successfully achieved.

We have to welcome a new branch at Gisborne, and we are pleased to see that they are represented by Miss North.

I regretted very much that I was unable, as your President, to represent you at the International Conference held during the year at Montreal. However, you were represented by Miss Bicknell, Di-

rector of Nursing Services, who made a most efficient delegate. In order that you should be represented by the President, I retired from the chair for three months in order that Miss Bicknell might be appointed as President while attending the Conference.

Your Council appointed a delegation to wait on the Hon. the Minister of Public Health to put forward the claims of the Nursing Profession, to have an official delegate appointed to represent New Zealand, and I should like, on your behalf, to express our gratitude to the New Zealand Government for acceding to our request. Miss Bicknell was appointed to represent the New Zealand Government, and your Association was represented by her and Miss McKenny, who had already been appointed our official delegate, and we were very fortunate in securing her services. Needless to say, we shall all look forward with interest to hearing the report of our delegates, and I will now conclude by asking Miss Bicknell to give us a brief account of her stewardship in attending the Montreal Conference as representing the New Zealand Government and as President of this Association.

Miss Bicknell:

Mrs. Inglis has asked me to give an account of my stewardship during the three months for which I acted as President for the N.Z.T.N.A.

In the first place, I should like to stress the importance of our New Zealand delegate to any future meeting of the I.C.N. being appointed President for the time being. Only thus is she entitled to a seat on the Board of Directors, which, as you are aware, is the Executive Committee of the I.C.N., and is composed of the President, two Vice-Presidents, the Secretary, the Treasurer and the Presidents of National Associations.

The Grand Council consists of the Board of Directors, together with the accredited delegates from each country represented, and is the voting body.

I arrived in Montreal at 9.15 a.m. on July 2nd, but was unable to attend the morning session of the first meeting of

the Board of Directors, and thus missed hearing the minutes of the Geneva meeting read.

As it happened, it was at this meeting that the question of admitting passive members was discussed, the definition of the term being as follows:—"One National Association for each specialty in nursing composed of nurses fully trained in that specialty may become a passive member of the Council, provided that its constitution and by-laws are in harmony with those of the International Council and that it is affiliated to the Association of Nurses in that country which is already a member of the Council. The passive members will be formed into sections of the Council, each section representing one specialty of nursing. Chairmen of such sections may attend meetings of the Grand Council with voting power, if they are fully trained in general nursing."

The Board of Directors voted that the suggestion should be passed on to the Grand Council with the recommendation that it be not accepted, members feeling that the I.C.N. should stand for the fully trained nurse.

The suggestion was passed on to the Grand Council with the recommendation that it be not approved, and that body also decided that the admission of other than fully trained nurses would tend to alter the status and prestige of the I.C.N.

The report of the Treasurer was read and discussed. As will be seen by the statement of receipts and payments, there is a very slender balance £(21/8/2), and this is only possible owing to the fact that the Secretary, Miss Reimann, has herself paid the salary of an Assistant Secretary. The Board of Directors felt that in order to put its affairs on a more independent and self-respecting basis, the necessary assistance for Miss Reimann, who is already over-burdened with work and responsibility, and whose health is in imminent danger of breaking down, should be provided by the Council, and as promptly as possible.

It was decided that the only possible way to obtain the necessary funds was

to increase the dues, and the matter being referred to the Grand Council, it was unanimously resolved to raise the amount paid by each National Association to 8 American cents per capita, or its equivalent, the money to be paid in sterling, as the dues are received in London, and a considerable amount of income is at present lost in paying exchange on foreign money.

The official journal having been run at a loss, the Committee on Publications and management of the I.C.N. made the following recommendations, which were considered separately:—

- (1) That the annual subscriptions to the I.C.N. be raised to two dollars, or ten Swiss francs, beginning January 1st, 1930.—Adopted.
- (2) That the Board of Directors appoint a Committee to study the question of forming a Stock Company to float the magazine on a sounder economic basis, or to suggest some other means whereby a sum of money may be secured for the same purpose.—Adopted.
- (3) That inasmuch as our Secretary has stated that it is impossible for her to carry on the double duties at International Headquarters, it is recommended that assistance be provided with the publication of the magazine by January 1st, 1930, if funds can be secured for this purpose.—Adopted.
- (4) That the Budget and accounts of the I.C.N. should be kept in Geneva and in Swiss francs. — Adopted.

The name of the "I.C.N." was changed by the Board of Directors to "International Nursing Review."

All nurses present were asked to influence the training schools of her country to subscribe to the magazine next year. I think myself it could with advantage be added to every hospital library, for it is most educative in its wide international outlook.

The revision of the constitution of the I.C.N. took up a considerable amount of

time. The result will be seen when the amended constitution is published.

Reports were received from the various standing committees, and will be embodied in the record of the Conference deliberations.

The Education Committee, of which I am a member, had a particularly strenuous time, and its task was made more difficult by the fact that most of its members were on the Board of Directors and the Grand Council, and were not free to attend all its meetings.

Its main duty was to try to establish a minimum basis on which to draw up an International curriculum of training. With so many countries of varying sizes and conditions, this was no easy matter, and many hours were spent in trying to work out some scheme adaptable to all.

Another task set this Committee was that of defining the term "trained nurse," as used in the constitution of the I.C.N. The same amount of difficulty was met with here, but after some discussion the following definition was evolved by the Committee, and afterwards accepted by the Grand Council:—

"By the term 'Trained Nurse,' used in the Constitution of the I.C.N., is meant a nurse who, during her period of training, has received instruction and experience in at least four of the main branches of nursing, always including medical, surgical and children nursing, and who is competent, on graduation, to enter the general practice of nursing and to undertake the fundamental duties and responsibilities which are common to nurses in all the main fields of nursing, including private nursing, hospital nursing and visiting nursing."

It was decided to hold the next Conference in Paris and Brussels in 1933, and the following officers were elected for the period 1929-1933:—

President, Mdlle. Chaptal (France); 1st Vice-President, Miss Noyes (U.S.A.); 2nd Vice-President, Miss Gunn (Canada); Secretary, Miss Reimann (Denmark); Treasurer, Miss Musson (England).

I think I have given you the gist of the business transacted.

There were several minor matters discussed with which I need not trouble you now, as they will no doubt appear in the International Secretary's report on the proceedings.

* * * *

The Annual Report and the minutes of the last annual meeting and the report of the Executive Committee of "Kai Tiaki" were then read and approved.

Correspondence arising from the last annual meeting and regarding business which has arisen during the year, which the Executive of the Association has dealt with, was then read. This comprised such subjects as the Maternity Nursing Refresher Course, the Nurses' Educational Endowment Fund, the report of the Grace Neill Memorial Fund, Nurses' Superannuation and correspondence dealing with the International Council of Nurses meeting in Montreal in July of this year.

The meeting adjourned until 9.30 a.m. next morning.

October 2nd, 9.30 a.m.

The Council met and proceeded to consider the various remits.

"That in order to improve the present practical side of nurses' training, whether general or maternity, the future appointments of Ward Sisters be made from those realising that:

- (a) The Hospital Nursing Service;
- (b) The Responsibility to the Public;
- (c) The Teaching of Practical Nursing is: "Her Responsibility."

Miss McKenny:

"Behind that resolution is the keen desire for the preparation of nurses in 'Her Responsibility,' bringing this emphatically forward that teaching service is expected of her. We would like staff nurses to be brought forward in the hospital wards to be trained as future sisters. The sister in a ward has not the time to spend teaching her. There should be a hospital staff nurse."

It was moved and carried: "That this be placed before the Round Table on Nursing Education,"

"That, as many hospitals are demanding a fourth year from the student nurse, a proper curriculum should be outlined for this nurse, including such subjects as: 'Sanatorium Treatment of Tuberculosis,' 'Clinical Welfare' or 'Maternity Nursing,' 'Nursing of Neuropathic Patients' (the subject to be elective)."

Miss McKenny:

"A better word than 'demanding' would be 'requiring.' In some hospitals, I believe that nurses sign on for that period. It is not done in Wanganui. It is optional there. In some hospitals the fourth year is required, and it would seem reasonable that the giving of a fourth year should be recognised by meeting the requirements of the student. Again I should think this would be a good thing for the Round Table."

It was moved, seconded and carried: "That this be referred to the Round Table, with the addition of Dietetics, X-ray, and Administration."

* * * *

"That registered nurses in private practice for two or three years be accepted on the staffs of hospitals for a refresher course of six months as fourth-year nurses."

Miss McKenny:

"With regard to the Hospital Boards' Conference, they did not turn it down, but thought these matters were within the province of their respective Boards. I think that we should keep our nursing legislation in nursing hands, and the Boards should be offered recommendations, and that as the B.M.A., we do our nursing legislation ourselves. Registered nurses in private practice for two or three years were accepted for a refresher course in Wanganui. The nurses who accepted that mainly with the view of giving us assistance, were very pleased indeed with results."

It was moved and seconded: "That this be referred to the Round Table on Nursing Education for a resolution."

Miss Holford:

"We, in Dunedin, recommend that these matters should come before the Council

of the T.N.A., and that they forward any resolution to the Hospital Board with the recommendation direct from the Trained Nurses' Association; that we do not want the Hospital Boards to do our job. We recommend that all matters concerning nurses and nursing education should, before being placed before the Hospital Boards, be referred to our representative on the Hospital Board, so that she might be conversant with all the points of argument in favour of those remits being carried by the Hospital Board. The point brought up was that the remits came before the Hospital Board and the members said they looked all round and there was no one who could enlighten them in any way on the points we had raised. It was not that they were not thoroughly in sympathy, but they did not quite know how to deal with. If we sent them to our own representative, we would get a very much more sympathetic hearing on the Board."

Mrs. Kidd:

"I would like to point out that the Auckland Hospital Board is taking nurses in their fourth year for this extra period as staff nurses."

Miss Holford:

"We understood that after the remit was sent in."

Salaries:

(a) That all organisations employing Public Health Nurses (not already doing so) should be approached on the subject that when a nurse is appointed, her commencing salary should be a minimum one rising to a maximum.

(b) That after a certain number of years' satisfactory service, the then maximum salary of a Public Health Nurse should be raised.—Carried.

Miss Lambie:

"As regards the first portion of this remit. It is of very great importance to nurses who are employed by the voluntary organisations such as the Red Cross, the Voluntary District Nurses' Association, and it also applies to many of the District Nurses employed by Hospital Boards. A certain number are employed

with salaries rising to a maximum; some are appointed at a stated salary, and no matter how many years' service, they do not get any increase in salary. The support of this Association behind these nurses would be very valuable. They feel they cannot approach their organisation, as they might be told their services can be done without.

"Second portion. Recently in England the Ministry of Health has been considering the remit sent forward to them by the College of Nursing. It has been suggested that the maximum salary should be raised, because in the majority of cases nurses reach their maximum in about four years and have to go on indefinitely, many giving 10 to 20 years' service at that maximum. It has been suggested at the end of 10 years' satisfactory service the maximum be raised £20. That is a matter that can be discussed here."

Miss Bagley:

"There are cases in the Public Service where, after a period of ten years, a recommendation has been made for an increase of salary for District Nurses under the Department. If a nurse has reached her maximum, a recommendation can be made that her salary be increased."

It was moved, seconded and carried: "That Hospital Boards and every voluntary organisation in the four main centres be circularised."

Maternity Nursing.

"That during the Conference a Committee be set up to study the question of recompense to practising maternity nurses and midwives who, through no fault of their own, are debarred from work due to some notifiable condition, as is the practice under the English Act."

A member: "When a midwife has been debarred from work in order to prevent the spread of infection, through no fault of her own, she should be entitled to recover something through loss of practice. In New Zealand it is really the Government who closes down the hospital or calls the nurse off duty. Therefore the Government would be the responsible

party. It seems rather hard on the nurse who has to cease work through no fault of her own. If she has a hospital, salaries have to go on, and she is at a very great inconvenience."

It was moved, seconded and carried: "That a Committee be set up to discuss this, consisting of Misses Holford, M. Bagley and Knight."

Miss Holford:

"Regarding that point, the Government takes on itself the responsibility of closing that Institution for the sake of the community. Therefore it denies that nurse and makes her take on herself the whole responsibility for protecting the public. Dunedin has very much pleasure in supporting that remit."

"That a Committee be set up to outline the opportunities now offered within the nursing profession, and that this Committee shall then place these before the Head Mistress of the various Secondary Schools, in New Zealand."

Miss Lambie:

"We had heard of various girls' colleges in Wellington Province who had strongly advised girls attending those schools not to enter the nursing profession. It had also been stated that we had been rather apt to decry our profession and say the salaries are low. The present day girl does think of her future and what remuneration she is going to get. If you consider the salaries of a Sister in the average hospital and a Public Health nurse, they compare very favourably indeed with that of the teacher in the primary school, and many of the junior positions in the secondary schools. Therefore we thought it would be advisable if some scheme be brought forward to put before the Head Mistresses, showing the branches and average salary appertaining to that branch. Sister Lewis comes in contact with many girls in Wellington, and she told me she considered it would be invaluable. Many girls had no idea of how many branches of nursing there are, and the very wide scope it gives to girls. A tremendous number of girls are going to the Dental Nursing Service."

Mrs. Kidd:

"The Auckland Hospital Auxiliary have tried to do propaganda work. We have arranged visits to secondary schools, and talk over the wireless is one of the projects."

Miss Holford:

"We have what is called a Florence Nightingale week. Dunedin Hospital sets itself out during that week to interest many of the secondary schools as much as possible by notifying the Head Mistress of the school to select so many of her pupils to attend an hour or two at the hospital. They are taken all over the hospital and given afternoon tea. Everything is made attractive and shown to them as nicely as possible. The nearest Sunday to Florence Nightingale's birthday is called 'Florence Nightingale's Birthday Sunday,' and the churches lay themselves out on that day to have the services for the nurses. In the Knox Church the service was held on the Sunday night and nurses from all hospitals go in their indoor uniforms. Dr. Thompson of the hospital was in the pulpit with the Minister, and he also gave an address and all the secondary schools were notified to send as many as they could in uniform."

It was moved, seconded and carried:

"That the following Committee be set up to consider the positions now offering within the nursing profession, and that that Committee should communicate with the Head Mistresses' Association."

Miss McKenny, Miss Muir, Miss Moore, Miss Keddy, Mrs. Kidd, Miss Boyce.

A member: "In connection with the first section of Remit 5 (a). This remit does not apply to the nurse in training or the nurse in Hospital Board employ, it refers to the nurse in private practice. What we want is that the Government should subsidise a nurse's contribution to the National Provident Fund after she has left the Government as they subsidise the salary of those people in Government service. They get a compensation of £60 when they reach the age of 60 years. This would mean that a nurse

would get a larger compensation than £60 when she retires. It will mean the setting up of a Committee to approach the Government about this, and a great deal of propaganda amongst Members of Parliament and the general public, but it is certainly necessary that something should be done to help nurses in private practice. £60 would not keep anybody in their old age."

"With regard to the superannuation of nurses in training, that this matter be more closely looked into, and if possible, the nurse be compelled to remain in the fund for eighteen months after the completion of her training or resignation from the Board."

"I understand that this is the remit which we wish to delete. The reason of that is that the Hospital Boards are not in a position to carry the nurses for eighteen months."

Mrs. Kidd:

"I think it is very desirable that something should be done to compel nurses to remain in the fund. While the nurse is in hospital, the Board has been put to the expense of paying her subsidy, and it is the young nurse who does not look to the future who draws out the sum of money and spends it. Probably by the time the eighteen months have elapsed she has taken up another hospital appointment. It is a very weak link; young nurses can draw out; and we should do something."

It was decided to delete 14.

It was moved and seconded: "That the following Committee be set up to deal with 5 (a)—Miss McKenny, Miss Kohn, Miss Holford, Miss Muir, Miss Lambie."

"The Committee to form a deputation to wait on the Hon. Minister of Health, and also the Minister in charge of the National Provident Fund."

POST-GRADUATE STUDY.

"That the T.N.A. interest itself in promoting 'Post-Graduate' study for practising maternity nurses and midwives, and approach the Department of Health to institute a recognised short course."

Miss Bagley:

"We have already in St. Helen's had

a Refresher Course for those who wish to take it."

Miss Lambie:

"When this remit was originally drawn up, the present course which is being held, had not been mooted. I was present at the meeting when this remit was discussed. It was felt at the time it was necessary for the benefit of midwives and maternity nurses who had not trained for some years, that they should have a practical refresher course at the Midwifery Training Hospitals where that technique is being carried out. The refresher can best be carried out where the actual patient is being nursed. They would get a refresher in antenatal work with the actual patient."

Miss Bicknell:

"In Christchurch St. Helen's they arrange to take one nurse every month for a refresher course every year. They have been doing that for a year or two. In Dunedin we have never refused one. If a nurse wants to take a position in a Training School for maternity nursing to get an insight into newer methods, I send her for a month to Wellington St. Helen's. This has been the policy of the Department for years past; we have in every possible way encouraged nurses to go back for a refresher course. They are also very useful in helping the staff."

It was moved, seconded and carried:

"That the Government be approached by the Trained Nurses' Association to ask them to give the same concessions to nurses attending a refresher course at St. Helen's as the Plunket Society are giving to those nurses attending a refresher course."

Training in Private Hospitals.

It was agreed: "That the N.Z.T.N.A. on behalf of the public and in the interest of the profession of nursing, request the Registration Board not to allow Private Hospitals to register as training schools for nurses."

Miss Holford asked if Miss Bicknell would say how it would affect our nurses in New Zealand.

Miss Bicknell:

"There is the question of our recipro-

city with other countries. It has sometimes been said by the supporters of such training that it is unfair to admit nurses who have been trained in Private Hospitals in other countries to our register and refuse to allow New Zealanders to qualify in this way. This is not the case. There is not a single nurse on our register who has been trained in a Private Hospital in another country. While in Montreal I took the opportunity of asking the Chairman of the General Nursing Council for England and Wales what effect, if any, the recognition of this training would have on our reciprocal agreement with Great Britain. She replied: "If you allow such institutions to train in your country the whole question of reciprocity would have to be revised." Australia has for many years accepted private hospital training, but we have never recognised such nurses even when they have undergone a period of five years' training."

* * * *

It was moved, seconded and carried:

"That throughout a nurse's general training more opportunity be given the student nurse to personally nurse and record special cases; in medical ward, in surgical ward, in children's ward, in infectious diseases ward; thus introducing case method similar to the Midwifery Training Schools," be sent as a recommendation to the Matrons' Council.

"That efforts be made by the N.Z. T.N.A. to influence first, public interest; second, Hospital Boards' interest in the School of Nursing as an educational section of the hospital."

Miss Moore:

"This could be covered by the active Educational Committee, but we feel that the Hospital Boards do not recognise it as an educational centre. More attention should be paid to it as an educational unit, and not only for its nursing service to the community."

Mrs. Kidd:

"I would like to support Miss Moore. I feel very much as a Board member the attitude of the members who do not see that aspect. I think it is a very import-

ant one, and the Trained Nurses' Association should lose no opportunity of bringing it forward."

Miss Lambie:

"The public do not realise that it is a school. A leading educational authority in speaking recently said he had no idea that there was a school within the hospital, and he did not realise that the hospital is a school as well as a means of giving service to the public. If a man in his position—in contact with all the educational bodies of New Zealand—does not realise that the hospital is a school, it very definitely proves that the general public do not realise it either."

Miss McKenny:

"It harks back to educating the public. It is a matter of propaganda."

It was moved, seconded and carried: "That in each of the centres an active Educational Committee be set up within the Association, to stimulate interest in other educational bodies."

Miss Bagley:

That is a reiteration of the resolution passed at the Dunedin Conference. I would like a report to be taken now, from the delegates from all the branches, as to what action was taken as a result of that resolution from last conference."

Wellington and Dunedin reported having set up an Educational Committee. Auckland started but did not get very far. Wanganui also started. No others had taken any steps.

Miss Muir:

"It is not an easy matter. It was so much easier for Wellington to set up this Committee on account of the Post Graduate School. It is difficult to set it up everywhere."

Miss Lambie:

"In connection with the Public Health section in Wellington, I do not think the entire movement has been promoted by the Post Graduate Course. We have a committee of seven. A monthly lunch is held at the Y.W.C.A. and each member of the committee is responsible for the organisation of that lunch. When we started two years ago we did not always have a meeting of the Committee prior to that lunch, but this year we found it

was necessary. I do not want you to think it was my work. Every member has done her share."

* * * *

"That, in view of the fact that medical progress has multiplied nursing duties, less time be devoted to routine unskilled work in the second and third year of a nurse's training, and thus more time be spent on professional bed-side tuition to the student nurse."

Miss Moore:

"In Wellington the Education Committee set about obtaining information as to how much time during the nurse's training was spent in unskilled work. She is being considerably exploited. In some of our hospitals she is spending two-thirds of her time in unskilled work. If she has to spend her first year in unskilled work, the second and third should be devoted to her profession. It means a matter of readjustment of labour in hospital, and we must have added trained supervision. When you look at it in the long run it is going to give a better return of nursing service. The pupil nurse leaves without the full value of that training which she should have. She gives eight hours of her day in service to the hospital, and in many of our hospitals she has given 5,192 hours during her three years in unskilled work, and they are only giving her 180 hours in theory, and some are even worse than that. Each one of you should have a copy of the Educational Committee's report."

It was decided that the above remit be sent as a recommendation to the Nurses' and Midwives' Registration Board, with the suggestion that it be transmitted to the Hospital Boards.

"That, throughout the nurse's training, periodic personal health examinations be made, thus using the nurse herself as a lesson in preventive medicine."

Miss Moore:

"Each nurse, on entering hospital, should have a good health sheet, and should come up for periodic examination and keep her own chart. Some are willing to come forward and complain, and those who should come forward do not,

and we do not know anything about it until it has reached a very serious stage."

It was moved, seconded and carried:

"That this recommendation be forwarded to the Matrons' Council."

Miss Muir:

"It may be of interest to know that Christchurch has instituted a bi-annual medical examination for the whole of their staff; a preliminary medical examination and then a bi-annual."

Miss Goldsmith:

"That is also carried out in Napier Hospital."

* * * *

"That, to enable the nurse to think for herself and accept personal responsibility, the establishment of Student Council, Student Government, or some form of student co-operation, be considered."

Miss Moore:

"Certain professors say they could not get anywhere with their students if they did not manage themselves. I feel that we could elicit the student nurses' responsibility in the Nurses' Home, and give them that responsibility. It is done with the students in the Dental School. They have to take the leadership of their group and arrange everything concerning it, and only those within the group know what is going on. They would accept the responsibility and be interested in it."

It was moved, seconded and carried: "That some form of student co-operation be introduced into the home with our student nurses; this to be sent as a recommendation to the Matrons' Council."

Miss McKenny:

"I made some enquiry about this in Montreal at the large hospitals, and on this subject there is a very divided opinion. I came to the conclusion that it required good leadership. Those who established it must have a very strong and high opinion of it, and in fact, be good leaders. On the whole, my own conclusion is that it is an excellent thing, but needs very careful watching. Those who were against it said it led to very serious results without very excellent supervision and care. I think, perhaps,

they did not always get the best type of student. There is no doubt about the great value of it. Practice in managing their own affairs and responsibility to each other and for each other is of great value. I should certainly think establishment of Student Councils is very desirable indeed."

Miss Moore:

"I came in contact with Miss Gunn, Lady Superintendent of Toronto Hospital. She felt it was quite a big thing. She is an able leader and found it advantageous. I have a copy of the by-laws if anyone would like a copy. In Copenhagen they found it very satisfactory indeed. It is the only way we can get to know the little things that are going on within the circle. The Lady Superintendent always goes into every detail of it, and they tell me their punishment is more severe than anything levied by the Lady Superintendent."

* * * *

"That a nurse be attached to all V.D. clinics for special follow-up work in connection with women and children; where possible, preference being given to a nurse with special experience in this direction."

Miss Holford:

"This came up last year and was carried at our Conference, but as far as we know there was not very much done. It was felt that the V.D.'s do not get the following up attention that is necessary. When one considers the seriousness of their condition, one feels that they should be followed up more on the lines of the T.B. cases."

Miss Lambie:

"In going through the annual report of the Health Department which has just been published, the number of patients attending in Christchurch is three times as many as the number of patients either at Auckland, Wellington or Dunedin. At Christchurch the number was 780 for syphilis, and 2,000 for gonorrhoea; Auckland 300 for syphilis and 400 to 500 for gonorrhoea. It definitely shows that where you have a nurse attached to the clinic, she plays a very important part

indeed in obtaining their attendance at the clinic and keeping their interest. Treatment goes on over a very long time. In Wellington where there was no nurse, Dr. Aldred told me he found very great difficulty in keeping women's attention. The Women's National Council is very much interested in this matter."

Mrs. Kidd:

"Are there no women doctors attached to the clinic in other centres?"

Miss Lambie:

"No, but I understand at the last meeting of the Board of Health a committee has been set up to make an exhaustive enquiry, and a proposal was made at that meeting that women doctors should be attached to the women's clinic for attention to women patients."

Miss Muir:

"This is a branch of the nursing work that I feel very strongly about indeed. First of all, getting suitable nurses to take part is important. She must be a woman who is sympathetic and realises the far-reaching influence of the young girl and her walk in life. In Christchurch we have venereal diseases clinics and we have a nurse. The first one was with us for two or three years and she did very good work. When she left, the applications I got were unsuitable. Dr. Fox and myself decided to make it a branch of the out-patients, and to give to the staff nurse the work of the clinic, and I put in whom I considered would be a suitable staff nurse for outpatient work. I would like you to realise the prejudice amongst nurses against nursing venereal disease. The treatment of venereal disease is not any different from ordinary treatment. Putting in a staff nurse has been most successful. She is kindly, sympathetic and bright. She gets the confidence of the young girl, and I go out sometimes and have a chat. She is giving every help. She did not realise its importance until she had been carrying out the treatment for some little time."

Miss McKenny:

"I would like to support what Miss Muir says."

Miss Goldsmith:

"We should put that aspect to all nurses through 'Kai Tiaki.'"

It was moved, seconded and carried: "That this proposal be sent to the Board of Health, and to the matrons of all Training Schools."

Mrs. Kidd:

"I support Miss Lambie. There is a movement in this direction, and it should strengthen the Board of Health if we do so."

3rd October, 1929, 9.30 a.m.

The following letter was received from Hamilton:

"A meeting of Trained Nurses was held in Hamilton on Friday afternoon last with the idea of forming a branch of the New Zealand Trained Nurses' Association. As 32 expressed themselves prepared to join the Association, I am writing to ask if you will accept us as a branch of the New Zealand Trained Nurses' Association?"

A. D. KEDDIE.

Miss Holford moved, and Miss Moore seconded: "That they be accepted as a branch."—Carried.

Miss Holford moved and Miss Knight seconded: "That 'Kai Tiaki' be printed two-monthly in cheaper and smaller form, and that, if found necessary, to raise subscriptions to the Journal, the increase be quite apart from subscriptions to Association."

Miss Inglis read letters from the publishers of the Journal explaining the financial position and prospects.

Miss McKenny:

"I have prepared an article knowing, of course, something of the tribulations of our Journal. I visited an editor who has a very large circulation—46,000—the biggest circulation in the world for a Nursing Journal. It has been put up from about half that amount by propaganda work. After visiting her, I felt convinced that propaganda was needed."

[This article will appear in a future issue.—Ed.]

Miss Moore:

"I would like to take this opportunity, as one who has been rather in close contact with your Editor for some two years now, watching her in her work concerning our Journal, and I have been very much impressed with her aloneness in it. She is now getting on in years. She has been Editor for 21 years, day after day, month after month, seeking to obtain information to give you all she possibly can in that Journal, and I feel that the Journal, as it is to-day, is the outcome of one woman's work and not the outcome of the N.Z. Nurses' efforts. I have seen how she goes out and tries to get material. She sends out a circular to our Branch Association, and it is forgotten, and after the paper has gone to the printer, then will come in these papers, and the branches are injured because they are not included. Then material is sent in in an unbusiness-like way which gives her a lot of work to sort it out properly and put it into order to go forward to the printers. I feel that we have not supported our Journal or our Editor as we should have done. Hospitals are breaking away and are seeking to establish journals of their own. Those hospitals should contribute to the Journal and have a page in it. Our own Post-Graduate students are anxious to keep in touch, and therefore we have advised that they have one page in 'Kai Tiaki.' We could make it so that the nurses would not want to be without it, as it would be such a help to them. We have to think of the future of our Journal, and there is no one being trained to help and support the Editor in this matter."

Mrs. Kidd:

"Members do forget the Journal. I feel that some means should be devised by which we could get nurses to take it; perhaps we could reduce our fees. After all, secondary schools compel their pupils to take their journal."

Miss Muir:

"Would it not be advisable for each branch of the Association to assist the Editor? Each branch appoints its own secretary, and she could collect the subscriptions for that branch of the Associa-

tion; also gather up the news or items of interest regarding that section, and let that be our first step towards helping the Editor in her tremendous task, as outlined by Miss Moore."

Miss Lambie:

"I would like to support Miss Muir. When I was in Christchurch, it was so very much easier to pay your fee locally than to send it. I have moved about New Zealand and talked to various nurses, and am sure the majority I have spoken to would find it very much easier to pay their fee to the person they know on the spot than get a money order and post it to Wellington."

Miss McKenny:

"Might I suggest secretaries of the branches receiving? She is known to the nurse. She is more or less a permanent agent. I think any secretary would be generous enough to help by receiving and despatching subscriptions."

Miss Orsman:

"I would suggest that as each subscription becomes due, the nurse be circularised and given a certain time to pay it. Many nurses forget that the subscription is due."

Miss Inglis:

"During this last year Miss Allen has kept the list very carefully, and when a nurses subscription was due she put in a slip: 'Subscription now due—this is the last Journal you will receive.'"

Miss Kohn:

"Could we not follow the example of the B.M.A. in this matter? Members pay one subscription to the Association and receive their journal free. I think this would clear the difficulty up and ensure the financial position of "Kai Tiaki."

Miss Inglis:

"I would like to say that the publisher told me if you add 4/6 to the subscription and leave matters as they are, it will not cover the cost."

Miss Bagley:

"Do I understand that by the addition of 4/6 to the present fee, the cost of a two-monthly issue would not be covered?"

Miss Inglis:

"Not unless the two subscriptions are combined."

Miss Bagley:

"It seems to me that we do require in each Branch some active effort on behalf of the Journal. It is not only the matter of collecting fees, but if each Branch made a point of appointing somebody, not necessarily the secretary, to do all the 'Kai Tiaki' work, and whether we combine the subscription with the membership or not, 'Kai Tiaki' would be attended to. Other things are necessary from the Branches besides the collection of fees."

Miss Holford:

"If subscriptions have to be raised, I would suggest that that increase be quite apart from the subscriptions to the Association and that we keep the two absolutely separate. We recognise the lack of interest on the part of nurses. If the nurse does not take interest in the Journal to-day, she is not going to take interest in the Association."

Miss Bicknell:

"I think it would save a tremendous lot of worry to those collecting to combine the two. I think when a nurse became accustomed to it, she would prefer it. Is £1/1/- the absolute minimum that can be charged? It seems to me that we ought to make a very great effort to get our Journal published two-monthly. It seems as if nurses in New Zealand are not doing all they might.

"In connection with propaganda, I think myself that if all nurses were circularised when they passed their State examination, it would have some result. I am quite prepared to furnish a list of all nurses. I think you would probably secure them, especially if the Matron, before they left the Hospital, were to speak to them about the advantages of joining the Association and of subscribing to 'Kai Tiaki.'"

Miss North:

"May I, as a member of a small Council, just state what was brought up at the Council meeting? The Council was very much against the raising of the £1/1/- subscription. We feel we would

be sacrificing our Association for 'Kai Tiaki.' Not that we were not willing to pay our 1/1/-, but it was for the sake of getting young nurses to join our Association, so we felt very strongly about it as a young branch."

Miss Kohn:

"While we are on the subject of the 'Kai Tiaki,' could this Council nor formulate some plan in which every qualified nurse will join the Association. The Association membership should be as much a point to reach as their registration. It is terrible to think we have 8000 qualified women in and out of the country and only 1500 in the Association. The time has come when this Central Council should formulate a plan that they must come in. It is the objective of every qualified man to have his name on the B.M.A. Why should that not be the objective of the nurse. It is for this Council to settle that point."

Miss Lambie:

"I would like to support Miss Kohn very heartily in this matter, and would like to suggest that before the Council is dismissed that the matter of an amendment to our constitution should be discussed."

Miss Bicknell:

"I have a proposition to make—you can take it for what it is worth. I think that as the opinion is so divided as to this question of combining the two subscriptions it might be as well to dispose of the position till next year. I think the main thing is to raise the Association membership, the other will follow. We must get them when they are first leaving the hospital and point out to them what is expected of them. We do want a live membership, and if we have a live membership, I think 'Kai Tiaki' will follow."

Miss Muir:

"Might I make this suggestion—that each of our branches try and stimulate to the best of its ability, not only interest in our Association matters, but also interest in the Journal and to enlarge its circulation, and that each branch when

we meet in Conference this time next year, bring forward a report on what we have accomplished, and where we have failed or why we have failed. We can have everything on the table. The whole position can be reviewed this time next year. I propose that the question of combining 'Kai Tiaki' and Association stand over for another year to see if we cannot possibly do our work a little better than we have done."

Miss Lambie moved and Miss McKenny seconded and carried: "That 'Kai Tiaki' be published in two monthly form without reducing its quality; that the subscription should be raised to 10/6, and that the fee for the Journal should be a uniform one and separate from the Association subscription, each branch to undertake the collection of the 'Kai Tiaki' subscription as well as the Association subscription, and to be responsible for any deficiency during this coming year, the position to be reviewed at the next Annual Meeting."

Miss Muir proposed and Miss Moore seconded: "That each branch be responsible for stimulating interest in Association matters, and in the Nursing Journal, and increasing their membership and the circulation of the Nursing Journal, and that a report of their activities, their successes, their failures, and the reasons be reported to next Central Council."—Carried.

Mrs. Tracy Inglis:

"Do not you think if we appoint a Special Committee, they could go into the business details of 'Kai Tiaki?'"

It was moved, seconded and carried: "That we form a Committee to go into the question of the details of 'Kai Tiaki' affairs.—Mrs. Kidd, Miss Moore, Miss McKenny, Miss Inglis, Miss Muir."

Miss Kohn:

"We formed an executive last year to go into the matter of 'Kai Tiaki,' but I notice that everything that was recommended by that body of business men as well as women has been wiped off the table. Forming these Committees does not get us very far."

Remit 24: "That in the event of the annual subscriptions to the Association and 'Kai Tiaki' being combined and increased to one guinea, the entrance fee 10/6 be abolished."—Lapsed.

"That some definite steps be taken to collect outstanding subscriptions."

Miss Holford:

"I think that is covered by what we have already done this morning as Miss Muir proposed."

Miss Inglis:

"If any of you wish information about the subscribers in your district to 'Kai Tiaki,' Miss Allen will furnish the lists of names and addresses. It is important to know christian names."

* * * *

"That in view of the success of the Education Department's system of exchange between its own teachers and those overseas, and recognising the advantages accruing therefrom, the Conference be asked to enquire into the feasibility of establishing a similar system of exchange within the various units of the nursing profession."

Miss Holford:

"There is little I can say about this, but we did feel that as our nurses now move about more, it might be possible for the nurses from our New Zealand institutions to be granted the privilege of visiting other hospitals and doing work there, and similar reciprocity might be considered at some of the hospitals at Home. We have not made any enquiries into whether it is possible or not. A nurse may be able to pay her passage to England, but she does not get into the workings of the institutions at Home. By interchanging like the teachers do, we might broaden our outlook here."

Miss Lambie:

"I was very much interested when I saw this remit, because when I was out of New Zealand I made several enquiries about it. Toronto Public Health Nurses were extremely interested, and nurses there would like to come on exchange to New Zealand, and our nurses would like to go there. In regard to the teachers' exchange; a New Zealand teacher going

to Canada or England on exchange remains on the salary list of the Education Board by whom she is employed, and is still a member of that organisation. She pays her own travelling expenses and she receives her salary while she is in Canada. I do feel that it would be of tremendous interest. I think the Association or the Registrar of Nurses would have to be asked to see that the nurses who do go on exchange should be selected."

Miss Moore:

"In England the College of Nursing, Ltd., which works in conjunction with the Red Cross would be a suitable body to approach. A nurse would then get into the right circle where she would get the right opportunities."

Miss Bagley:

"It would seem that our first difficulty is to discover which would be the correct supervisory body in our own country."

Miss Lambie:

"I think we should not put this matter in the hands of a Minister. We have a National Executive of the Association. Would not the National Executive of our own Association act as the advisory body? Then we have no political element at all."

Miss McKenny:

"How do you get over the difficulty of the absence from the Hospital?"

Miss Lambie:

"A teacher travels in her holidays as a rule. She reaches here at the completion of the school holidays all ready to take up at the beginning of the next term. That is being done as regards exchange with England. There are quite a number of teachers from the London County School who have come out on exchange."

Miss Bagley:

"About the replacing of the nurses on the hospital staff on each side; this would be less easy than the replacement of the school teachers; they have a long school vacation."

Miss Lambie:

"In regard to England, she would probably miss two or three weeks. If a nurse

is ill, the hospital has to carry on without her. The nurses' holiday is four weeks; she could have an extra week without pay."

Miss Bagley:

"Probably no Hospital Board would object to the inconvenience or the slight additional expense incurred in the exchange."

Miss Muir:

"I would suggest that information be obtained from the different centres where there is possibility of exchange along the lines suggested by the Otago branch, and the matter be brought up at the next Conference; that the Executive of this Council gets what information possible from the centres."

Miss Holford:

"It was really only that we recognise the great advantage that accrues to the members of any profession by this interchange of members from one country to another, and we brought this forward for a ruling. We feel that the nursing profession must go ahead, and we all have to have a start. It might be years before we materialise it, but we want to bring this as a progressive movement before the members of the Association."

It was moved, seconded and carried: "That this meeting express approval of this remit in recognition of the advantages that would accrue."

Miss Muir moved, and Miss Moore seconded, as an amendment: "That the Executive of the Association gets in touch with organisations in other countries with a view to ascertaining whether they would be in sympathy with an interchange of nurses, and obtain their views on the subject."—Carried.

* * * *

"That Branch Councils should, on suitable occasions, draw attention to the need on the part of the public for still more improved midwifery service, pointing out that more double qualified nurses should seek efficiency in this branch for the purpose of maintaining the ranks of matrons, sub-matrons, and training sisters in Obstetric Hospitals—such positions being worthy of the best nurses and offering

larger scope, better salaries, and improved conditions in the future."

A member: "It is becoming a very difficult matter to maintain the ranks with interested and suitable nurses. The remit would seem to suggest that salaries may be the trouble. There is not really a more responsible position in the whole nursing world than a matron of an Obstetric Hospital, which is a training school. The position is difficult enough with a bed state of 12. With a bed state of more, the responsibilities and difficulties increase. Perhaps the reasons why the positions in the first place are so exceedingly difficult in New Zealand, are the unsuitable buildings which were established as hospitals in the beginning. All our institutions are suffering from lack of sufficient staff accommodation and that is the root matter. I am afraid that we as an Association cannot successfully deal with this except recommend that the Department should increase the salaries of matrons, sub-matrons and responsible sisters at St. Helen's Hospital. The Department is so alive to the need for better buildings and better staff accommodation, that there is no need to send any message to it from the Association. It is a matter for Cabinet. Cabinet is taking up the matter this session. We can only await their decision. All that this Association can do, as far as I can see, at present, if the Council thinks it suitable, is to make some recommendation in the way of improving salaries."

Mrs. Kidd moved, and Miss Holford seconded: "That the remit be put as it stands."

This was discussed in connection with the subject of discussion concerning salaries, the result of which was that the Department of Health was to be approached.

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Mrs. Kidd moved, no seconder: "That in view of the cheap, convenient transit offered by service car, the Government be approached with a request for a reduction in fares for nurses travelling by train, either to cases or on holiday."—Lapsed.

"That private nurses on infectious cases in hospitals or schools should not expect more than four guineas if doing only eight hours duty."

Mrs. Kidd moved, and Miss McKenny seconded: "That the Council approve of £4/4/- rate."—Carried.

It was moved, seconded and carried: "That it is advisable to publish reports of branch General Meetings in 'Kai Tiaki' for the convenience of members unable to attend such meetings."

It was moved, seconded and carried: "That a certificate as well as a receipt be issued to those joining the Association as Life Members."

It was moved, seconded and carried: "That established new treatments of diseases be fully described and published in 'Kai Tiaki' for the benefit and help of private nurses."

SUBJECTS FOR DISCUSSION.

October 4th.

"That there be a review of the salaries of nurses in Public Hospitals and of Public Health Nurses in general, and that a set standard be presented to Hospital Boards and those employing Public Health Nurses."

A member: "I have here a scheme which the College of Nursing outlined recommending the minimum salaries for all nurses' positions. This is a suggested salary scheme which could be circularised amongst the various people employing nurses as a whole. We cannot lay down rules as to what people pay. It is only a proposal to guide them as to salaries that are suitable."

Miss Muir:

"It would require a great deal of thought and consideration and work, and a Committee should be set up to go into the matter very carefully along the lines indicated."

Miss Bagley:

"It could not be covered by this Conference."

Mrs. Kidd:

"The Hospital Boards' Association spent an evening in trying to adjust salaries, and one realised how hopelessly

at sea we were. We really got nowhere. If something like this was done it would be a great help."

Miss McKenny:

"I would suggest a comparison and revision of salaries. Some overseas salaries are much higher."

Miss Muir moved, and Miss McKenny seconded: "That the Association approach the Health Department recommending the revision of the salaries of all nursing services."—Carried.

"The regrading of nurses in the Civil Service."

A Wellington member: "This question was brought up at a meeting of the Wellington branch. This year is a regrading year in the Civil Service. It only happens every five years. There are three divisions—professional, clerical and general."

Miss Holford:

"Might I say all the years I was in St. Helen's I hammered with letter after letter for grading in Professional Division, and every time the Commissioner came to Dunedin I interviewed him. He said: 'We might grant it to you and Miss Gow for your length of service, and all the others would be up against it.' They pigeon-holed many communications which I sent them not only for myself but from every matron and sub-matron of St. Helen's, and every time the Commissioner has come down he has said that he would consider it when he got back to Wellington. That is where it ended."

Miss Muir:

"What about a deputation to the Commissioner?"

Miss Muir moved and Miss Goldsmith seconded: "That a deputation be sent to the Minister of Health and the Public Service Commissioner—Miss Kohn, Miss Cookson, Miss Holford, Miss Inglis."—Carried.

"The need for a survey of the position of nurses in New Zealand. Apparently the supply exceeds the demand."

Miss Moore:

"I do not think it would do any harm during this coming year to ascertain how we stand so that we may have an under-

standing as to our position. We are going to make the branches more active. Could not each ascertain the position?"

It was moved, seconded and carried: "That the position of nurses in New Zealand be investigated as regards employment."

* * * *

"The remuneration of a midwife as compared with that of a maternity nurse."

Miss Inglis:

"Our rules are that the scale of fees as drawn up must be adhered to, and nurses are not permitted to charge more than that shown. Would it be possible to allow a general trained midwife to charge another guinea a week?"

Miss Lambie:

"I think a mistake was made when we allowed the maternity nurse to charge £4/4/- the same as the midwife. This has been done and you cannot undo it. When a midwife takes charge of the whole case her only additional remuneration for this tremendous responsibility is £1/1/-."

Miss M. Bagley:

"I agree with Miss Lambie that as the salary for the maternity nurse was made the same as the midwifery nurse, I can see no way at the present time of altering this."—Lapsed.

* * * *

"The best way of dealing with nurses visiting other centres for short period."

Miss Kohn moved, and Mrs. Kidd seconded: "That we have a membership card printed, and on it columns for arrival and departure, which would be a record of the nurse's movements."—Carried.

"Reduction of yearly bureau fee from £1/1/- to 15/-."

Miss Gill:

"Taranaki only pay 7/6. There is no residential club there."

Miss Inglis:

"Auckland fee is £1/1/-."

Christchurch—no residential club.

Napier.—£1/1/-.

Wanganui.—No residential club.

Dunedin.—No residential club, but bureau fee is £1/1/-.

Miss Bagley moved, and Mrs. Kidd seconded: "That the fee be not reduced."—Carried.

PLACE OF NEXT CONFERENCE.

Miss Muir:

"Christchurch would be very pleased indeed to welcome the Conference in that city in 1930."

APPOINTMENT OF OFFICERS.

Miss Gill moved, and Miss Holford seconded: "That Miss Muir be nominated as President."—Carried.

Mrs. Kidd moved, and Miss Keddie seconded: "That Miss Inglis continue as Secretary for the Central Council."—Carried.

APPOINTMENT OF EXECUTIVE IN WELLINGTON.

Miss Holford moved, and Mrs. Kidd seconded: "That President of the Wellington Branch, and Miss Willis, Miss McKenny, Miss Lambie, Miss Inglis form our Advisory Board."—Carried.

SUB-COMMITTEE APPOINTED TO GO INTO "KAI TIAKI."

Miss Muir:

"The Committee recommended that clerical assistance be obtained for the Editor of 'Kai Tiaki,' working for as many hours per week as required by the Editor. Miss Allen, who assists with the wrappers have a fee of £15/15/- for the year, salaries to be reconsidered at the end of the year. The Committee outlined four rules for the contributors:—

"That they write only on one side of the paper;

"That any report on a social function should be personally reported by correspondents who should not send just the clipping from the paper;

"When forwarding personal items regarding engagements, marriages, etc., the names of both parties should be sent;

"Descriptions of new treatments and procedures are valuable contributions to the Journal."

Executive: Miss Willis, Miss McKenny, Miss Moore, President of the Wellington Branch, Miss Brandon, Miss Inglis.

Moved by Miss Lambie, and seconded by Miss Muir.—Carried.

SUB-COMMITTEE ON SUPER-ANNUATION.

Miss McKenny reported that a Committee consisting of Miss McKenny, Miss Kohn and Miss Lambie are to consult the Secretary for the Public Health Department in order to promote a scheme by which nurses can transfer their superannuation contributions to a Public Hospital and other branches of the Government Nursing Services, and that the same Committee investigates the means of formulating a scheme as to how the present superannuation scheme can be extended to include all graduate nurses."

* * * *

Miss Holford presented a report on Compensation to Maternity Nurses.:

"That where it has been found necessary for a hospital to be closed or a nurse to be taken off duty through no fault of her own, but for the safe-guarding of the community, she should not be permitted to bear the whole financial loss; we ask the Department of Health to recompense the nurse as is done in other Departments."

These three reports were adopted.

It was moved, seconded, and carried: "That this recommendation be sent forward that Hospital Boards be asked that the International Nursing Review should be placed in their nursing libraries."

Mrs. Kidd moved, and Miss M. Bagley seconded: "That a vote of condolence be moved to the relatives of Sir Geo. Fenwick, who was a very active member of the Nurses' Memorial Fund."—Carried.

Miss Kohn moved, and Miss Holford seconded: "That a letter of sympathy be sent to Miss Maclean concerning her recent illness and an appreciation of her work."—Carried.

Miss Holford moved, and Miss McKenny seconded: "A vote of thanks and

appreciation to the Secretary, who has done such great work during the year."—Carried.

Miss Holford moved, and Miss McKenny seconded: "That an honorarium of £15/15/- be paid to Miss Inglis."—Carried.

A deputation from the National Council of Women waited on the meeting, and asked that they appoint a delegate or representative to a National Committee set up in regard to the Pan-Pacific Conference to be held in August, 1930."

Mrs. Tracy-Inglis:

"After listening to this deputation it seems wise that we should appoint someone to this Committee."

Miss Kohn moved, and Miss Holford seconded: "That Miss Bicknell be asked to act as Convenor of the Health Committee."—Carried.

Mrs. Tracy-Inglis:

"I thank Miss Bicknell very much for coming to the Conference. Her help is very valuable. I wish to give her my thanks and the thanks of the Council."

Miss Bicknell:

"It is a great pleasure for me to come and be of what use I can. I am vitally interested in anything in connection with the profession. It is a tremendous help for the Director to be associated because she gets insight into the difficulties of the Association as well as her knowledge of the working profession as a whole. It is a very valuable experience indeed, and I am only too pleased to attend and give the benefit of anything I have gleaned of wisdom and experience in the twenty years of my work."

Miss Holford moved, and Miss Muir seconded: "That a vote of sympathy be sent to Miss Hood, who has recently been very ill."—Carried.

Miss McKenny moved, and Miss Keddie seconded: "That the Association send a vote of condolence to the relatives of the late Miss Todd, and place on record their great regret at her death, and the appreciation of the work she did in the nursing service."—Carried.

Miss Inglis:

"Miss Moore and Miss Lambie ask for authority to spend £21/18/5 held in treasury on a further supply of books and journals for the Grace Neill Memorial Library."

Miss Bagley:

"Could I remind branches that gifts to the Grace Neill Memorial Library would always be very acceptable. Someone in the branch might have an up-to-date useful book, and could write and ask the Nurse Instructors if it would be acceptable."

Miss Bagley moved, and Miss Orsman seconded: "That the expenditure be authorised."—Carried.

Miss Muir: "I would like to propose on behalf of the delegates a very hearty vote of thanks to Mrs. Tracy-Inglis, and our grateful thanks to the Auckland Association for their kindness and hospitality in caring for us and entertaining us, and being so patient with us in every way. I am sure every delegate at this Conference has had a very inspiring and helpful meeting."

Miss Kohn seconded.—Carried.

Miss M. Bagley moved, and Miss Inglis seconded: "That a vote of thanks be passed to Miss Houchen for her great kindness and care for the visiting delegates."—Carried.

Mrs. Tracy-Inglis:

"Miss Houchen has been invaluable right throughout, and I am more than pleased that you have recognised this.

"With regard to myself, I thank you very much for the nice things you have said about me."

Miss Muir:

"I think on behalf of the Association we should extend a very hearty vote of thanks to Miss Bicknell and Miss McKenny for returning from the International Conference and giving us such wonderful inspiration and interest to carry on in all matters in connection with nursing education and nurses in general. I feel that this Conference has been a very great help and inspiration to proceed and to try still harder to carry on the good work of the profession to which we

belong. One feels that we are only in our infancy. I would like to move a hearty vote of thanks for all these ladies have done in giving us that fresh stimulus."

Miss Bagley:

"I beg to endorse all Miss Muir has said. I feel I have benefited very much by many of the things that Miss Bicknell and Miss McKenny have told us, and I feel it has been an inspiration."

Miss Bicknell:

"I just want to say that I appreciate very much the kind words of appreciation and the way in which you have carried this motion. Personally I do not feel that I have reported half enough. I want to say that I do think that Miss McKenny has given us really a wonderful report, because it was very difficult to pick out the salient points of what happened at the Conference. It was difficult to hear. It was difficult to get from one place to another. They were crowded and they were held in so many places. How Miss McKenny managed to draw up such a useful report is beyond me."

(It is hoped to publish this report in our next issue.—Ed.)

Miss McKenny:

"I thank you and Miss Bicknell for the very gracious remarks, which I hope you will believe are exaggerated. They proceed more from the kindness of her heart than from any value of work I have done. I can only thank you once again for the great privilege you gave me of doing this service. As Miss Bicknell says, we have touched only the fringe of the work we were so happy to be in contact with. What is remaining we hope eventually to place in your hands. If any of you have any special enquiries to make, I hope you will make any use of me that comes to your minds, in correspondence or any other way."

Mrs. Tracy-Inglis:

"At the Round Table on Nursing Education it was proposed and seconded that the following be sent as a recommendation to the Hospital Boards' Association: "That more trained help be given to the Sister of a ward who should not have an

excessive number of patients under her care." This was put to the meeting and confirmed.

Miss Inglis:

"I must make an addition to what was said this morning. I omitted to express my thanks to Miss Bicknell, Director of Nursing, for all the help she gave me during the year in connection with Association work, not only herself but her office. There were many occasions when typing and cyclostyling have been done by her assistants. I want to make this

acknowledgment to Miss Bicknell for her help."

Miss Bicknell:

"It is not necessary for me to be thanked. It is just the sort of thing that one does naturally. I am keenly interested in our Association, as I should be. I am glad if I can help in any way. I thank you very much for this vote of thanks. I am only too glad to help, and will continue to do so with very great pleasure."

This concluded the business.

A Visit to a Leper Station

Every six months the Government yacht, *The Pioneer*, sails from Suva with supplies and comforts for Mokogai, the Leper Station of the South Pacific, where about four hundred Natives from various parts of the Pacific Islands are treated under Government supervision. Relatives of the patients may travel in the yacht to visit the afflicted members of their families, and there is also accommodation, of a very good order, for a limited number of Europeans, if any care to make the visit, the trip taking three days.

On her last cruise one of the Nurses and myself, having the opportunity to go as guests of the captain of the yacht, and having obtained Matron's permission to go, we sailed from Suva one beautiful tropical night recently and arrived at our destination the following morning. There before us was Mokogai, a typical tropic isle with palm trees growing right to the water's edge. With the sun shining brilliantly and the sea and sky like turquoises for blueness, it indeed looked an enchanting spot, and one found one's pity for the poor exiles there vanishing.

On landing on the beach we were welcomed by the Mother Superior and the Sisters of an Order of French Nuns, on whose shoulders rests the nursing responsibility of the lepers. We were then shown all over the station and taken

through the spotlessly clean wards, the beds of which in the female wards were covered with gaily embroidered counterpanes, the work of the inmates themselves. All the wards are large, airy, and mosquito proof, and a modern and very hygienic theatre, a well-equipped laboratory, and an up-to-date laundry are all included in the station; the doctor in charge having much pleasure in showing us just how scientifically and efficiently everything was run; and in telling us of the wonderful cures that have been effected.

Two Churches, one Wesleyan and one Roman Catholic, stand picturesquely among the coconut palms, and of course are greatly appreciated by the Natives, who are naturally religious.

Though we did not see the more advanced cases of the disease, the patients we saw walking and working about the station seemed happy and contented with their lives. The whole place has beautifully kept gardens and lawns, and the gay flowers of the bougainvillea, hibiscus, and other tropical plants, make Mokogai a spot of beauty and colour, and we decided, on our return to the yacht, that the lot of the leper banished to an island in the Pacific might have lots of compensations, specially under the care of those sweet, unselfish women who devote their lives to caring for these unfortunate people.

Margaret Smart,

Annual Conference—New Zealand Trained Nurses' Association

Round Table Discussions held at the Nurses' Home,
2nd October, 1929, at 3p.m.

Miss McKenny presided.

1. Miss Moore read a paper on "The Ward Sister as Administrator."
2. Miss Orsman read a paper replying to this.

THE WARD SISTER.

1. Introduction.
2. The Taking Over of a Ward.
3. The Relation of the Ward Sister to her Staff.
4. The Stores and Equipment to be used, but not abused.
5. Conclusion.

The Ward Sister is a very important officer in a hospital unit. She is an administrator as well as being in charge of the nursing service and acting as a practical instructor to the nurses. Her position is an honoured one and should never be viewed lightly. Let us deal with her from the point of view of an administrator.

A Ward Sister is in charge of a ward, where, without a good administrating officer, stores, equipment, etc., costing large sums of money can be wrongly used or wasted daily. It is a well known fact that quite a large number of people do not treat or use other people's property as they would their own. The Ward Sister is an economist, her ward strictly speaking is her house and she is the housekeeper. It is too big a house to manage alone, so she must have assistance. The ward is a training school for the assistants. A good administrator is a good delegator, therefore the Ward Sister must delegate the work wisely, being herself capable of meeting and arising to all emergencies.

A Ward Sister should have an intimate knowledge of stocks, equipment, etc.,

able to keep expenditure at its lowest. It when she takes over a ward and by co-operation with her staff keep that intimate knowledge during her term in the ward. This is the only way a ward can be managed efficiently and economically, and every ward sister should aim at efficiency plus economy. The one without the other is futile.

To her staff the Sister represents the head of the ward. She should be a reader of character and above all must be just and fair, displaying no favouritism. She must see that she has the right staff, that they are not overworked and have no reason for complaints, and aim at constructive rather than destructive criticism where her staff is concerned. As each new nurse comes to the ward, the Ward Sister should have a talk with her, tell her exactly what is required of her in using the stores and equipment, where they are kept, discuss their cost and upkeep, and point out what part a nurse can play by co-operating with a Sister to maintain a high standard of efficiency and a low scale of expenditure. If a nurse is given scientific thoughts on her work and everything connected with it, she will take a more personal interest in it with a high state of efficiency to follow.

To maintain efficiency a Ward Sister has not only to have the required stores and equipment, etc., but she must keep her equipment in first-class condition and the supply of stores must always meet the demand, but to no great extent be in excess of the demand. Knowing her ward, the Sister knows, within certain limits, what is likely to be needed from one requisition day until another, and if anything unforeseen happens there is always a statim order book or its equivalent to be used in cases of emergency.

Only by careful checking of stores and equipment and taking of stock before requisitioning for more is a Ward Sister is by having and keeping an intimate knowledge of stores and equipment and seeing that their use is not abused that a Ward Sister can have efficiency and economy running hand in hand in her ward.

In New Zealand our hospital system is unique. The hospitals are the property of the people. It behoves the administrative officers of these institutions under which heading comes the Ward Sister to realise their responsibility to the public and keep down the expenditure, but never to the detriment of efficiency. Not only must the Ward Sister herself do this, but she must educate her staff, both nursing and domestic, and so apportion the work that the keynote of the whole ward is efficiency, combined with economy.

A Ward Sister then, must have ability and capability.

The article is most interesting and deals concisely with the administrative aspect of a Ward Sister.

I am inclined to think a more descriptive outline would be valuable—enlarging on ways and means of gaining knowledge of cost and care of equipment and stock. Until recently this has not been introduced at all in the educational programme of a nurse and many nurses, after having completed their three or four years' training take up the duties of Ward Sister with very poor knowledge of the administrative aspect.

Efficiency plus economy is rightly stressed, but the many practical problems entailed in carrying this out are not mentioned.

It is said in the article, "the Sister represents the head of the ward." She not only represents the head, but she is the skilled master of the ward—the nurse is the apprentice, and so the nurse looks to her as one whose knowledge and ability never fails. Her influence is great.

She sets the standard and creates the atmosphere of the ward.

It is the Matron's duty to see that the ward has the correct staff, and that they are not overworked—although it is a part of the ward-sister's administrative duties to co-operate with the Matron in this, by reporting the conditions of the ward as they arise.

Miss Moore, in discussing the question, said:—

"The paper read, I think is an excellent one on the Ward Sister as an Administrator. I think my own view is that a nurse begins her administrative training in her own home, and if she has been under a wise mother, she learns the value of the things she is using in her own home. I think the public expect us to use a sort of reform in our hospitals, and if the nurses have not been taught that for twenty years in their homes, it is hard for us to create it immediately. If they come with that contribution, it is very helpful indeed. If not we have to try and show her the value of the materials she is using.

I approve of competitive returns in the way of showing what is being used and what it has cost, and the Sister eliciting the interest of the nurses to keep down that expenditure. There are many ways now of each ward keeping its own chart, showing a rise in the expenditure in that particular ward, and so a competitive spirit is generated throughout the institution, and that assists in keeping down expenditure. Everyone is not gifted in this way. Interest can be transmitted by the Sister to her nurses under her, and so seek in that way to engender that economic spirit, so that the materials will be used wisely. This aspect of the Sister as administrator is indeed a useful preparation for future positions. The ward is a miniature hospital. In the Post Graduate Course we aim in giving a course showing the wonderful power that may be transmitted to others in every branch of hospital administration.

CO-OPERATION IN NURSING EDUCATION.

1. Miss Muir read a paper on "Co-operation in Nursing Education."
2. Miss Livingstone read a paper replying.

Co-operation between the Matron, Ward Sister and Tutor Sister is absolutely essential in order to produce efficient well qualified nurses.

It may be classified under three headings:—

- (1) Practical.
- (2) Theoretical.
- (3) Ethical.

(1) The practical side of a nurse's training is laid by the Tutor Sister in the first days spent in the class-room, and this should be carried on all through her training by the different Ward Sisters.

(2) The theoretical side is really gleaned by the individual nurse herself, though again the Ward Sisters can encourage, and in some cases, help her to decide to which branch of her work she is most adapted, and after her training will probably specialise in.

(3) The ethical side is really by far the most important when discussing co-operation, and one has to take into consideration three important points:—

- (1) The great advances made in surgery and medicine during and since the war.
- (2) The emancipation of women.
- (3) The upbringing and training of the pupil nurse which can be divided thus:—
 - (a) The well-educated girl with good home life and training.
 - (b) The well-educated girl with no home influences or training.
 - (c) The girl who has neither a sound education nor good home influences.

To go back to No. 1.

(1) The great advance made in surgery and medicine during and since the war, the dividing and specialising of different branches of them, and the extensive research work which is performed in the laboratories, makes it essential that a nurse should have a more

or less scientific training, as well as a practical one. In order to do this, it means that less time can be given up to cleaning and routine ward work, and those teaching them should keep abreast of the times by:—

- (a) Attending lectures given by various medical men.
- (b) The study of the latest text books on modern nursing methods and treatments.
- (c) Holding meetings for discussion amongst themselves.

(2) The emancipation of women is making the training of nurses far more difficult. The young girl comes to hospital imbued with the spirit of materialism which is one of the most disastrous influences which has crept, or is creeping into the nursing profession, and it is only by close co-operation, careful teaching and good example, that these influences will be combated.

(3) The education, etc., of the pupil nurse has a very large bearing on her training. If she has had the following:—

- (a) A good education with good home influences and training she will in all probability settle down to the routine life, and in her own way gradually become a help and finally if she is suited to the work, be a credit to her Training School.
- (b) A good education with no home training. Nursing conditions having altered so much in the last few years, probationers now enter hospitals in classes of a dozen or more, where in the old days one at a time entered and was made to feel herself a most unimportant unit.

As a result, the problem is slightly more difficult as one gets the girl who is and always has been up against authority, and it is most difficult to decide how to keep in touch with her, so that she conforms to rules, and is a good, instead of a bad influence in her class.

To cope with this, one again requires co-operation, and the teachers need to have high ideals and to a certain extent be students of psychology.

(c) Neither sound education nor good training. This class is largely sorted out on making application for training by:—

- (a) Being judged on their personal appearance, mode of speech, etc.
- (b) Having a small examination in General Knowledge.

However, there are always a limited number of the above who manage to get into a Training School, and if they are not discovered during their probationary term, become a trial for the rest of their training days, and at the end of them are often not a great credit.

Here again co-operation and a study of human nature will help to sort them out in the early days, but it must be remembered that in some cases, strict training will often make quite a good nurse, who although not fitted for institution life, would yet be very useful in perhaps private nursing, or some other branch which requires a general training.

In closing, I wish to emphasise the fact that the question of co-operation in nursing education is still in its infancy, and that it is much easier to put it on paper or even discuss it than to carry it out in practice. It will only be by perseverance and a gradual sorting out of the non-progressive that co-operation will become what it should be.

During that period it will be subject to criticism, for the most part destructive, which must only be regarded as a pernicious habit, resorted to principally by the materialist, and the non-progressive, who by drifting into a rut, has become so narrow-minded that change of any sort can never be right or useful in her mind. On the other hand, constructive criticism should be encouraged, those interested will welcome it as one of their chief means to success.

Christchurch Hospital.

CO-OPERATION WITH THE CLASS-ROOM TEACHER.

It is a generally accepted fact that in whatever line of life a number of people are associated in working for the achievement of any particular objective,

the best results can be obtained only through united effort or co-operation, whether it be international, national, civic affairs, school or home life, and this is none the less true in the world of nursing. The end we have in view, is the thorough equipping of our young nurses for the skilful practice of modern nursing with its ever-widening field of scientific service.

We seek:—

(1) To enable the young and still developing mind of the student to attain to the highest individual character to which she is capable.

(2) To enable her to render the best skill possible to each patient coming under her care.

(3) To enable her by living example, and by suitable advice, to patients, and to others whom she may meet in her professional capacity; to act, so to speak, as a missionary in the most modern field of Preventive Medicine.

How are these objects to be attained? To answer this, let us consider what lies at the basis of co-operation and why it should be made so important a subject for our discussion.

Does it not, in effect, really mean our ethical relations to members of our own professional circle?

The degree of co-operation which we may hope to attain, will be determined by our interpretation of our professional duties and responsibilities, as Sisters, in the institution for which we work, just as international relationships are dependent on the various interpretations of ethical standards held by different countries.

The realisation of this then, should lead us to self-examination and the seeking of those things which are to be for the highest development of the individual and the group with whom we are associated—often to the total disregard of personal likes and dislikes.

We are led here, briefly to survey the spirit of youth, in the age in which we live. This generation of nurses come from homes in which, very largely, the

pendulum has swung from Victorian, unswerving obedience to discipline, to the emancipated age of freedom of thought and expression.

The young woman in our Training School will no longer unquestionably obey authority. What has gone before in the lives of our students must necessarily affect their outlook towards hospital rules and regulations. Obviously then, if we are to advance our students to the highest and best, we may no longer expect them to develop their creative imagination for the good of mankind, under a rule of dominant authority. Just as military discipline in the days of Florence Nightingale was the only way in which nursing could be put on a sound basis—so this age must be served by a detailed supervision, tempered with kindly understanding.

Coming then, to an atmosphere of this kind, the thoughtful student, with true nursing instincts and the interests of her profession aroused, will realise that rules are made with purpose, and intended to aid her in crossing the rapids of her professional career—not merely to be accepted blindly or to be totally disregarded and thrown to the wind, but to be deeply thought into and improved as she in time, from her own years of experience, will be able to evolve improved methods to suit those, who in turn must follow her.

A change must then come in our everyday attitude to our professional co-workers (and I believe is even now well on the way to establishment); instead of the older form of subservient decorum to higher officers, there must come a building up of less formal and more humane understanding, each respecting the other in the position the other must hold, with a basis of common courtesy, which in every age and race marks good breeding, and always will give place and respect to age and experience.

It is little more than, that I can say. If common courtesy characterises our relations—such courtesy which lives through habitual consideration of the

feelings and well-being of others, and has thereby become unconscious of itself—there will be little fear of lack of true co-operation and all it entails between the class-room and all other branches of the school within the hospital.

Miss Lambie, in discussing the question, said:—

“There are two points in the first paper which occurred to me. The first point was in connection with two or three types of girls who might come into the Training School. The second type who have no home training. Those studying the mind realise the result of early environment on the mental outlook and on life in general. Would it not be possible for the Ward Sister when she has a girl of that type sent to her, to be given an outline of her history so that she can approach her in a different way.

“Secondly, the writer speaks of this materialistic age. I know I may have a good deal of opposition to this idea on the subject. I feel we have got to the stage where necessary provision should be made for adequate salaries and where girls can enter the nursing profession as a means of livelihood. It was all very well when there were not so many avenues open. There is no doubt about it the modern girl thinks ahead as to what she is going to earn. A girl entering the nursing profession has the right to look at it as the means of earning her livelihood. If she enters the profession without high ideals regarding it, we should be able to impart them to her in our training schools. What we do want is the right understanding of that girl before she comes to us.”

Miss Goldsmith, in discussing the question, said:—

“At this stage of our nursing experience, we have had a good insight into life. We realise it does not do to look on the surface. We must look deeper. If a girl who comes from a home where she has not had advantages—perhaps no mother to teach her the essential

beauties of home life—and is anxious to be a nurse, why not have her? One who has not had these advantages has the greater claim on our sympathies. In many ways we can perhaps help her to realise her shortcomings, and point out the way in a sympathetic spirit, and so probably she may turn out quite a fine member of the profession.”

Miss Muir said:—

“In regard to Tutor Sister.; where you are getting in groups of young women, who are starting out and have decided to make nursing their profession, and as Miss Lambie says, have the materialistic view, the fact that the girl is to earn her living and spend her whole life in the nursing order—should not be lost sight of. Get a group of young women coming in, full of enthusiasm, all of them come in from a different angle. They all have a different point of view; and I think there your Ward Sister exercises her very great influence, not only in regard to her future, but also in regard to the ideals of the nursing profession, for whatever the future holds, and however high the status may be, the idealism of nursing should not be lost sight of, but should go hand in hand with better conditions and a better future. In fact the nursing body should be a very great influence in women’s work, and in the lives of other women.

The Tutor Sister has the student for a period of some weeks in her primary school. The Ward Sister has the greater contact. The Ward Sister has to carry on and do most of the teaching on the practical side, and she also has a very direct contact with the nurse in training all through her period of three years, so that the Ward Sister’s influence is as great as the Tutor Sister’s. So that point again calls for the necessity of close co-operation of ideals and principles between the Ward Sister and the Tutor.”

Miss Moore, said:—

“Touching that point of co-operation between the Ward Sister and the Tutor

Sister. They must come together over the student nurse.

“They should discuss together how they can help that nurse to overcome that difficulty. I have had instances of young women coming into hospital, and the senior Sister taking a pride in picking at that nurse. You can never get anywhere in an institution alone. It is the Matron, Tutor Sister and the Ward Sister that are the educational unit in the hospital. Unless they meet together over this student, they will not know how she is getting on. One will show the other her mistakes, and how they can eliminate them. I think we have a wonderful profession—different from any other. Quite recently I heard of a little nurse. The Tutor Sister wanted to get her away to teach her and asked the Ward Sister could she have her. The Ward Sister replied, ‘you can take her if you like. She is no use to me.’ Could you expect her to be a great help in the ward? We should have the right spirit in imparting our instruction. Co-operation is needed between Matron, Sister, Ward Sister and Staff Nurses.”

Miss Hilditch, said:—

“Whilst on the subject of nursing education, there is one little seed I would like to drop. I think some of us have had that awful feeling of tearing off to lectures probably after being five or six hours on duty, and knowing that your work was piling up for you when you got back. Of course, I know it is a question of more staff, and where are we going to get them. A lecture should be given early in the day—of course, you will say we cannot get our doctors. I feel that we can discount 50 per cent. the value of night lectures given to tired people.”

Miss McKenny:

“Four o’clock in the afternoon is as late as they should be given.”

1. Miss Holford read a paper on “Ward Sisters as Teachers.”
2. Miss Gill read a paper replying.

THE PRACTICAL TEACHER. WARD SISTERS AS TEACHERS.

From every point of view the Ward Sister is the practical teacher of the training nurse.

The Tutor Sister can only teach in theory and by demonstration; and has so short a time to teach in, later she coaches for examinations. Gives lectures and more demonstrations, but she is not there to do the main teaching; that is the training of nurses, the actual handling of her patient, and her method of applying the theory taught her.

To obtain the ideal teaching system, the Ward Sisters would of necessity need to attend classes in which the theory is taught and the practical work demonstrated, from the lecture-room point of view. Not because their theory or practice are not good, but because, to attain the ideal aimed at, there should be only one way taught and practised throughout the whole school.

The main argument against this is that so many of the staff have their own methods, not necessarily agreeing on every point.

This, to my mind, is no argument at all against the one method throughout in teaching.

The point is, that only one working theory should be taught, the main factors and general principles. Different surgeons may treat a dressing differently perhaps, but the right way to set the tray, the right way to prepare the patient, the right way to aseptically treat the wound and surroundings remain the same practically.

Generally speaking the Ward Sisters are so busy and so worried over their patients that they do not admit altogether their second duty, the training of the nurses. The heads of the Training School realise this and their sympathy is with the Sisters, but their Training School conscience cannot let it rest there. The training nurses must learn through the individual patient, and no one but the Ward Sisters can be the teachers. I would suggest some means of bringing about this ideal.

(1) That the Sisters write fuller and more explicit reports in the wards. In many cases these are scrappy, and in some are, I believe, actually written by the staff nurse.

In this report the Sister could state the probable or actual diagnosis, the treatment for the day and each day, and in giving the verbal report to her senior nurse, enlarge upon the new or very ill cases, and show the trend of the treatment and the effect. Much valuable work is done in this way by some Ward Sisters.

2. To give chart clinics on the special cases. This may be done by the special or four-hourly charts left for inspection or while instructing nurses in special chart work.

The nurses attention should always be drawn to the case notes and treatment generally, and the temperature chart be combined with these as subjects for discussion. Here again will be the plea that there is no time. Yet many Sisters already do this and do excellent work on this method. One of the busiest and best Ward Sisters I have known taught her nurses this way.

3. The ever-present question of economy. No one is more desperately tired of this subject than those of us who struggle on and try to enforce it.

Like the poor it is always with us, but why not tackle it from the head of the school down to the last probationer and then pause to marvel at the result.

In the lecture-room we may appeal to the classes, we may demonstrate, give examples, but human nature being what it is, our efforts will probably be forgotten in the rush of the wards.

Yet we must teach this in our Training Schools not only to take effect while nurses are training to save public money, but for the sake of the individual patient after.

One of the commonest complaints made against the trained nurses is that they are wasteful, especially in the matter of drugs, food and linen. The individual patient generally cannot afford this and

we have no right to turn nurses out without teaching them. But who can teach them but the Ward Sisters. They will be weary—almost hopeless and tired in doing it, but the united efforts must tell. Without their help we get no further.

May I quote one example:—

An appeal was made to the staff of a hospital to try and manage with a little less of a certain article. They responded readily, and all admit they have sufficient to use still. The united efforts and help of the Sisters to save on one article is saving the hospital £1,000 a year.

There are many other directions for teaching I could indicate, but I must not take any more of your time. I am convinced that without the co-operation of the Ward Sisters our efforts in the lecture-room will not be altogether fruitful, and I may add that those Sisters (and there are many) who are training and teaching nurses in their wards, will agree with me fully. They are so often the victims, through the nurses, of the few who do not teach as they work.

WARD TEACHING.

There is no doubt that the Ward Sister is essentially the practical teacher, but important qualifications are necessary in the choice of a Ward Sister.

Refinement and personality create a good atmosphere in the ward. Educational, professional and administrative qualifications, combined with teaching ability, are essential—it is one thing to know the theory, but quite another to impart that theory and combine it with accumulated practical knowledge.

As a teacher the Ward Sister has the nurse eight hours daily. She has the power of creating a good atmosphere in her ward and stimulating the interest of her nurses in their work—imparting to them her knowledge in the daily ward routine. It can be done if only Ward Sisters will realise how important a part they play in the teaching of the nurses.

The ideal teaching is the rapid correlation of theory with practice, the theory

of the lecture-room practised in the ward. Where is there a better and wider field for this than in the ward? A nurse learns by seeing, doing, and hearing, especially the first two mentioned, and the actual contact with the ward patient, and instructions given there are not easily forgotten—but she must know that it is to her Ward Sister to whom she can look for that instruction and teaching. As mentioned in the previous paper—too much cannot be expected of the Tutor Sister, she has not the actual patient to demonstrate upon, she can only impart the theory and demonstrate whenever possible.

There is a large field of teaching in the ward kitchen, even in the menial work performed by the nurse. The importance of cleanliness and its bearing upon the recovery of the patient is not sufficiently emphasised and taught. Much more interest would be taken if a probationer realised that the cleanliness of her lamp shades was as important as the correct aseptic treatment of a wound by the senior nurse. Neglect of the smaller details frequently is the cause of spreading infection, and who better than the Ward Sister could teach "ward ethics?"

An ideal standardised system could possibly be obtained in a simpler way than the necessity of Ward Sisters attending lectures.

The method suggested is by Conferences attended by Tutor and Ward Sisters over which the Matron presides. These could be held at regular intervals, a resume of the theory and demonstrations given in the lecture-room outlined by the Tutor Sister. Any suggestions for changing or improving such methods openly discussed and decided upon, and the decision of the Matron would mean the standardising of these methods in teaching throughout the hospital. This would not only be of economic value, but would prevent friction and aid co-operation between the Tutor and Ward Sisters.

Many Sisters who would not care to attend lectures would in all probability be keen to take part in these conferences.

It is true they all have their own methods, but after all there are very few who are not willing to exchange their methods for others, so long as they are raising the standard of nursing service, and of benefit to the patients. We are all learners and must be broad-minded enough to pool our methods for this cause.

Co-operation is not only necessary between the Tutor and Ward Sisters, but also with the Medical Staff, particularly House Surgeons. So much of the Sister's time is wasted in this way—frequently the greater part of the morning is taken up by the House Surgeons—irregular in their daily visits—writing up cases as they go round the ward—this all encroaches upon her valuable time, which could be spent in teaching and supervising her nursing staff. House Surgeons should realise a Ward Sister's time is as valuable as their own. She has other work to do than waste time going round the ward with them unnecessarily.

The point raised that Ward Sisters are often too busy to attend to the nursing education of the nurses has one point in its favour. It is an impossibility for the Ward Sister to do justice to her patients and the teaching of nurses when the wards are overcrowded as at present in many hospitals. A ward equipped for 30 patients is made to accommodate 40 to 50 patients, and one person is in charge. The overcrowding tends to slackness in attention to details by the nursing staff, and the necessary supervision, teaching and active interest required of the Ward Sister to get efficiency is impossible. The number of patients in a ward should not exceed 25, then only can personal teaching and supervision be carried out efficiently. Again in many cases the Sister has to attend the theatre several mornings a week—meanwhile her ward must manage with a charge nurse and frequently not a very senior one—hence there is no one to supervise, teach and direct the staff in her absence. Much

valuable time is lost in this way. In hospitals where this is necessary, the ward should be in charge of a trained nurse during the Sister's absence.

In teaching economy, if the cost of dressings, drugs, crockery, linen, etc., were brought to the notice of the nurse, not only in the lecture-room, but in the wards, the value of the articles would be better realised. In one hospital at the end of each month a list of drugs and dressings supplied is sent to each ward with cost of articles, also a breakage list and cost. This, to a large extent, introduces a competitive spirit, each ward vying with the other to economise. Knowing the cost of articles also attaches greater value to the article.

The Ward Sister has the crude material to shape when new probationers enter her ward. If that Sister has a keen, sympathetic understanding with her nurses, watching, educating and developing the future ones, she must make some impression and so help to improve the standard of the nursing profession.

NURSING SERVICE.

Miss Wright read a Paper on Nursing Service.

A Ward Sister's Nursing Service is very difficult; in fact, almost impossible to define, as it depends firstly, on the amount and nature of the work in ward, and secondly on the number and efficiency of her nurses.

The position a Ward Sister has to maintain is one of high importance. By her efforts she impresses on the nurses that their work must always be directed towards serving the patients, the all-important persons for consideration.

Everyone — doctors, matrons, nurses, patients and their relatives look to the Ward Sister as the one responsible for the maintenance of a peaceful environment for the patient, wherein the patient's mind will be set at rest. The well-being of the patient is the standard by which the Nursing Service may be judged.

It is much easier for a Ward Sister to perform skilled work herself, than to see that others carry it out satisfactorily; but although the Sister owes her first duty to the patients, seeing that they get efficient service, she also owes a duty to the nurses in training. In consequence, much work must be left in the hands of the trainees, to afford them the opportunities of practical experience, which is an essential part of their training.

To be able to do the work better than her juniors and to keep at the highest pitch of efficiency, the Ward Sister needs a certain amount of practice. She should be able and prepared to undertake any ward duty, from scrubbing and cleaning to the most highly skilled work. This readiness and ability tends to make the humblest task seem of vital importance and nurtures a junior's pride in her work—an important factor in raising the standard of nursing generally.

The chief Nursing Service is the general observation of work and patients.

Morning Round.

After receiving the night report, Sister should do a round of her cases introducing the individual touch and so assuring the patients that their well-being is her personal concern. Her powers of observation, so very important a factor in nursing, should be exercised with regard to the condition of the patients.

- (a) See if they give evidence of having had a restful and refreshing sleep.
- (b) Make enquiries of the patients themselves and check their replies by the night nurse's report.
- (c) Note the chart with reference to T.P.R. and excretions.

(1) Charting of T.P.R.

Note if indicative of careful taking and recording, if doubtful, e.g., if temperature has no evening remission or pulse and respiration are not in expected ratio. Note this and make a point of checking that nurse's work next time temperatures are taken.

(2) Stools.

Patients' stools should be inspected at intervals to ensure that they are satisfactory, i.e., that the daily motion charted, is a complete evacuation and not a mere passage of foeces, with the possibility of an impacted mass.

- (a) Note the contents of the expectoration cups.
- (b) Observe general condition of patient with regard to comfort and appearance.

(1) Comfort.

If readjustment of pillows is indicated, to attend same and so, by example, train her nurses to observe and rectify mistakes without instructions.

(2) Appearance.

Whether patient gives evidence of making satisfactory progress in his or her particular case, or whether more skilled nursing attention is required.

Morning work varies with ward.

Surgical Ward.

(1) The Ward Sister frequently spends most of her morning in the theatre and leaves her ward work and management in the hands of the Charge Nurse, so before going to the operation theatre she should:

- (a) See that all necessary preparation is being made for theatre cases, with regard to clothes, injections, etc.
- (b) Give all important information to the Charge Nurse, so that she may hold the reins of ward management while Ward Sister is absent.

(2) On non-operating morning she should:

- (a) Undertake or supervise skilled treatment to ensure patients are not running any risks from improper attention.
- (b) Do in turn the various dressings, so that she is not wholly dependent on verbal reports as to the progress of wounds.

Medical Ward.

(1) Administration of medicines, if not actually carried out by the Ward Sister, should be supervised by her.

(2) Ward Sister should accept full responsibility of:

- (a) Sending medicine bottles to the Dispensary for refilling.
- (b) Renewing stocks of pills, etc., to be sure that stale pills are never given.
- (c) Charge of the poison cupboard key and herself checking amounts of all poisonous drugs administered.

Meals.

(1) The Ward Sister should superintend the serving of meals and see for herself if all patients have had sufficient and suitable diet, as ordered, and in a satisfactory condition.

- (2) Should see that no waste occurs:
 - (a) From carelessness (upsetting food, etc.).
 - (b) Serving too large helpings.
 - (c) Not ordering more than necessary.
 - (d) Sending surplus food back to the kitchen, or seeing that it is used for the evening meal.

Afternoon Work.

When on duty is usually devoted to general management.

- (a) Attending to any necessary duty as it arises.
- (b) Performing any duties omitted in morning, owing to pressure of work.

Evening Work

Consists of:

(1) Giving what assistance is necessary with ward work.

(2) Personally attending to individual patients, by seeing that they are comfortable and have every inducement to a restful night.

(3) Compiling a concise report of day's work with orders for the night, the report being a complete and comprehensive record of the patient's conditions.

Miss Lambie, in reply, said:

"In regard to the first point. We know it is much easier to do the job ourselves than to teach other people to do it. It is stated 'the Sister of the ward must be an expert, and must be able to do any work at all in the ward itself.' Of course, the teacher must be an expert, but she must watch not to do too much herself, failing to teach other people. In hospital I had not been taught more. In hospital wards you do see the Sisters doing the job themselves rather than take the time to teach the nurses under them. It is much more difficult to teach the work than to do it yourself.

"Another point in connection with the staff of surgical wards. In many hospitals it is the practice of the Sister to take the cases to the theatre. If she does the ward is in charge of the Senior Nurse, who is probably a nurse in training. Honoraries may visit the ward—relatives may visit the ward, and if the Sister is not there, the same information may not be given except by the Sister who knows all the circumstances of the case.

"Also in regard to the question of reports. There is very great need for the reports to be accurately written from each duty, so that no mistakes may be made in regard to the nursing service from one duty to another."

REMIT REFERRED TO ROUND TABLE.

That in order to improve the present practical side of nurses' training, whether general or maternity, the future appointments of Ward Sisters be made from those realising that:

- (a) The Hospital Nursing Service;
- (b) The Responsibility to the Public;
- (c) The Teaching of Practical Nursing is: "Her Responsibility."

Miss McKenny stated that it seemed as if those who sent forward this resolution thought that even greater care might be exercised in the direction of the Ward Sister, or perhaps the candidates for ward sistership.

Miss Moore said:

"We all quite agree that the Ward Sister should be more carefully selected. She should have all those qualities we have spoken of, but the poor thing has not got the time to do it all. I feel we ought to try and lighten the burden of this most important unit. We do not fully realise that she has only eight hours a day. She may have from 26 to 52 patients under her. She may have trained nurses assisting her, or she may not. They may be third-year nurses—very often withdrawn for lectures, and she has untold responsibility in her ward. This woman wants added trained assistance. If someone could be brought in to do the lighter domestic work, the nurses would not be so over-taxed and could be occupied with study. You need not have as many nurses in the ward, but those nurses who are in the ward would be entirely occupied with the bedside work. We realise the Sister is the pivot and wants more practical trained assistance. If this woman had some time to take her group of students in the ward, she could discuss properly the problems. The patient is here; here is the opportunity; this woman is here to do it, but she has not got the assistance. Some resolution should go forward in which this woman may have added trained assistance to enable her to impart this wonderful knowledge which she has to the nurse in training."

Miss Muir:

"One point I would like to raise—that is, in the appointment of the Ward Sister from the ranks of the staff nurse, we do not get efficiency in the first year of our responsibility. We are all growing; we are all attaining knowledge and experience, and with the young Ward Sister, when the Matron is making her selection, she makes it in regard to the headings that have been noted on this list, taking into consideration the personality of the individual, which also has a very great bearing in regard to the three other headings, and the Ward Sister, after her appointment, as apart from the difficul-

ties of her duty during the first year, also expands and grows, and is enabled to encompass or to acquire greater knowledge and expediency in the management of her ward. Through a period of years you will find the experienced Ward Sister is able then to concentrate more on the teaching of the nurse the administrative side of her ward and eliminate the unnecessary elements. She gets with experience what one may call a perfect balance, and I think most of the Hospital Sisters and Matrons realise that when an appointment is made, she has to train herself not to worry over unessentials. She should realise, if she is going to be an efficient Ward Sister, hers is a period of growth from the time of her appointment until she completes her service. The growth continues, embracing all new methods, new practices, all the latest science in regard to close co-operation between Matron, Sister and the Tutor Sister."

Another point which Miss Moore raised was over-burdening with routine work. The point to be avoided is that the Ward Sister becomes over-tired and gets into a rut mentally as well as physically. In consequence of over-crowding of the ward she becomes over-tired and then just simply settles down into a rut and loses the enthusiasm of growth and development."

Miss Nutsey:

"I think with Miss Moore that the Ward Sisters have too much to do in the wards. They have not time to devote to the teaching of the student nurses. Beds are crowded into the wards. Wards are supposed to accommodate thirty beds; I know in this hospital, not only the wards, but the verandahs as well—and one sister is controlling between fifty and sixty cases. Just lately we have appointed fifth year nurses, giving Sisters more trained assistance, but even so they do not get the time to devote to the teaching of their students. I do think that if the Sisters had more trained assistance, they would be able to give better teaching to their students."

Miss McKenny:

"The Sister is often driven through zeal and enthusiasm. She knows she can give a service to the patient with more skill and she wants to give him the benefit of her greater skill. That is why she serves him when time presses, instead of letting one of her assistants. Matrons make the best selection they can. They have not always got a very valuable candidate for the sistership, but they take the best they can get. The real problem is giving them enough help to leave them free to devote to the student. This is an economic problem. This is a remit, and the Council has referred it to us. Patients should not exceed twenty, for a Sister to do her work as it should be done and give the patient that care he is entitled to."

Miss Moore:

"It do not think that the public or our Boards quite realise what responsibility they are putting on this one Sister. They demand skilled nursing service for 30 up to 50 patients, and complain that the patients are not getting skilled care. How can she do it when she is the only trained one and those under her are getting training?"

Miss Holford:

"You are going to suggest that adequate help be given to the Sister, but if the Sister has from 50 to 60 patients, she is still responsible. We must agitate for smaller units in our institution."

Miss Swayne:

"We find a difficulty in getting trained nurses to remain to help the Sisters in the ward. Directly the nurse trains she immediately wants to go. That, I find, is the difficulty with me."

Miss Bagley:

"I would draw the attention of the meeting to the difficulty there might be in dividing the ward into two units owing to the construction of the ward. It might sometimes be difficult to appoint two sisters to a ward which may be considered too large. Therefore, I would favour the giving of more assistance in the ward."

Miss Bicknell:

"I think we all recognise, and have done for many years past, that the Ward Sisters have not sufficient trained help. In fact, the Conference has brought this up several times. The root of the matter is that our wards are over-crowded. Fifty to sixty beds are too many for one person to be responsible for. I would like to tell you here that the Department at present is advising Hospital Boards where they are building to go in for smaller wards. There is a large hospital being built at Invercargill. The wards are small wards of about ten—not more than 20. There is another Hospital to be built by the Government, and the largest ward will contain ten beds. There are other smaller wards."

"I think the only thing we can do at this juncture is to send some recommendation to the Hospital Boards that the number of patients is too great for one person to be responsible for, and ask them if they cannot alter the construction of their wards. A hospital building is a very expensive item in the country at present. If they cannot divide the ward, they can at least do what is being recommended in some hospitals, partially divide them, thereby making the large wards into small wards. This is done in America and Scandinavia; perhaps two Sisters could work this. Whenever they are adding to their hospitals they will bear in mind the necessity of building smaller wards."

Miss Muir:

"The whole thing hinges on over-crowding. That is where the Sister cannot manage, but where the ward is kept to its regulation bed list, and adequately staffed, the position is just a little different."

Miss Bagley proposed, and Miss Lambie seconded:

"That more trained help be given to Ward Sisters, who should not have an excessive number of patients under their care, and that this be sent as a recommendation to the Hospital Boards' Association."—Carried.

Remit: That, as many hospitals are demanding a fourth year from the student nurse, a proper curriculum should be outlined for this nurse, including such subjects as: "Sanatorium Treatment of Tuberculosis," "Clinical Welfare" or "Maternity Nursing," "Nursing of Neuro-pathic Patients" (the subjects to be elective). Dietetic, X-ray and Administration.

Miss Muir:

"The training is three years and the fourth year is optional. The qualified nurse finds the fourth year the best year of her hospital service. During that time she is able to take more responsibility; has the opportunity of doing what we can term a staff nurse duty, and under-studies more or less the Sister, and we consider that the fourth year is the period in which we can select promising pupils for suitable promotion to charge duty later on. The fourth year is of great value; she is preparing to take her mid-wifery training, and as so many of them do, to take her Plunket training, and return possibly to hospital training after having obtained these certificates. Some of them desire to take the post-graduate course and get that tuition over before they decide what work they are prepared to carry on. The general opinion among staff nurses is that their fourth year is the best year of service, and they are very often waiting a few months in their fifth year before finally leaving the hospital service for some other branch."

Miss Moore:

"The fourth year is supplementary to the other years. What they have not had in the third year they get in their fourth year. I feel that the fourth is the test for administrative ability, but in return she should have some added certificate for that year. In three years she should have finished her training. In Christchurch they are doing practically what is suggested."

Miss Goldsmith:

"Napier gives maternity training during the fourth year."

Miss Muir proposed, and Miss M. Bagley seconded:

"That during the fourth year, wherever possible, the student nurse gets added responsibility and administrative experience as suggested."—Carried.

Remit: "That registered nurses in private practice for two or three years be accepted on the staffs of hospitals for a refresher course of six months as fourth-year nurses."

Miss Muir:

"In regard to that remit, as far as we are concerned, that has been done, but not in the capacity of the fourth-year nurses. The invitation is sent to the nurse, and she is a free lance."

Miss McKenny suggested that the words "fourth-year nurses" be deleted.

Miss Moore proposed, and Miss Bagley seconded:

"That registered nurses in private practice for two or three years be accepted on the staffs of hospitals for a Refresher Course of six months."—Carried.

Mrs. Tracey-Inglis moved a vote of thanks to Miss Nutsey.

The meeting terminated at 5.30 p.m.

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ROUND TABLE ON PUBLIC HEALTH NURSING, AT THE AUCKLAND HOSPITAL, Friday, 4th October, 1929, at 7.30 p.m.

Miss Bagley, Assistant Inspector of Hospitals in the Chair:

"I have been asked to take the chair to-night at this Round Table on Public Health Nursing, and I fully appreciate the honour. I propose to say a few words on the matter of Public Health Nursing. Public Health Nursing has for its object the establishment and maintenance of perfect citizens. The branches of Public Health Nursing are:—

1. Midwifery, which is an essential service.
2. School Nursing, which is designed to carry on the work commenced by the School Medical Service.
3. Infant Welfare Nursing.
4. District Nursing, which has a great preventive scope.

District Health Nursing should really have been first. It is the premier Public Health Service. District Nursing opened the door to all the other branches of Public Health work. Then comes Infant Welfare Nursing, which should have come before School Nursing. Infant Welfare Nursing is done in New Zealand by the Plunket nurses. Other branches which we have in New Zealand are Tuberculosis and to some little extent Venereal Disease. The latter we cannot say has been properly developed in New Zealand.

To review a little of the history of Public Health Nursing in New Zealand, I might just say that up to the time of the war, the fringe of the work had scarcely been touched. We certainly had a few district nurses. The first district work was done by Miss Maude in Christchurch. Next we had, I think, the country scheme, which was run only by the Maori Health nurses in the first instance. Before the war we had only two or three and that service has been largely developed since. As to school nurses, before the war we had none. These services have all been largely developed since the war, we have now 32 school nurses. Of Maori Health nurses, we have 17 or 18. Tuberculosis nurses, we only have three. Because tuberculosis work has not been as well developed as it deserves to be in New Zealand, the Public Health Nursing Committee which arranged the table, has devoted its first attention to the matter of tuberculosis nursing, and we have had prepared a few papers on this branch which I propose should now be read to you. After the papers have been read, the discussion will open, and I hope that you will make it quite a round table; that no one will hesitate to get up and comment on the papers, or offer some little outline or voice some comments of their own regarding any phase of Public Health Nursing."

The first paper has been written by Miss Timlin, of Dunedin, and Miss Holford has kindly consented to read it.

DUNEDIN HOSPITAL—THE TUBERCULOSIS PATIENT AND CONTACT, AS SEEN IN THE TUBERCULOSIS DISPENSARY.

The Tuberculosis Dispensary is established for:—

1 (a) The examination and diagnosis of cases sent by the Medical Practitioner.

(b) The arranging of appropriate treatment for those found to be tuberculous, to be sent to the sanatorium, hospital, or the patient's own home.

2. The examination of "contacts," the arranging of treatment for those found to be tuberculous, and the supervision for preventive purposes of those not already affected.

3. The scope of the Dispensary exceeds that of the ordinary Outpatient Department, as it is a clearing house for tuberculosis, and through the "contacts" a place for searching out early cases.

4. The Dispensary fails in a greater or less degree if it does not co-operate with the medical profession, Public Health Department, School Medical Service, Plunket Society and all social workers.

Tuberculosis is a disease of all ages. It occurs at every period of life from infancy to old age.

The tuberculosis patient visiting the Dispensary differs considerably in age, stage of disease, and temperament, each patient requiring treatment from his own individual standpoint.

When a patient visits the Dispensary for the first time, a full history of the case is taken, including temperature, pulse, and weight. The patient is then examined by the Tuberculosis Medical Director, and on leaving the Dispensary is given a sputum outfit, and instructions how this is to be used. The specimen should be brought to the Dispensary the following morning for bacteriological examination.

All cases have an X-ray photograph taken of the chest at the earliest opportunity, and continue to be X-rayed at regular intervals to report progress.

It is frequently decided on the patient's first visit whether he shall be admitted to hospital, sanatorium, or shall remain in his own home. If in-patient treatment is determined on the patient is advised accordingly.

Should the patient be an infectious case, after he leaves his own home his room is disinfected, and the remaining members of the family who have been in contact with the patient are asked to come to the Dispensary to be examined, emphasising the fact that "Prevention is better than Cure." It is only in isolated cases that one meets with any opposition—contacts of all ages being only too willing to be examined.

If suspicion rests on one or more members of the family they are advised to visit the Dispensary at regular intervals and kept under close observation. Temperature and weight is recorded on each visit, and they are examined regularly by the doctor.

Such patients are taught through the Dispensary how to manage themselves in respect to fresh air, proper food, amount of exercise and rest, by more careful and systematic ways of living.

If a case should prove negative, the patient is told to return to the Dispensary in three months, unless during the interim any symptoms arise which arouse suspicion. Under such conditions he is advised to report immediately to the Dispensary.

When a patient decides on domiciliary treatment and promises to carry out instructions, he is visited the day following his visit to the Dispensary. Advice is given as to suitability of room, balcony or sleeping porch.

Dishes used by patient to be kept separate and sterilised regularly. All articles of clothing should be disinfected before going to the laundry.

If the patient has any sputum a flask should be used. All sputum is burnt and the flask disinfected twice daily.

The patient's temperature is of the utmost importance, and very minute instructions are given re the taking of this three times a day. If the temperature is raised or the pulse abnormal, the patient remains in bed until both return to normal conditions.

The food should be nourishing. Three meals a day are advised, with a glass of milk to be taken at each meal.

As the patient improves under treatment, graduated exercises are commenced. Everything depends on the patient's resistance to the disease to bring about a steady recovery. When a patient does not respond to "Rest" treatment, artificial Pneumo-thorax is frequently commenced with a view to checking the disease. Patients have done remarkably well under this treatment, many of whom would have spent a much longer period in bed if the treatment had not been given.

Artificial Pneumo-thorax is begun either in hospital or sanatoria, and when the treatment is well established patients may be permitted to go home and return to the Dispensary for their refills. A patient usually remains in bed for an hour after treatment. He or she, as the case might be, is then considered quite equal to dressing and going home.

Some cases are treated with vaccines. Children frequently with tuberculin injection. All such treatments are only given under medical supervision.

School children who are contacts or under suspicion may be recommended to the School Doctor for the open air school, where they are seen and examined regularly by the School Medical Officer.

When a patient is discharged from the hospital or sanatoria he revisits the Dispensary, which continues to supervise him and seeks to prevent a relapse. The doctor gives such a patient advice with reference to suitable employment, and encourages him to maintain at home the life he has been taught in the sanatorium,

Although tuberculosis is an infectious disease, it is said to be infectious to a very limited degree. If ordinary precautions are taken when attending or nursing a tuberculosis patient, those in attendance need have no fear of contracting the disease.

In conclusion, the Dispensary aims in every possible way to ascertain all information pertaining to patient or contact, with a view to assisting in any way when the necessity arises. It endeavours to guide, advise and help in realising its responsibilities to patients, and co-operating with all the activities interested in Public Health and Social Welfare.

Miss Bagley next introduced Miss Smaile, who spoke on nursing a case of tuberculosis in the home.

Miss Smaile:

"This is not a prepared paper. There are certain standardised methods for nurses visiting the home. First the nurse must be able to enter the house. It is no use visiting the house unless you can go in and be sociable. If they have no confidence in you they will not take any notice of what you say. The nurse has her bag with her and it is usually necessary to do something with that bag. This the nurse must be very particular about. If nurse does one thing and says another, then it does not go down very well. Secondly, she must take every opportunity to teach. Observe and detect all problems whether they are physical or social. Social problems play a very important part.

"Then there is the ambulatory case—this is an economic problem. Very few people can finance tuberculosis. Then there is the attitude of the people towards T.B. People are afraid of it. They do not understand tuberculosis is quite safe in public if it is treated in the right way.

"Next there are the causes. Remove the cause of the predisposing cause. Then there is the true value of diagnosis. Nurses should know something about getting an early diagnosis. You must know all the methods of treatment. An-

other important thing is to know all the institutions. The patient does not know the institutions or how to get into them. The nurse has to be very familiar with all these.

"Then there is the housekeeping problem. You can have a poor house but need not have poor housekeeping. The nurse cannot alter a poor house, but she can train a poor housekeeper. The poorest houses can be ventilated. Circulatory air is necessary. It does not need to be outside. Just merely a window open is not sufficient, if everything else is shut. Then there is cleanliness. It does not matter how dirty or how hopeless a place is, we can usually do something. Then there is the accurate decision. The case that is most likely to get well should try and get into the sanatorium, rather than the one that is less hopeful.

"Now we come to her methods of teaching. We know the Public Health Nurse must demonstrate. Only by getting people to do things under her supervision, can she teach them. She must keep on with one thing until it is understood. Tuberculosis is a very long disease. Nurse must teach care of the room and care of the patient; disposal of sputum; care of dishes and the transmission of disease."

Miss Bagley:

"The next paper is the 'Child Contact,' written by Miss Bulkley, of Wellington, to be read by Miss Cherry."

THE CHILD CONTACT IN TUBERCULOSIS WORK.

The incidence of actual tuberculosis among school children in New Zealand is small and compares favourably with that found in other countries. For instance, in 1927 of 60,275 children examined by School Medical Officers, only .1 per cent. was found thus affected, of which .04 per cent. was pulmonary and .06 per cent. tuberculosis of tissue other than pulmonary. This is in accordance with the results found in New Zealand in previous

years, and with the findings reported by the London County Council authorities and by School Medical Officers in Australia. However, in view of the modern opinion that tuberculosis infection is almost universal before adolescence, it is probable that a percentage of school children now classified by School Medical Officers as of subnormal nutrition has latent tuberculosis. This group as reported in 1927 constitutes 7.14 per cent. of the children examined, and is the group under supervision.

In 1927 a special investigation was carried out in Wellington under Dr. Champtaloup, and in Canterbury under Dr. Baker-McLagan, to enquire into the incidence of tuberculosis in New Zealand school children. Schools were selected for examination in poor and well-to-do city areas, and in the country so that a fairly representative group of children was observed. The written consent of parents was first obtained. The investigation consisted of a general medical examination supplemented where indicated by special expert methods of diagnosis, e.g., X-ray examination, examination by tuberculosis specialist. Moro's inunction test was used as an aid to diagnosis. Evidence of tubercular infection was found almost twice as often among city children as among country. Maori figures were much higher, 25 per cent, all of whom live in the country giving positive signs.

During the following year these children were regularly weighed and measured monthly, and an endeavour made to create a satisfactory conditions of environment at home and at school as possible, this work being carried out by the school nurse.

The results of this primary survey were encouraging, so it was decided in 1928 to expand this programme to include all tuberculosis contacts—that is, children whose parents suffered from tuberculosis or who had lived in contact with the disease. Naturally this is an ever-increasing group owing to the number of sufferers who are living in the community

and not under hospital and sanatoria conditions.

The procedure for obtaining the information regarding these cases is as follows:—Tuberculosis being a notifiable disease, all cases are known by the Medical Officer of Health. Where households in which children of pre-school or school age are known to be living in association with a tuberculosis patient, the names and addresses are forwarded to the School Medical Officer of the district. The School Medical Officer then as soon as possible carries out a thorough medical examination of the children concerned and the cases are referred to the school nurse for observation.

In Wellington at the present time over 200 children from pre-school age to secondary school age are under supervision, covering an area of 41 town and suburban schools and seven country ones. The school nurse has been detailed to carry out this work and, as can be imagined, it is of great interest. Her work lies in assisting the School Medical Officer with the examination of the children and in seeing that any remedial defect, such as enlarged tonsils or defective vision, etc., is corrected. Such common defects exert a harmful influence upon their general health, thus decreasing their power of resistance to tuberculosis.

The greater part of the nurse's work lies in the homes in endeavouring to improve the environment. The fact that tuberculosis is a disease which affects those of earning capacity creates a difficult financial situation in all types of homes. If the mother is the one who is affected, the whole household suffers, additional expense is involved in running the home from a domestic point of view, or else a condition of upheaval eventuates in which all the members of the family are affected. If it is the father or an earning member of the family, much less income is brought in, the family exchequer suffers and conditions of poverty arise. This in turn affects the type of house occupied and its locality as well as the food supply and general hygienic conditions. All these are facts which

must be collected tactfully by the nurse during her visiting as they materially alter the programme to be undertaken for the child.

If the home conditions are fairly good and the nurse feels that the mother will follow her advice regarding diet, rest, fresh air, sleeping conditions, etc., the child is allowed to continue at school being weighed monthly in every case, a weight chart being kept. On these charts is marked the normal line showing what this child should be for its height and age, and each month the child is weighed the chart is marked in order to observe whether the child's actual weight line is following this normal line. The normal line is checked every six months when the heights are retaken.

Should the home conditions be unsatisfactory then immediate steps are taken to try and get the child built up at the McCarthy Convalescent Home or at the seaside at Otaki, while arrangements, if possible, are made to remove the source of trouble from the home. Following this holiday the child returns to school and is kept under observation in the manner previously described.

At the time of this monthly weighing, or at any time that the nurse observes a decrease or stationary weight or any untoward symptoms among these children, arrangements are immediately made for the child to be examined by the School Medical Officer, and the parents are encouraged to bring them in to see the doctor if they are worried about them in any way. In addition, this group of children is examined by the doctor yearly at the school during routine examination. In this way the children are kept under close medical supervision.

Some personal observations in regard to these children might be made here. It has been noticed that while in the majority the weight line will be below the normal, in some cases the adverse is true, the child appearing to have some glandular affection with a distinctly overweight line. These cases are of great interest,

Again the child might have a stationary weight for a period and be found to suffer from enlarged tonsils and adenoids. On these being removed further loss in weight may immediately follow, but it is very striking to note how the weight curve will soon rise again and continue to steadily improve.

In visiting the homes the difficulty of influencing the fixed beliefs and habits of parents, even when these are to the detriment of their children, is very evident. For instance, a mother whose child was operated upon for enlarged tonsils and adenoids at three years, and again at six years of age, and still suffers badly from nasal obstruction, persisted in the child sleeping in the parents' room with the head of its bed reaching into the wardrobe because she did not like to re-arrange the plan of the bedroom. This home was quite a comfortable one and the mother apparently of average intelligence.

Though the work is at times discouraging it gives great satisfaction to look back and see the number of children whose parents have followed our advice, even when it has involved such definite steps as building on a sleeping porch for the child, or removing from a crowded city area to the suburbs.

Great care has to be taken in handling some children as the parents are apt to become over-anxious, and their concern re-acts unfavourably on the child. For instance, one boy in Standard VI. asked about his weight most anxiously and always showed signs of dejection if there was no increase. In such cases a tone of cheerfulness and commonsense has to be adopted to overcome a tendency to worry.

The ignorant family of large numbers frequently requires much winning over before even entrance to the home can be obtained, but once the mother realises you are there to help her she will make every effort to follow your advice. Perhaps this type of case gives as much satisfaction to the nurse as any in that she has overcome any personal prejudice and ignorance.

Again, when great affection exists between patient and nurse in a family, as when a mother is cared for by a devoted daughter, the health of the daughter may be in consequence undermined. Great tact may be required in suggesting sanatorium treatment for the mother, and it may be only by being frank with the patient and appealing to her love for her child that better arrangement is obtained.

In conclusion, quoting from Sir George Newman, "There is no short cut to the goal of health, no easy way of defeating disease; we must learn and obey the laws of physiology and comply with the conditions which prevent disease. We must cultivate a sense of proportion." Take the healthy child as an example. It only becomes so by good nurture which necessitates the formation of sound habits, by proper use of nourishment, fresh air, exercise, warmth, rest. There is nothing magical about it, it is the daily practice of a physiological way of life and there is no other method of rearing healthy children.

How much more then is this true of the particular group of children who in their own homes require protection from tubercular infection.

Miss Bagley:

"I will now ask Miss Mirams to read Miss Jamieson's paper on 'Tuberculosis amongst Maoris.'

TUBERCULOSIS AMONG THE MAORIS.

It is a recognised fact that pulmonary tuberculosis has spread to an alarming extent among the members of the Maori race. It has become a marked factor in the deterioration of their physical well-being, and, especially among the young, a frequent cause of death.

The mass of the Maori population lives in remote districts inaccessible to doctors and inspectors, and in many cases medical certification of death is not made. Thus reliable information is not obtainable. It may be pointed out, however,

that statistics relative to Maoris compiled for the quinquennium 1920-25, showed that during the five years 857 deaths of Maoris were recorded as due to tuberculosis of the respiratory system, and 103 to other forms of tuberculosis. These figures correspond to annual rates of about 28 per 10,000 for pulmonary tuberculosis, and 32 per 10,000 for all forms of tuberculosis, as against corresponding rates of 5 and 6.5 respectively for the general population.

The susceptibility of the Maori to tubercle infection is mainly due to his general adoption of European modes of living, the increasingly large proportion of those of mixed blood, the lack of natural immunity to disease, and in other cases, to his extreme poverty.

In their native state the Maoris dressed rationally, lived in comfortable whares, indigence was unknown, and their lives were for the most part spent in the open air.

In their adopted state of civilisation, life has become complicated by the necessity of providing European food, clothes, and homes, not to mention the many luxuries that make even greater appeal than necessities to the pleasure-loving natures of the Maoris.

The economic problem has forced many into miserably poor and unhealthy homes, often overcrowded together in swampy or other unsuitable situations. They are unable to procure the necessary nourishing foods specially needed by young children. Insanitary personal habits, indiscriminate expectoration, passing cigarettes from lip to lip, congregating and sleeping in small unventilated rooms, all contribute to a general debility which makes them fall an easy prey to the ubiquitous tubercle bacillus.

The nurse who works among the Maoris has to contend against these conditions while endeavouring to impress upon the minds of all the ever-present danger of tubercle infection. They have all seen cases, and know only too well the significance of the symptoms of weakness, wasting and chronic cough. Unfor-

Unfortunately they have not the wholesome fear of the disease that helps to protect the average European. Left to themselves they are seldom in a hurry to seek advice or medical aid. Little or no attempt is made to protect others from infection. It is the custom of the whole family to sleep around the sick one, who may be moved from place to place even when in the last stages of the disease. To gain the confidence and co-operation of the patient and his relatives is the object of the visiting nurse, who has to deal with the case in his own home. To arrange that the patient sleep alone—preferably in a tent or on a verandah—to secure faithfulness in the care and disposal of the sputum, to see that special utensils are reserved for his use, and that he has suitable food and clothing. This means patient reiteration of facts, together with endless argument and explanation.

Poverty, superstitious fear, dread of regulations and restrictions, carelessness and ignorance, create almost insuperable obstacles in inducing the Maori to consult a doctor, enter sanatoria, or go into a hospital for observation or treatment.

Apart from the unmistakable or proven case of tubercle infection are the many whose early history of debility and chest troubles, poor general physique, or known exposure to infection, mark them as probable victims. The bottle-fed under-nourished infant who catches cold easily, the weakly-pre-school child—frequently suffering from either septic tonsils, discharging ears, or suppurating glands—the youth and girl of thin anaemic type with chronic cough, the mother debilitated by hard work and frequent pregnancies, the man striving against fatigue and increasing disability, constitute a large class needing constant supervision and advice.

The native health nurse would be materially assisted by a system of compulsory medical examination of all suspected or incipient cases and known contacts. By this means a record of presumptive tubercular cases would be kept, supervision exercised, and retardation or

progress of the disease noted. The ideal would be the segregation of all proven infective cases, thus forming an effectual safeguard against further dissemination of the disease amongst the race.

A case illustrating the reluctance of the Maori to report chronic illness happened recently. School children reported that a girl of 18 years of age had died at a settlement three miles from the town. Going to investigate I found this girl had been ailing for about two years, and had been taken ten months previously to the home of a married sister near Auckland. She had gradually become weaker and was brought back to her own home six weeks before she died.

Her people were of the Ratana religion, and though I saw and spoke with various members of the family, and visited for some time a home nearby, no one told me of the presence of the sick girl.

The only excuse they could offer was that the girl had always refused to allow them to call in either a nurse or a doctor. They themselves did not realise how serious her condition was.

The case had to be reported to the police, and the Coroner ordered a post-mortem examination which proved death to be due to pulmonary tuberculosis. No precautions as regards infection had been taken during that girl's long illness, and she had spent the time in at least three different homes. (I might add that since that inquest I have had many calls for mostly trivial reasons from that settlement for, above all else, the Maori dreads the post-mortem examination of his dead and will even go the length of calling the nurse when she knows her visit will safeguard him).

Meanwhile the nurses continue to labour to arouse in the Maori some measure of enthusiasm for better and more healthful ways of living. For it is by preventive rather than salvage work that the Public Health nurse hopes to foster and maintain a higher health standard, and so win for the Maori a greater physical resistance against tuberculosis and allied diseases.

We might also add a greater appreciation of, and co-operation with the means provided for his assistance in the matter of preserving the health of his family and his race.

Miss Bagley:

Tuberculosis work in New Zealand so far has only been touched as far as the nursing service is concerned. We only have three nurses doing solely tuberculosis work, that is work in between a tuberculosis clinic and the patient's own home. It is very desirable that we should have more clinics and more nurses in the large centres at any rate. Probably the work that is being done by school nurses with regard to child contacts is going to be as far-reaching in the future as any effort made in the way of preventive work as regards tuberculosis. Much more is needed among the older members of the population, and for the prevention of the spread of infection from patients who are not sanatorium cases, more work is required; work that can only be carried out by trained nurses satisfactorily. You will see from the paper that has been read on Tuberculosis amongst Maoris that that is handled, as far as possible, by the Maori Public Health nurses. It is a question of whether a good deal of the nursing work might not be done by district nurses. Now the Round Table is open for remarks from nurses.

Miss Lambie:

"As regards the situation of tuberculosis in New Zealand, although New Zealand has a higher bed rate than any other country, we have about five thousand cases in the community that have to be cared for. We want special tuberculosis nurses, that is nurses attached to a clinic, but it seems to me that the care of the actual case will largely fall on the district nurse. The clinic nurse can only act as a specialist to advise as regards the specialist's point of view. The actual daily care of the chronic patient must be carried out by the district nurse.

There is another point which Miss Smaile touched on. That is the education of the public towards tuberculosis.

There is no doubt that the nurse in contact with a patient can consider the feelings of her patient and his approach or relationship to the general public very considerably. For instance, in a home with regard to the dishes used for the patient. It is very trying to an individual to have to keep the dishes separate. It is not only inconvenient but it is difficult for the housekeeper in the home to do that. Now, if the dishes used by that patient are boiled a sufficiently long time, there is no need to keep them separate. In that way the patient is not distinguished from everyone else.

Then as regards the use of handkerchiefs. It is very difficult in a home to get a supply of rags, and of course it is very inadvisable for any person who is healthy and well to wash the handkerchiefs. In New Zealand we do not use paper in the way we might. The ordinary white paper serviette can be bought for over one hundred for a shilling. Dr. Lythe advised patients to use a rubber pouch in which to place their handkerchiefs. All these things help to make him less conspicuous among the general public.

Miss Moore:

"One thing that was not mentioned is the After-care Committee." In Great Britain and also in Paris for tuberculosis they have an After-care Committee, and through that Committee the public are educated to the fact that tuberculosis is curable as well as preventable, and that Committee is of great value to clinics. I was very much impressed with their work in Paris. The Municipality had a large block where people from the slum areas were placed. A street could be given over to a nurse. The nurse visited all those contacts and educated them in after care. Some of them had been there for eight years until they were sufficiently recovered to earn their own living, and not one of those families ever returned to the slum areas again.

Children during the day were put on the Paris walls, where they had every facility and care.

If patients are discharged from sanatoria, it is difficult for them to carry out the treatment and get into work, but this After-care Committee follows them up, and often has a position waiting for them. We have not gone far enough in New Zealand with the facilities we have, I believe we could exterminate the disease."

Miss Hilditch:

"I would like to say I was particularly struck in the United States with the After-care Committee, and suitable work-rooms under good conditions where men and women were employed who were suffering from the same condition. It seems an uneconomic way to restore them to health and then return them to conditions that are absolutely unsuitable."

Miss Bagley:

"I am sure that an After-care Committee could do very valuable work everywhere, and it would be a great advantage if we could have such a committee in all centres. Probably in the days to come when our Association is much larger and much more active, the Trained Nurses' Association might be able itself to move in that direction."

Miss Inglis:

"In Wellington there is a residential nursery where children are taken up to five or six years old, three or four children being taken from one family, while the mother is in hospital. It is an immense boon. The mother has not friends coming to her and saying one child is doing this and one doing that. Every nurse knows what effect that has on the mother. This nursery is run by the Women's National Reserve in Wellington, and is one of the finest things they have done."

Miss Wright:

"This is my experience of the child contact. In our work it may be a month before we get to that home. In one case the father and the two boys were sleeping in a back room and the mother who was tubercular, had the little girl sleeping with her. It seems so dreadful. If we had a T.B. nurse, they would be visited earlier."

Miss Cherry:

"Another instance where the mother has been in sanatorium for quite a long time. There are three small children; the father is at work daily. The little girl is taken care of, but the boy of ten is cooking the meals; the little boy of six returns home daily at three o'clock; there is no one in the home until the bigger boy comes home."

Miss Lambie:

"All children are referred to the School Medical Officer, but all cases will not come to the clinic. The number of cases coming to the clinic will vary. Some doctors will prefer to keep their cases under their own observation, and will not send them to the clinic. You cannot compel people to come to the clinic. The School Nurses's work, in some cases could be turned over to the Clinic Nurse, but there will always be a large amount of work that will fall to the School Nurse."

Miss Bagley:

"In order to carry out tuberculosis work in its entirety, there requires to be splendid co-operation between the clinic, district and school nurses, and perhaps I should add, the sanatorium."

Miss North:

"I might tell you something of what Dr. Turbit has found amongst the Maoris. There is no child better physically to-day than the child in Maori schools. They are far above the white child. Dr. Turbit made very interesting research over white schools and Maori schools in the same area, and found these children the healthier of the two. Anaemia was prevalent among the white children, but little among the Maoris. Another aspect we found was that tuberculosis was most prevalent in the adolescent period of the Maori girl and boy. There is a scheme on foot to try and help the Maoris to get a sanatorium for themselves. It is very difficult to get the Maori to stay in hospital. The scheme is this—the Hon. A. T. Ngata has been approached by a great number of our chiefs in regard to this matter. The local

districts have an interest from the Government—some thousands—and it has been suggested that they give so much to the upkeep of the sanatorium if it eventuates. It would be an interesting thing if we can only get the Maori to do something in regard to the health of his own race."

Mrs. Devereaux:

"While we are on this subject, I would like to ask if it would not be possible to get more Maori girls ready to act as nurses.

Miss Bagley:

"Applications from Maori girls for nurse training are always sympathetically considered, and there are always a number of Maori nurses in training, and we always have a certain number acting as Maori Health Nurses. Applications from educated Maori girls come up before us from time to time, and the

Department always makes an effort to get such suitable Maori girls trained. I think probably just within the last year or two there have been somewhat fewer such applications."

Other papers were read, but space does not permit their insertion in this issue.

Mrs. Kidd:

"I would like to propose a very hearty vote of thanks to the writers of the very interesting papers we heard to-night and at the Round Table on Public Health Nursing.

Carried by acclamation.

Miss Bagley:

"I would like to again thank Miss Nutsey on behalf of us all, and to emphasise the remarks our President made to Miss Nutsey and her staff for the loan of the nurses' sitting-room, and all their wonderful kindnesses to the Conference."

Entertainments in connection with the Annual Conference N.Z.T.N.A.

On Tuesday evening, October 1st, the delegates were entertained by the Lyceum Club in their new rooms. Mrs. Parkes, President of the Lyceum Club, received the guests and gave them a very gracious welcome. Later a musical programme and two charming little plays were presented, and were much appreciated. Supper was served and brought a very delightful evening to an end.

On Wednesday, the delegates were the guests of Miss Bagley, of the Health Department, to lunch. Mrs. Todd Smith, a former President of the Association, entertained the delegates and many friends at her beautiful home in St. Helier's Bay on Thursday afternoon.

In the evening some of the delegates took advantage of the Hospital Auxiliary's invitation to visit Dixieland, which they greatly enjoyed.

On Friday afternoon the delegates were taken for a very beautiful drive to Titirangi, followed by a delightful after-

noon tea, given by Mrs. Kidd at her home, "Hounslow," Gillies Avenue.

The final function was a morning tea, given by Mrs. Tracy Inglis, President of the Association, at the Lyceum Club. This gave the visiting delegates an opportunity of expressing their appreciation of her excellent management of the Conference, and the kindness and hospitality of the Auckland Branch of the Association.

JOTTINGS FROM I.C.N.

"Public Health is spreading all over the world, and is an excellent field for service for the qualified nurse."—M. S. Gardner, M.D.

NOTE.

The article by Nurse Gladys Wells, mentioned on page 213, has, owing to pressure on space, been held over for the January issue of the Journal.—Ed.

International Conference of Nurses Montreal, July, 1929

At the Nurses' Club, Auckland, on the evening of October 2nd, a meeting was held to receive reports from the delegates to the International Council of Nurses.

The official delegate from the New Zealand Trained Nurses' Association, Miss McKenny, was welcomed by the President, Mrs. Tracy Inglis. She then proceeded to give the following interesting account of her experiences.

This is a brief account of the International Conference of Nurses, which opened at Montreal on July 7th, 1929, also the International Hospitals' Congress, held at Atlantic City in June.

The magnitude of the task of conveying to your Association some idea of the work accomplished at these Conventions—their scope and value—seems at this moment overwhelming.

The Canadian Nurses' Association began their preparations for this Congress two years ago—the more immediate intensive preparation six months previously. Representative delegates prepared topics for discussion many months before.

The Government of the Dominion of Canada—the Provincial Government—the City of Montreal, all gave official and financial support to the Canadian Nurses' Association in their colossal task. The number of nurses who registered attendance was approximately 7,000—many did not register.

A full report of proceedings—official—is undergoing preparation. A copy of this will reach you later.

In the meantime, I offer you a summarising of some of the conclusions arrived at by Committees and Grand Council of I.C.N. I have obtained copies of a number of speeches by outstanding authorities, which will be available later.

I have with me a copy of the I.C.N. programme and the Social Service Curriculum used at McGill University.

Any further information I may have, which is not referred to, I will gladly place at your disposal for your Association.

At Ottawa, on July 3, Canada welcomed delegates to the Congress of the International Council of Nurses, which opened in Montreal the following week. In the beautiful lobby of the Parliament Buildings, Premier MacKenzie King, speaking for the Government of the Dominion, gave to some two hundred delegates headed by Miss Nina D. Gage, President of the Council, a "very, very hearty welcome." Mr. King informed the delegates that he felt the Council had paid Canada and Ottawa a great compliment in choosing the Dominion for their meeting.

It was most appropriate, the Prime Minister said, that the first meeting of the Congress should be within the walls of Parliament. Here, the representatives of the people were endeavouring to legislate for the benefit and welfare of the country. Nursing was peculiarly designed for the benefit and welfare of humanity. Consequently the setting was an appropriate one.

NURSES' MEMORIAL IN HALL OF FAME.

The Prime Minister pointed out, among other things, that the first memorial to be placed in the Hall of Fame had been erected by the nurses in Canada in remembrance of their sisters who gave their lives in the Great War.

Members of the N.Z.T.N.A. are greatly indebted to Miss Bicknell, who arranged for a wreath of flowers from New Zealand nurses to be added to those placed at the Memorial in remembrance of Canadian nurses. Many expressions of thanks for this tribute were received by your delegates.

Miss McKenny proceeded to give a short resume of some of the subjects discussed by the Nursing Education Section.

July 10th.

"The Need of Education in Mental Nursing in a General Nursing Curriculum."

The Chairman for this largely attended meeting was Miss Hearder, Matron of Bethlehem Royal Hospital, London.

In a remarkably interesting address which later I hope to place before you, Miss Hearder described the work of caring for the mentally afflicted at the hospital known as "Bedlam," founded 800 years ago by Franciscan monks. "Bedlam" is a contraction of "Bethlehem." Modern investigations have caused nurses and doctors to realise that physical disorders and mental disorders are closely allied. Miss Hearder quoted cases remedied by the simple expedient of removal of septic tonsils and teeth.

Among treatments, the use of prolonged hot baths is greatly used. Mechanical restraint is rarely resorted to—chemical restraint (i.e., drugs) becoming less and less used. This new use of prolonged baths for sedative effect was urged by a high medical authority on mental care at the Hospital Congress.

The need for introducing mental nursing into our general nursing curriculum was justified by the common incidence of early mental cases in general hospitals—then in amenable-to-treatment stage. "That 60 per cent. of cases treated early are arrestable, at least, if not curable, was stated. The high value to patients (and to nurses) of some knowledge of appropriate care was stressed as of value in the care of many physically ill. When one thinks of the number of patients we call "nervous," "neurotic," "hysterical," "neurasthenic," "melancholy" in a general ward—and of the helplessness of the average nurse to help them—one is convinced of the value of some psychiatric training.

Sweden, Denmark and other foreign countries, especially Scandinavian, include a three months or more course in mental nursing in their general nursing syllabus. There, a nurse is not considered fully trained without this instruction and practice.

In New Zealand it would seem easy to add this important subject by affiliation to mental hospitals. It is possible to foresee benefit to both mental hospitals and nurses from such a scheme. Of course, instruction without practical experience is of little or no value.

In summarising for Grand Council, the meeting resolved: "That instruction and practice in mental nursing is necessary and should be included in every syllabus for general nursing training."

Resolutions passed advising post-graduate courses in mental nursing be arranged, also refresher courses in this branch of work.

July 12th.

"Co-operation Between Sister Tutors and Ward Sisters in the Training of the Student Nurse."

The discussion on this subject claimed the interest, and attendance, of a large proportion of Congressists, and was considered one of the most important subjects discussed. A very able Chairman, Mrs. Bennie, of South Africa, conducted the meeting. Speakers included delegates from England, Sweden, South Africa, U.S.A., New Zealand, Poland and others.

Other matters discussed at this Round Table were: Records of Student Nurses' Progress, Experience Records and Promotions." Many Sister Tutors were present.

That the objectives of the Sister Tutor conflict with the main or immediate objectives of the Ward Sister causing at times some difficulty, was affirmed by some Tutors. Others—the greater number—have no such difficulty.

Where the difficulty is non-existent, the Tutor is invariably a Sister of more and longer experience than the Ward Sister. Such a Tutor has, by reason of greater experience in Sistership and nursing knowledge, an authority commensurate. Often, as in St. Thomas, England, she has assisted in the training of the Sister whose co-operation is willingly proffered—or at least always available. Such Tutors, of course, are able to carefully evaluate the ward work and reduce to a minimum inconvenience to wards or patients. Also, in large institutions, structural arrangements allow of the use of treatment rooms for individual procedures.

Tutors who found claims of students conflicting with those of wards agreed that: (1) Lack of sympathy with the student often proceeded from lack of sufficient nurses—to carry on both service and study of procedure—hence the pressing needs of service obscured the larger vision. (2) That to gain sympathy with the Tutor's aims needed frequent consultation with Ward Sister and Tutor. That study of procedures and practice must have close supervision of Ward Sisters for success—the Tutor teaching principles, etc.

In general, where the scheme has been longest in operation, most success seems achieved—which seems to indicate, as in other schemes, that time plays a part in stabilising. Also the better both Ward Sister and Tutor is prepared for her special work the better the results.

In recording student's progress the modern method of giving the student full information of the record was almost unanimously approved. Especially in case of adverse reports frank discussion by Ward Sister, Matron, Tutor, was approved. In one school in U.S.A. the services of a medical woman psycho-analyst were used when necessary, with apparently enviable results. Need for a good selection of students was emphasised. In the case of a student found unsuitable for the work, the potential harmfulness to her health as well as otherwise, if allowed to continue nursing, was affirmed.

SOCIAL SERVICE.

That a hospital has need of a Social Service Department as part of its component activities in the care of the sick, is universally accepted.

The oft-told story the woman at an out-patient's clinic who was prescribed a tonic to improve her appetite, while the cupboard was bare at home, is no longer needed to emphasise need for social service.

A physical restoration unaccompanied by a restoration of self-respect, suitable occupation, and satisfaction with life, is but at best a part service.

The most effective Social Service worker is the nurse who has added training in social service to her nursing. Social welfare is a very proper field of service for the nurse with her knowledge of physical and psychic illness so often at the root of social disorders.

But even more important is the nurse's ease of contact with the (patients') subjects of this work. There is also her experience in contact with the medical authority.

As a prominent member of the Victorian Order of Nurses put it: "The entrance of nurse in her familiar uniform to a cottage kitchen who rolls up her sleeves and proceeds to show how a simple service can be easily done, is much more convincing as a preparatory introduction than any other introduction."

In France, an endeavour to combine the functions of health nurse, district nurse and social service is proceeding.

In New Zealand, with its already established services for children and for mothers, an opportunity for such a scheme is surely present.

It needs hardly be mentioned that successful Social Service is only possible for a woman with a missionary spirit—it is more, perhaps, even than other services vocational.

It would seem otherwise a satisfactory work for nurses who are widows or who, for other reasons, resume nursing or al-

lied work. A right minimum age for Social Welfare workers has been stated to be thirty years.

A copy of the curriculum for this course, as used at McGill University, Montreal, has been handed to the Secretary-General. A modification of such a course might be considered if arranged solely for graduate nurses.

"Maternal Care."

That this Branch of Nursing should have its place in the equipment of a fully trained general nurse is a matter of course—everywhere. Various schemes to ensure this prevail to suit different countries. Practically everywhere it is in the syllabus. In Canada a three months' course at an affiliated maternity hospital—often even during the student's second year—is given. Maternity hospitals being under the same authority as the general hospital makes this as simple a matter as sending a student to a different ward in general hospital.

This averts all difficulty of supply of students, as some maternity hospitals in New Zealand experience. Besides being of value in the study of Gynaecological cases, the students gains thus some knowledge in the care of young infants—not always available in small schools of nursing for general training.

That technique is the important feature for safety in maternal care was a commonly expressed opinion.

In Holland, where this work is highly developed, mothers are cared for in their homes, and a low maternal mortality prevails. In the City of Montreal (not in Canada Dominion), with a very low mortality rate, poor mothers are nursed in their homes by the Victorian Order Nurses (district nurses). There, nurses care also for other cases avoiding only infectious cases during their obstetrical service. So confident are they in their technique that they would be willing to nurse even infectious cases simultaneously, but refrain in cases of popular disapproval.

The recommendation of the New Zealand Council of Matrons that maternity

hospitals be supplied with fourth year student nurses seems therefore in line with international ideas concerning study of maternal care.

Mrs. Tracy Inglis then introduced Miss Bicknell, Director of Nursing, who attended the International Conference as President of the Association.

Miss Bicknell touched on the lighter side of the Conference. She spoke of the excellent organisation and the quiet courtesy of all the Canadian nurses, commencing with their reception at Victoria on arrival.

Before the actual business of the Conference commenced, the Board of Directors were conveyed by special train to Ottawa, where they were the guests of the Ottawa nurses. On their arrival at the Houses of Parliament they were welcomed by Premier King, and then shown the Hall of Memories, where the nurses' memorial is placed. New Zealand and South Africa placed a wreath at the base of the memorial, inscribed: "To our fallen comrades from the sister Dominions, New Zealand and South Africa."

The day was completed with a banquet at the Chateau Laurier.

This day was of great interest and gave Miss Bicknell an opportunity of meeting many of those she had met formerly at Copenhagen and in England.

The reception of the five new countries which have joined the International Council—Brazil, Greece, Sweden, Czechoslovakia and the Philippines—was a very picturesque ceremony. Each new country was received by some one representing a continent. New Zealand, representing the Australian Continent, received Greece.

The candidate for membership marched up on the platform, preceded by a Girl Guide carrying that country's flag, and after a short address of welcome, was presented with a bouquet of roses.

Miss Bicknell emphasised the need for future Conferences to send three or four delegates, including the President, as the amount of work to be done was far too much for one person. Justice could not be done with the material available,

It was decided to hold the Conferences differently in future, with 41 countries represented it makes the meetings too large.

The next Conference will be held in Paris and Brussels in 1933.

Mdlle. Chaptal has been elected President for the ensuing period.

Miss Bicknell concluded by reading extracts from the retiring President's address (Miss Gage), in which she pointed out the similarity of nursing problems all the world over, and how much we owe to our nursing pioneers in legislation, quoting, among others, Grace Neill, of New Zealand. Miss Gage concluded with the new watchword of the International Council, "Service," which is to be the aim of all.

Very hearty votes of thanks to Miss Bicknell and Miss McKenny were proposed by Mrs. Tracy Inglis and carried by acclamation.

In giving her impressions of an outstanding nature, Miss McKenny was deeply impressed by the modesty and disinterestedness of everyone, and their anxiety to bring to notice and eulogise the work of others. Their wonderful co-operation should be imitated by all; it even extended itself to the uniting of all

sects for the care and entertaining of the delegates.

Another very interesting phase was the meeting of medical men at frequent intervals, when they lay before the company their failures—not their successes—and their reasons for non-success. There is a passion for progress and efficiency. At Montreal there was wonderful organisation, beginning at the railway station with courtesy, kindness, enthusiasm and perfect hospitality characterised the whole atmosphere of the Conference throughout.

Miss McKenny spoke feelingly of the honour done her by the Association in asking her to go.

She first touched upon the International Hospital Congress. Her invitation to attend the Congress came in too late to refer to the Branches to appoint her their accredited delegate, but she acted as such.

At this Congress, which was held at Atlantic City, two nurses only, among hundreds of men, were present—herself and a nurse from Norway. They were both proud to be there representing two countries so far apart.

A full report of this Congress will be received later.

Waikato Hospital

On Friday, 27th September, a meeting of trained nurses, interested in forming a branch of the N.Z. Trained Nurses' Association, was held in the Recreation Room of the New Nurses' Home at 2.45 p.m. There was a very gratifying attendance, those present being:—Miss Keddie, Miss Inglis, Mesdames Hockin, Burrell, Graham, Snell, Newell, Speedy, Dougherty, Sanson, Mannering, Currie, McKinnon, Simons, Garner, McAllister, Misses Harrowell, Ansenne, Roby, McDonald, Hawkins, Maisie, McCormick, Smales, Murray, Fricker, Jenkins, Clarkin, Bonnington, Macdiarmid, Johnstone, Moncur,

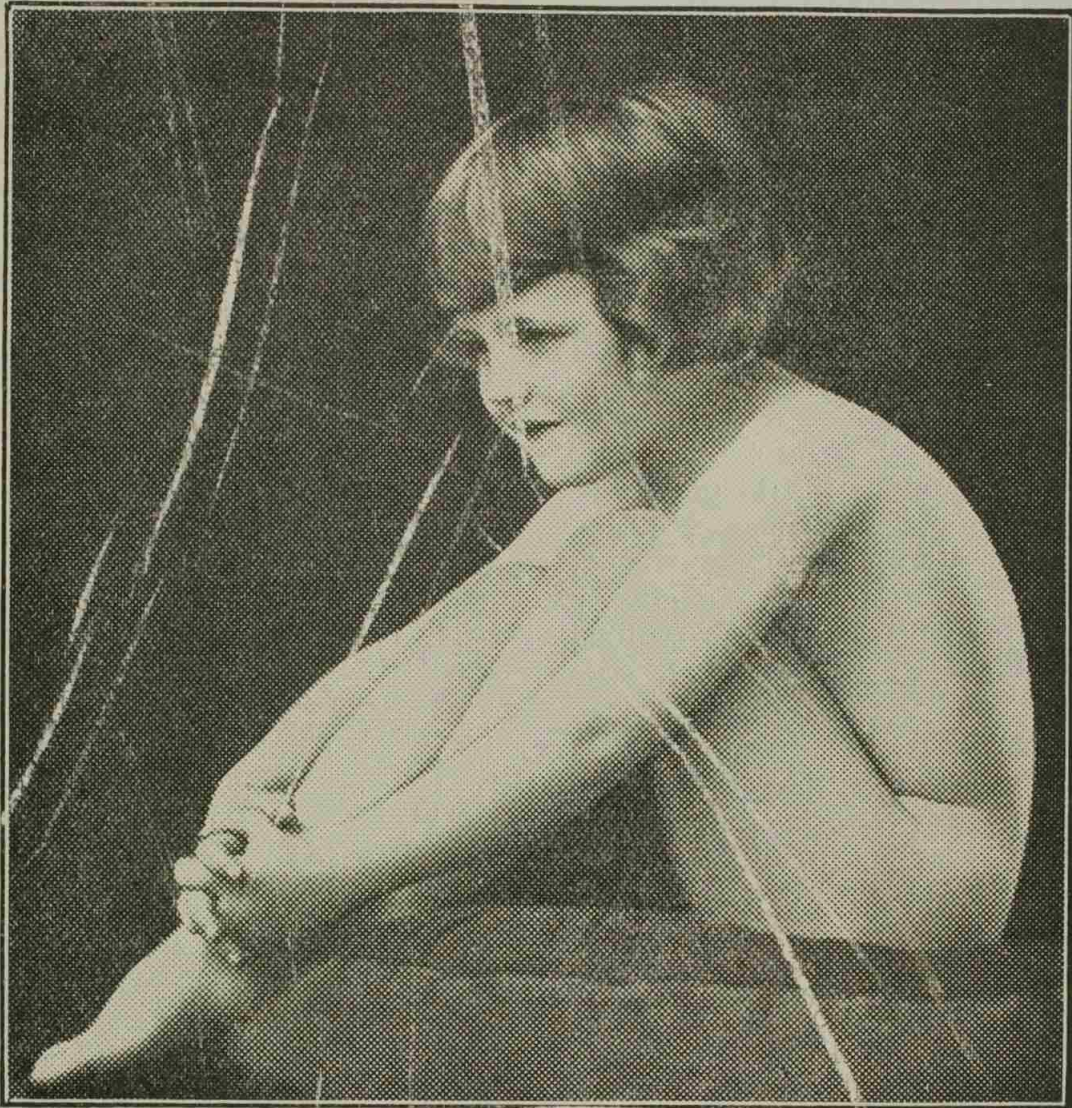
McKay, Wrigley, Glenie, Butler-Stoney, Brown, Nicholl, Patton.

Apologies were received from Misses Rothwell, Searell, Finlayson, White, Hay, Sinclair, Reidy, Lowe, Mrs. Brown and Mrs. Chitty.

Miss Keddie then introduced Miss Inglis, the Secretary-General of the N.Z. Trained Nurses' Association.

Miss Inglis gave an interesting address about the history, aims, and objects of the N.Z. Trained Nurses' Association. She said that, in 1905, Wellington formed a Trained Nurses' Association, followed by Dunedin, Auckland, and then Christ-

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church. All were separate Associations, but in 1909, Miss Maclean suggested that they all combine, which they did. Thus the N.Z. Trained Nurses' Association was formed. Now there are branches in the four larger towns, and Taranaki, Wanganui, Hawke's Bay, Nelson, Southland, Gisborne, and they are hoping for one in Waikato, Timaru and Rotorua. Until 1923 the meetings were held every three years, but have since been held annually.

The Association worked very hard for the superannuation for nurses, but it was only with the help of the Hon. Mark Cohen that it became an accomplished fact. A most deplorable complication has arisen, in that almost all nurses withdraw from the fund on completion of their training without realising what they are giving up, or that they are affecting the benefits of others. It has also been largely responsible for the Post-Graduate Course, which was begun in Wellington last year. One of the most recent accomplishments was to influence the Government to send Miss Bicknell to the International Council Congress at Montreal.

In 1923 the New Zealand Nursing Journal, which up to that date had been the private property of Miss Maclean, the Editor, was taken over by the N.Z. Trained Nurses' Association, Miss Maclean being retained as Editor, and a Managing Committee was elected to control the finance of the magazine.

Miss Inglis concluded her address by hoping that a branch of the Association would be formed in Hamilton and that it would be most successful.

Miss Keddie then proposed a vote of thanks to Miss Inglis for her interesting address.

The meeting then decided to form a Waikato branch of the Trained Nurses' Association, and Miss Keddie was elected President. Vice-Presidents, Mrs. Hockin and Miss Fricker; Secretary and Treasurer, Miss Harrowell; Committee, Mrs. Graham, Mrs. Snell, Miss Ansenne, Miss Searell, Miss Maisey, Miss Hooker, Miss McCormick.

Afternoon tea was then handed round, and a very successful meeting was brought to a close.

Florence Nightingale Medal

It is of interest to read that Miss Grace Margaret Wilson, C.B.E., R.R.C., a member of the Australian Army Nursing Service, has been awarded the Florence Nightingale medal by the International Red Cross Committee at Geneva. The award is made among nursing sisters who have given distinguished service on the field, in public calamities, or otherwise in civil life. Miss Wilson, who was appointed principal matron to the Australian Imperial Force in 1915, served at Mudros and in Egypt, France and England. She is now matron-in-chief of the Australian Army Nursing Service.

There are now three of these medals in Australasia. Miss Conyers, R.R.C., late matron-in-chief of the Australian Army Nursing Service holding one, and

Miss Maclean, R.R.C., late matron-in-chief of the New Zealand Army Nursing Service the other.

ASHBURN HALL, DUNEDIN

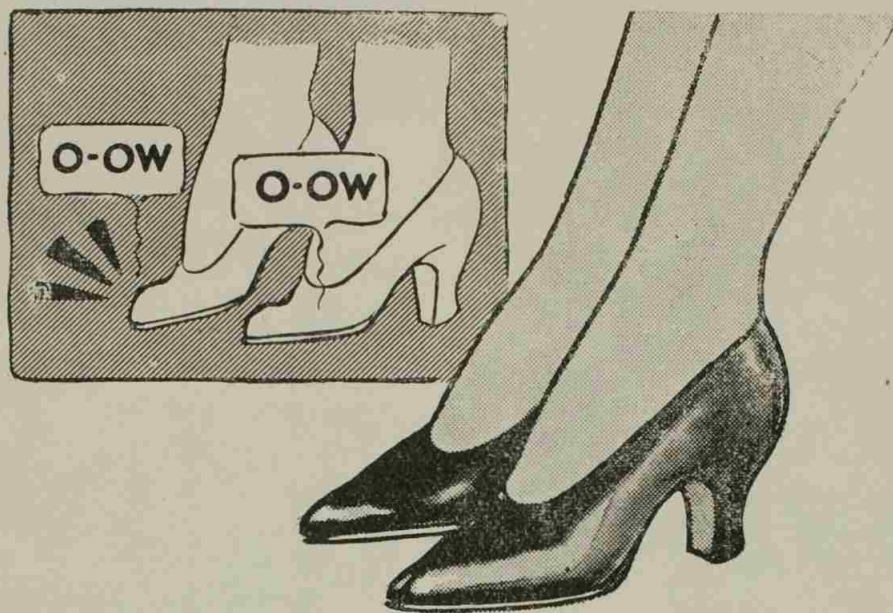
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W.H.

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Karitane-Harris Hospital

At Karitane-Harris Hospital, Dunedin, commencing on 14th October, the first of the special short period courses for midwifery and maternity nurses will be initiated. These four-weeks' courses are specially intended for nurses actively engaged in maternity work, and have been planned to meet, as far as possible, the special needs and interests of such. Attention will be concentrated chiefly on the care of the mother during the antenatal period, and the needs of mother and baby during the first month after birth. The authorities of the St. Helen's and Batchelor Hospitals have kindly agreed to co-operate by giving instruction in regard to obstetrical emergencies and post-natal maternal hygiene. Lectures will be given by Sir Truby King and Dr. Derrick (Medical Director, Plunket Society) and Dr. Helen Deem (nee Easterfield) will be present for a week during the course. Dr. Deem took the full residential Plunket Nursing Course

at Karitane-Harris Hospital three years ago, and has since done valuable intensive study in connection with breast-feeding.

The special courses will be quite separate and distinct from the Plunket nursing training, and detailed study of artificial feeding and of the baby after the first month and the pre-school child, all dealt with fully in the Plunket Nursing Course, will not be included. The primary object of the short course is to make assistance in those aspects of the care of mother and child with which they are specially concerned available to all nurses engaged in maternity work. There will be no competitive examination and no certificate attached to the course.

Exact dates for subsequent courses cannot yet be definitely fixed, but in order to enable nurses to plan free time ahead it has been arranged to hold another course in February, and one in June of next year in any case.

Refresher Course in Auckland

Following the completion of the 1929 Post Graduate Course for Nurses, Miss Moore and Miss Lambie have been instructed by the Health Department to hold a Refresher Course for general trained and midwifery nurses, and all engaged in Hospital, Public Health Work, or Private Nursing, Child Welfare, etc. The Course will last from September 23rd to 28th inclusive.

MONDAY, SEPTEMBER 23rd.

Discussion: "The Hospital Ward Limit."
9.30 to 12.30—

- (a) The Administration of the Ward;
- (b) The Nursing Service;
- (c) The Teaching Function of the Ward;
- (d) Teaching in Isolation Wards.

Afternoon—

Demonstration—visit to the Hospital.
8 p.m.: Lecture—"The Hospital as it Serves the Community." Dr. Maguire.

TUESDAY, SEPTEMBER 24th.

Morning—Discussion: "Hospital Administration," Public Health Nurse, Tuberculosis and Venereal Diseases, Nursing Problems.

- (a) Stores;
- (b) Linen;
- (c) Kitchen.

Afternoon—

Demonstration—visit to Laundry.

Evening—

Lecture—"Nursing Education." Miss Moore.

WEDNESDAY, SEPTEMBER 25th.

Morning—

Short Address: "Modern Obstetrics." Dr. Paget, followed by open discussion.

- (a) Pre-natal Hygiene;
- (b) Preparation of Patients;
- (c) Sterilization of Outfits.

Afternoon—

Demonstration St. Helen's Hospital.

Evening—

Lecture: "Toxaemias in Pregnancy." Dr. Tracy Myles.



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THURSDAY, SEPTEMBER 26th.

Morning—

Demonstrations and visit to Skin Clinic.
Nutrition, Dr. Watson.

Afternoon—

Demonstration—Karitane Hospital.

Evening—

Lecture: "Control of Infectious Diseases."
Dr. Hughes.

FRIDAY, SEPTEMBER 27th.

Morning—

Discussion: "Child Welfare."

Afternoon—

Demonstration: Diets. Technical School.

Evening—

Lecture: "Mental Hygiene." Dr. Paterson.

SATURDAY, SEPTEMBER 28th.

Morning—

Public Health Nursing Problems.

The above course was much appreciated by nurses who attended from Whangarei, Thames, Hamilton, Rotorua, Taurarunui, as well as from Auckland district at their own expense. The interest shown was most encouraging, and all the lectures and demonstrations were well attended, and discussions were freely entered into, as many as 60 and 70 being present. Miss Broadley, of St. Helens Hospital, gave a splendid demonstration of a case delivered in a private house.

The doctors who so kindly consented to lecture gave most interesting and instructive addresses, some of which we hope to publish later.

Notes from Nurses Abroad

Nurse E. Wilson, formerly of Wai-kato Hospital, writes from Pietermaritzburg, Natal, where she went last year with a friend.

She says there were ten nurses on the "Beltana," five of whom disembarked at Durban, the remaining five going on to London. Owing to some difficulties over reciprocal registration between New Zealand and the Union of South Africa, they were not at first taken in the Durban Co-operation. However, on communicating direct with the Registrar of the Medical Council and sending their certificates they were registered for a fee of £2/10/- and they got work. They were warned not to invite other New Zealand nurses to come until negotiations were completed with the New Zealand Nurses' Registration Board. They then went to Maritzburg where they got plenty of work, mostly in the country and with good fees.

They then intend to travel to Johannesburg, Rhodesia and Kenya Colony. The country is so vast and extensive after our minute, but all important Island, and sometimes we are just hundreds of miles from a case. It gives us an opportunity of seeing this country at little cost.

Nurse Wilson gives an interesting account of the life in South Africa. Owing to native labour, even in the humblest

of homes, the nurses have nothing to do but attend to the patient.

Some native riots had been rather disturbing, and Europeans were warned to remain indoors at night.

The climate in winter was gorgeous. The tropical flowers and foliage are very gay. There were devastating hailstorms in Durban which smashed the windows of the hotel where they were, and the whole roof caved in, fortunately after they had gone downstairs, leaving all their belongings among the ruins.

News from Durban comes from Sister Fanning, who sent the annual report of the Society for the Protection of Child Life and the Lady Buxton Hospital. The Society is modelled on the Plunket Society, and the hospital was started by two New Zealand Plunket Nurses. Miss Mitchell is still matron, and Miss Fanning, who belongs to the Plunket Society here, has been on leave assisting Miss Mitchell for the last two years and taking charge during Miss Mitchell's leave of four months during which she acted as a delegate from South Africa to the Montreal Conference.

A letter from Nurse Charles, late of Invercargill Hospital to Miss Keddie, of Waikato Hospital, is of great interest, especially in view of the disturbances in Palestine.

The Value of Barley Water

Barley Water as a Drink.

Plain water contains practically no salts in solution, and when drunk in large quantities it actually extracts salts from the body. Barley Water, on the other hand, contains salts in solution, and therefore does not impoverish the blood, but rather supplies additional salts to the system. This property of Barley Water makes it a valuable asset whenever it is necessary to take large quantities of fluid.

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Uses of Barley Water.

For any kind of kidney complaint Barley Water should be taken in large quantities.

For fevers and stomach troubles, Barley Water and Barley Gruel are always indicated since they provide plenty of fluid which does not deprive the blood of its salts, but which washes out toxins from the system.

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In the case of expectant and nursing mothers, where healthy functioning of the kidneys is of the first importance, Barley Water is of inestimable value.

Recipes.

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Nurse Charles was acting matron during the matron's six months' furlough of the Missios Hospital, at Nazareth. We have had previous letters from Nurse Charles. She writes of a very busy life, and says they have many very interesting surgical cases, one a large dermoid cyst in a blind Moslem girl of 18, who made a good recovery. Nurse Charles writes that on the matron's return from furlough, she (Nurse Charles) is to be married to a missionary in Transjordan. As she says, it will be quite a change from nursing, being a minister's wife, but that there will be plenty of medical work to do wherever one goes in this needy land. We hope to hear that Nurse Charles has come safely through all the troubles.

We hear from Nurse Gladys Wells from Canada. She and Nurse Miles, after an enjoyable voyage, spent three days in Vancouver, one in Winnipeg and then went on to the Mayo Bros.' Clinic in Rochester, when their three days were packed with interest. They were made very welcome to the clinic. They visited Chicago and Detroit, and then came on to London, Ontario, where they met Nurse Grimston, and accepted appointments at the Queen Alexandra Sanatorium five miles out of London, where there is a river Thames, very small, and many streets the same names as great London. Nurse says they cannot speak too highly of the kindness and hospitality of the Canadians. The country has been inundated with nurses, owing to the Montreal Conference. They got leave to attend the Conference and were present at the opening, when they claimed Miss Bicknell and were pleased to see her. After the Conference they went on to Quebec, Toronto and then on to Niagara Falls which Miss Wells says gave her more thrills than anything she has seen.

Later they go to Washington and New York, San Francisco, Los Angeles and Sacramento, where they expect to see Miss McKettrick and Miss Galligan.

In another page there is an article contributed by the three nurses.

A very interesting letter from Nurse Nan Douglas, of Waikato Hospital, who has been travelling in England, Scotland and abroad with her father, Dr. Douglas, and her mother and sisters, gives a graphic account of what she has seen. She writes from Moray, Invernesshire, and says this wee bit corner of the Highlands is beautiful beyond her powers of description. It was the day of the Moray sports, and the throwing of the caber the test of the strongest man present. The pipers were all out in full regalia and pipes played to the surroundings of sea, mountains, sunshine and heather are enough to stir the blood of any Scotsman or woman.

They had been to the Dundee Infirmary, which they found very interesting, and where each little department had a beautiful theatre of its own. A new maternity block with a sun verandah on which to put the babies. The children's ward had a concrete verandah on which the beds all run out during the day to get the sunlight. All the beds have a lever which lifts the end and enables the front wheels to run easily with very little pushing.

They had not gone thoroughly over the Edinburgh Infirmary, but were to do so.

They had been through the Woolwich Memorial Hospital from the roof of which the view is glorious, and you see the immense city of London lying before you.

Many other hospitals they visited, and were intending to visit.

They had stayed in Paris in great luxury in a new hotel with bathrooms attached to each bedroom. They had played golf in Holy Island. They had seen Loch Leven Castle where young Douglas assisted Mary Queen of Scots to escape, and the spot where Prince Charlie landed in the 45.

Cathedrals and tombs they did very thoroughly, among others the magnificent Wells Cathedral and Notre Dame. So much they have seen and done that when they come back to New Zealand they will have much to tell.

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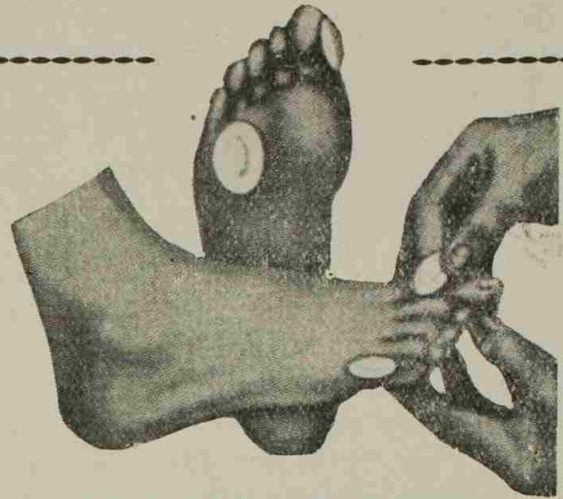
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State Examinations for Midwifery and Maternity Nurses' August 7th and 8th, 1929

The Midwifery examination was held on 7th and 8th August, 1929.

Forty-one candidates sat, 39 passed, 1 completed a pass, 1 failed outright. The questions were as follows:—

1. Describe the ante-natal treatment and advice you would give a patient during the last three months of her pregnancy.
2. What are the chief conditions likely to lead to post-partum haemorrhage? What precaution would you take to prevent a patient having post-partum haemorrhage?

3. What conditions cause delay in the delivery of the after coming head, and how do you treat them?
4. State what you mean by "abortion." What varieties are there?
5. What are the causes of prolonged second stage? What conditions would make you consider it necessary to send for medical assistance?
6. What do you understand by "prolapse of the cord"? Give the causes and treatment.

Thirty-one candidates sat, 29 passed, 2 completed a pass. The questions were as follows:—

1. What signs and symptoms in a pregnant woman would make you suspect a pre-eclamptic condition? How would you treat such a case?
2. How would you prepare yourself for the purpose of attending a patient during her confinement and puerperium? Mention the chief antiseptics used in midwifery.
3. If a patient engages you to nurse her at her confinement, how would you reckon her probable date? Give the indications of commencing labour?
4. How would you treat a patient who has haemorrhage after the third stage of labour?
5. How do you diagnose—by palpation—a breech presentation? Give the management of the first and second stages in such a case.
6. Describe what steps you would take in treating an infant that did not breathe when born?

The comments of the examiner which follow should be noted by pupils and teachers.

Herewith please find the marks for the Midwifery and Maternity papers.

On the whole the answers are good I think. The papers were easy and I have marked rather stiffly in consequence.

In the Midwifery paper question 1 was answered well. The trainees are evidently well versed in ante-natal methods.

Question 2.—Answers varied considerably. Many nurses omitted to mention traumatic and secondary haemorrhage.

In Question 5, several nurses lost marks by stating that a rigid os was a cause of delay in the second stage. They forgot the definition of the second stage.

In the Maternity Nursing paper Question 1 was answered well on the whole. I am pleased, because it is the most important question on the paper.

Question 2.—Several nurses never mentioned how they would prepare themselves, but gave details, down to the last pin, of the things they would take with them—several sheets of bowls, pads, etc., all quite good, but not what was asked for.

Question 3.—I was surprised that quite half the trainees only gave one method of reckoning the date of birth. They omitted the information which can be learned from quickening and height of fundus.

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Question 6.—Not nearly enough distinction is made between the two types of case. Some nurses did not seem to know there was any difference, and tied the cord and smacked all babies that did not breathe at once. Many of them recommended brandy in some form or other, but they must remember that a baby who is not breathing is not swallowing, and that to pour any kind of liquid into its throat is not only useless, but harmful.

The papers on the whole are better written this time. Often the answers are so vague and the candidate gives a wide

field of alternatives to any line of treatment. This time they are more concise. It is a pleasure to examine a one-book paper with answers written in a tabular form and in a way which shows without any padding that the candidate knows her subject well. After reading through fifty or sixty papers it makes one groan to open a three-book paper written like a letter in which the writer has set herself out to have a confidential talk with the examiner. Most of the over 85 per cent. papers are one-book papers in this examination. Incidentally there is a waste of Government stationery.

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ANNUAL REPORTS of the Director-General of Mental Hospitals:—

(1) Sir Truby King (Final Report, 22nd August, 1927):

“A remarkably favourable institution for the care and treatment of cases of incipient and confirmed mental breakdown. No pains are spared to induce patients to occupy themselves congenially out of doors—in the garden and elsewhere.”

(2) Dr. T. Gray (First Report, 15th April, 1929):

“The whole institution presented a bright and cheerful appearance under capable, earnest, and whole-hearted direction. Adequate arrangements are made for consultation with outside physicians and surgeons when desirable.”

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OPENING OF LEWISHAM HOSPITAL

The new Hospital recently erected at Newtown for a Private Hospital by the "Blue Sisters," who come from the Lewisham Hospital, Sydney, was formally opened by the Governor-General on August 18th.

The building which is built on modern lines and provides 60 beds, is very beautifully furnished and equipped, cost £50,000.

The matron is Mother Bernard, who recently arrived from Sydney, accompanied by 10 Sisters who were trained at the Lewisham Hospital, Sydney, which is a General Hospital, with private wing attached. The hospital in Wellington is on the same lines as the Lewisham Hospital in Christchurch, and is for private patients, though there are wards for lower fees for those who cannot afford full fees.

The hospital is under the Roman Catholic Church, but is undenominational for patients.

HONOUR FOR MRS. PANKHURST.

We read in the British Journal of Nursing that Britain has decided to honour the late Mrs. Pankhurst by erecting a statue in Westminster to her memory. An ideal site has been granted by the Government in the Victoria Tower Gardens adjoining the Houses of Parliament. An appeal is made for funds to augment those already subscribed by her personal friends.

This will, when erected, be one more monument for nurses, who so long in New Zealand have had the franchise, to see when in the Old Country. Mrs. Pankhurst was a great leader who devoted her life to the cause of women, and was one of the great pioneers who fought so strenuously and suffered so much to gain the vote for women, that vote which only so recently has been extended to the younger women.

Notes from the Hospitals and Personal Items

BIRTH

To Mr. and Mrs. W. Paterson—a son, James Fraser, born November 8th, 1928.

MARRIAGES AND ENGAGEMENTS.

The marriage of Sister Beulah Guffie, of Napier, to Mr. Ashworth, of Napier, took place on 28th August. The wedding was a quiet one and the bride and bridegroom left shortly after for a trip to Sydney and Melbourne.

Nurse Lyn. Hulme, a member of the staff of the Waikato Hospital, was married to Mr. A. E. Discombe, of Cambridge, on August 29th.

Engagement.—Nurse Olga Thwaites, Waikato Hospital, to William Robert Eyre, of Palmerston North.

The marriage of Sister Sugden trained at Napier Hospital and recently of Royston Hospital, Hastings, took place recently at Feilding to Mr. Williams, of Otane.

PATTERSON—JONES.—On August 15, 1929, at Holy Trinity Church, 10 Avenue West, Vancouver, B.C., by Rev. C. B. Clarke, Capt. Dougal Patterson, of Vancouver, B.C., to S. Carrie Jones, youngest daughter of Mrs. C. S. Jones, Napier, H.B., N.Z.

PERSONALS.

Nurse Margaret Smart is a sister on the staff of the Colonial War Memorial Hospital at Suva. Sister Smart trained at the New Plymouth Hospital and St. Helens, Wellington.

Sister Daphne Robinson has been in hospital in Sydney. She was in the Sydney Hospital in a special ward endowed for nurses. She expected soon to be convalescent.

Mrs. Wright (Sister Grace Willis, of the Christchurch Hospital), who has been living in England for about five years, is expected to arrive in Wellington before the end of the year to stay with her sister, Mrs. Sladden, at Wadestown.

Mrs. Wright intends to visit Durban on her way out to stay with Miss Mitchell at the Lady Brenton Home.

Miss Gow, late St. Helens Hospital, Dunedin, returned to New Zealand after her visit to the Old Country. Miss Holford met her at Auckland.

Miss Erenstrom, who recently passed her midwifery examination at St. Helens, Wellington, has returned to Palmerston North as relieving sister. Sister Erenstrom's mother was one of the first three nurses at the Palmerston North Hospital.

Miss Reid, who has been Dietitian at the Wellington Hospital for the last year, has resigned that position, is taking a position at the John Hopkins Hospital, U.S.A.

Sister Beswick, of Dunedin, has been spending a delightful holiday at Mount Cook.

Miss Lily Watts has transferred her license for the Brougham Street Private Hospital, Wellington, to Miss Florence Dickinson, and has returned to her home at 2 Cross Street, Palmerston North.

Miss Bessie D. Morgan, who recently completed her midwifery training at St. Helens Hospital, Wellington, has joined the staff of the Pukeora Sanitarium, Waipukurau, H.B.

Miss Mai Hodges, School Nurse, Napier, who recently completed her midwifery training in St. Helen's Hospital, Wanganui, has been transferred to the Auckland district, with headquarters at Hamilton.

Miss Catherine M. Doneghue, who has just completed the Post-Graduate Course for nurses at Wellington, has been relieving Miss Pownall, Matron of the Otaki Sanatorium, who has been on holiday leave in the South Island, has now gone to Te Araroa Cottage Hospital to work with Dr. Elaine Gunn.

Sister Rosalie White has accepted a position on the staff of the New Plymouth Hospital.

Sister Hanann has left Palmerston North, and has commenced duties as matron of Rangitea Home, New Plymouth.

Nurse Agnes Lewis, trained at New Plymouth Hospital, has joined the staff of Awanui Private Hospital, Epsom.

Nurse M. Jackson, has left New Plymouth, and is now nursing in Auckland District.

Nurse V. Gibson, of New Plymouth, has joined the staff of the Sanatorium, Morrinsville.

We regret that Nurse Myers, District Nurse, Whangamomona, met with an accident whilst in a motor-car en route to a case. She is progressing favourably in Stratford Hospital.

Nurse Jemison, who was relieving at New Plymouth Hospital for a few months, has now gone to Palmerston North.

Nurse M. Vaughan, trained at New Plymouth Hospital, left New Zealand by the Corinthic on July 5th en route for England.

Whilst in England Nurse Vaughan is to be married to Mr. Thomas Tothill, of Christchurch College, who is at present in England. Their future home will be in Christchurch.

Nurse Norah Thompson, late of New Plymouth Hospital, is engaged to Mr. George Ferguson, of New Plymouth.

Nurse Holmes, of New Plymouth, leaves England by Rangitikei, and arrives in Auckland about October 30th.

Miss M. Smale, R.N., R.M., has been appointed District Nurse, Auckland, in place of Miss Mangakahia, seconded for training at Karitane-Harris Hospital, Dunedin. Miss Smale was assisting Miss Leslie at Hokianga during the absence of Miss Trewby at Mangonui.

Miss Jewiss, District Nurse, Mangonui, and Miss M. C. Black, matron Mangonui Hospital, left by "Tofua" in July for the Island trip, returning on August 6th. During Miss Jewiss' absence Miss Trewby took charge of Mangonui district.

Miss Henderson and Miss Bates, who were successful at the recent Post Graduate Course, have returned to the Auckland Hospital to take up the position of Tutor Sisters in their own Training School.

Miss I. Gray, R.M., has accepted a position as Staff Nurse at the Te Kuiti Public Hospital.

Miss F. E. Palmer, R.N., R.M., is on the staff of Te Puke Hospital.

Miss Madeline Tressidder, R.N., R.M., recently on the staff of St. Helen's Hospital, Auckland, has accepted a position on the staff at Samoa Hospital. Her sister is already in Samoa nursing a private case.

Miss Ivy Reynolds, R.N., R.M., Theatre Sister at Whangarei Hospital, has resigned her position, and has accepted a position at Lady Hardinge Hospital, New Delhi, India.

Miss Hogg, late matron, Waikato Hospital, is matron of this hospital, and has written to Miss Bagley, Health Department, Auckland, and various New Zealand matrons saying how much she would like to have a New Zealand trained nurse on her staff.

Miss Jennie Dickey, Post Graduate Student from Whangarei Hospital, has been successful at the recent examination in Wellington. Miss Dickey has now

HEARING RESTORED.

Many people especially those suffering from deafness, noises in the head, or nasal catarrh, will be interested to learn that a very ingenious little instrument, called "Tinnitus-Inhaler" has recently been invented for the permanent relief of these distressing ailments, and which has already been the means of successfully overcoming hundreds of very severe and apparently incurable cases.

Any sufferer desiring further information regarding this remarkable appliance, should communicate with the Secretary, "**Larmalene**" Co., Deal, Kent, England, who will gladly send full details, together with testimonial proofs, and press notices; or to save valuable time, the Instrument, with necessary medicaments, etc., will be immediately mailed to any address, post paid, upon receipt of Money Order for Twelve Shillings. When writing kindly mention this paper,

returned to her training school where she has accepted the position of Tutor Sister.

Miss O'Gorman, District Health Nurse, Taumarunui, has resigned her position on account of her approaching marriage to Mr. W. E. Fifeld, of Taumarunui.

At a meeting of the Whangarei Hospital Board in August the matron reported that Sister T. M. Reynolds, who had been Theatre Sister for the past four years, had received an appointment in India, and would leave early in the month. Sister Reynolds had given excellent service and would be a distinct loss to the hospital. Sister Reynold's resignation was accepted with regret, and she was congratulated upon her appointment. It was decided to forward a letter to her conveying the Board's appreciation of her splendid services.

Sister I. Keyes has resigned from the staff of the Auckland Hospital after 18 years' service with the Board. Sister Keyes has had charge of the Theatres for some years.

Sister A. Mander has resigned from the staff of the hospital. Sister Mander has been Home Sister for many years, and has completed 17 years' service with the Board.

The above two Sisters have taken over the lease of Mount Pleasant Private Hospital, and expect to commence their work there at the end of the year.

Sister Petersen, for a number of years Matron-in-Charge of the Old People's Home, Palmerston North, has resigned that position. The Board, expressing ap-

preciation of her long and faithful service, gave her three months' leave on full pay.

Miss May Palmer, who formerly owned a private hospital at Thorndon, has arrived in Wellington.

A very enjoyable fancy dress party was held at the Waikato Hospital on the occasion of the presentation of the gold medal to Nurse Margaret Henderson, one of the three final candidates to "top" New Zealand at the June State examination.

Staff Nurse M. Hayes, of the Waikato Hospital, has been appointed to the staff of King George V. Hospital, Rotorua.

Staff Nurse Vera Troutbeck, resigned her position at the Waikato Hospital to become Sister at the Waihi Hospital.

Miss Ivy Reynolds, Sister Whangarei Hospital, has resigned in order to take up nursing work in India. Miss Reynolds leaves New Zealand somewhere in August or early September to join the staff of the Lady Hardinge Medical College Hospital, New Delhi, India.

Miss Elsie Mabel Rowse, who has been on the staff of St. Helen's Hospital, Christchurch, has resigned, and is leaving Auckland in August to join the staff of the Apia Hospital, Samoa.

Miss Phyllis K. Hubbard, who recently completed her midwifery training at St. Helen's Hospital, Wellington, and has been relieving at the Hobson Street Private Hospital, is leaving New Zealand in August to join the staff of the Apia Hospital, Samoa.

Sister Dorothy H. Boyd returned to New Zealand from Samoa in July.

Sisters E. M. Boyde and I. M. Haliburton are returning to New Zealand from Samoa by the August boat.

Miss Grace Calder, A.R.R.C., has been appointed District Nurse under the Wairau Hospital Board, for Rai Valley. There were sixteen applicants. There is a nice home for the nurse with a surgery in which to see her patients. For transport it is arranged that those who require her services must send for her. Should she need any medical advice she is in communication with the Medical Superinten-

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dent of the Hospital where there is a free ambulance to call for if necessary. Sister Calder has for some years been stationed at Stewart Island. She served during the Great War, and later was matron of Ashburton Hospital.

Miss Marion Perrie, formerly of Wellington Hospital, and for the past five years a member of the Auckland Club, leaves for Wales, England, on August 30th to revisit her old home and brothers and sisters. Miss Perrie's plans are unsettled, but it is certain she will not return to New Zealand for at least two years. We hope to hear of her from time to time.

Miss F. G. O'Connor, also of the Auckland Club, leaves with her to visit an aunt in Belfast, Ireland. She intends returning to New Zealand the beginning of next year.

Miss Tomlinson, who recently took the Post Graduate Course Diploma, has been appointed Sister Tutor to the Masterton and Greytown Hospitals. Miss Tomlinson will divide her time between the two hospitals which are both under the Wairarapa Hospital Board.

NOTES ON PLUNKET NURSING SERVICE.

Miss W. J. C. Grey, Plunket Nurse at Taihape for the past five and a-half years, resigned in June to be married. The vacancy has been filled by Miss Eileen E. Campbell, of Drury, Auckland.

Miss M. R. Rogers, who has done very successful pioneer work in the country area of the Oamaru district during the past five years, has lately resigned. She intends, after a holiday, to do some temporary work with the Society prior to a visit to England next year. The vacancy at Oamaru has been filled by Miss A. P. Malcolm, of Balclutha.

Wairoa, which has previously been a sub-branch of the Gisborne district, is now commencing work independently. Miss M. Fraser, formerly Plunket Nurse in Wellington, has been appointed full-time Plunket Nurse to the Wairoa district.

A second Plunket Nurse has recently been appointed to the Greymouth district.

The position has been filled by Miss M. E. Grant, of Dunedin.

Miss Perrin is on leave of absence, and is taking her midwifery training at the McHardy Home, Napier. Her place on the staff at Karitane-Harris Hospital has been filled by Miss I. Hunt, formerly of Wellington Hospital.

Miss Lindshau, of Adelaide, formerly matron of the Christchurch Karitane Baby Hospital, spent a week at Karitane-Harris Hospital recently, prior to taking up the position of matron of the Australian Mothercraft Society's Baby Hospital, "Karitane-Sydney," for some months. Miss A. Harris, previously Sister at the Truby King Karitane Hospital, Wellington, has also gone to Sydney to take up a position as Sister on the staff with Miss Lindshaw. Her place in Wellington has been filled by Miss Linda Grant.

A very pleasant afternoon was spent at the Plunket Rooms, New Plymouth, on Saturday, 7th. September, when the Midwives and Maternity Nurses of New Plymouth and Waitara were the guests of the Plunket Nurses for afternoon tea. This gathering marked the inauguration of a series of "Round Table Talks" on nursing matters, and it is hoped—with co-operation of all branches of nursing—to make these talks both interesting and instructive.

The meeting was convened by Dr. Mecredy, Medical Officer of Health, New Plymouth; and Miss Wise, Nurse Inspector, in opening the meeting, briefly outlined the need for ante-natal care, skilled midwifery, and post-natal care to ensure a healthy mother and baby.

Miss Petersen, Senior Plunket Nurse, then gave a most interesting and clear lecture and demonstration on the "Premature Baby."

It was gratifying to note the close attention given to lecture and demonstration by the nurses, who later expressed their gratitude for the instruction given. At the conclusion of the lecture—before afternoon tea was served—the visitors inspected the Ante-Natal Clinic, and had

the various aspects of this work explained. About 20 were present.

In thanking the Plunket Nurses on behalf of the meeting, for the afternoon's hospitality, Miss Wise stressed the need for co-operation, and urged the nurses to keep in touch with and obtain advice from the Plunket Nurses in connection with their cases.

Late News.—Miss Vida Maclean, Matron of the Mothercraft Hospital, Auckland, has gone to Sydney in connection with the Plunket work there.

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Editor's Note.—We regret that several interesting papers have been held over until the January issue.

"KAI TIAKI."

RECEIPTS AND PAYMENTS ACCOUNT, YEAR ENDED 31st, AUGUST, 1929.

RECEIPTS.			PAYMENTS.		
	£	s. d.		£	s. d.
To Balance, 1/9/28	1	13 10	By Printing and Publishing		
Subscriptions	233	2 2	Journal	232	4 11
Advertisements	86	16 4	Postages	12	10 4
			General Expenses	19	0 5
			Editor's Fee	52	0 0
			Bonus	5	5 0
			Balance	0	11 8
	£321	12 4		£321	12 4

BALANCE SHEET AS AT 31st AUGUST, 1929.

LIABILITIES.			ASSETS.		
	£	s. d.		£	s. d.
Sundry Creditors	5	6 10	Subscriptions in Arrears	95	0 0
Subscriptions in Advance	17	8 0	Bank of New Zealand	0	11 8
Accumulated Fund—					
Balance, 31/8/28	£70	8 7			
Add Excess or In-					
come for this					
year	2	8 3			
	£95	11 8		£95	11 8

Audited and found correct.

A. MAURICE ANDERSON,

F.I.A.N.Z.,

Auditor.

Wellington, N.Z.,

20th Sept, 1929.

Farewells and Presentations

PRESENTATION OF MEDALS.

At a recent meeting of the Auckland Hospital Board, three nurses were presented with medals for having attained the highest marks of their year. In December, 1928, Nurse Eileen Macdonald came top of her class, and was presented with the gold medal.

In June, 1929, Nurse Jeanette Hall won the gold medal, and Nurse Dorothy Hoad won second place in her year, and was presented with the silver medal.

Nurse Jeanette Hall left Auckland on September 10th by the "Aorangi" en route for Ceylon. Nurse Hall intends taking up private nursing there for a time.

At Waikato Hospital a little ceremony was held on August 10th, when the Chairman, Mr. Johnstone, presented Miss Margaret Henderson with a gold medal. Miss Henderson was one of the three

nurses who topped New Zealand at the recent State examinations. Mr. Johnstone congratulated Miss Henderson and wished her all future success.

FAREWELL AT PATEA HOSPITAL.

Sister W. Smith, of Waimate, who has been a popular Sister at Patea Hospital for three years, was farewelled at the Nurses' Home at a Bridge Evening. The Chairman of the Board was present, and spoke of the excellency of her work. Miss Kelly, the matron, was hostess and expressed the regret of the staff at her departure.

A Gift Afternoon was given by Mrs. W. P. Paterson, also at the Nurses' Home, which was beautifully decorated with chrysanthemums and many dainty and useful gifts were presented to Sister Smith. Several other parties were given in Patea by the friends of Sister Smith, who has now gone to Auckland.

Business Notices

SUBSCRIPTION TO JOURNAL.—The Subscription to the Journal is **10/6 per annum**. It is published every two months, 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 St., 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., Stewart Buildings, Courtenay Place, Wellington.**

We beg the co-operation of the Nurses who read the Journal in keeping up its interest by sending news for insertion from all parts of the Dominion. An item of news or personal paragraph from the most distant place where there is a hospital or a nurse, is of as much interest as that which can be gleaned in the centres.

Matrons and nurses are invited to send letters, or articles, on any subject that interests them, to open up discussions on nursing or ethical points. To send any personal items of news, to make any inquiries.

Accounts of holiday trips, especially to other countries, extracts from letters from nursing friends abroad will all be welcome and help to make the Journal interesting. All matter for printing should be written on one side of the paper only.

The Journal will be published in November, January, March, May, July and September, and Matrons of Hospitals are asked to send, not later than the 15th of the month preceding dates of issue, news 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 contributions, 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., Stewart Buildings, Courtenay Place, Wellington.

