

silent onlookers of such glory, and the quiet sea below reflected the beauty of the heaven above.

There are many sea birds. One, which they call the "oyster catcher," has a bright red bill and whistles curiously, like a small boy. This is, unfortunately, not the flower season. All the bulbs are up and being dried and sorted; they are grown in very many quite small fields, surrounded by high hedges, which really look rather like "boxes without lids," as I heard someone call them. To see the flowers in full bloom must be wonderful, for I am told that frequently over 30 tons of flowers are taken away daily by the steamer from St. Mary's. The hedges are mostly of escallonia and veronica, and it seems quite wicked to see them trimmed into shape with shears, and the pretty red or purple blossoms left to wither in the hot sun. The gardens at the Abbey, where the Governor of the Islands lives, are beautiful; such a variety of plants and flowering shrubs, which grow South of the Line, and which cannot be grown on the mainland. In July some fine vata trees from New Zealand were covered with scarlet blossoms, and anyone who has seen them covering the mountain side in their native glory on the West Coast of New Zealand can never forget the sight.

On the islands are many Druidical remains and burrows, etc., some of which have been opened and urns and skeletons found; also ancient pottery; for it seems the Phœnicians traded here, and the Romans called it "Silura." If anyone needs a doctor here "six men in a boat" row three miles to St. Mary's and fetch him in an hour. Life here is *very severe* in its simplicity, but, given good weather and pleasant company, this seems an ideal place for a summer holiday, and there is plenty of fishing to be had for those who like it.

EDITH IRVING.

Organisation in New Zealand.

It seems likely that before long New Zealand will have its own National Council of Nurses. Associations of Nurses have already been formed in Wellington and Dunedin, Auckland and Christchurch are organising on the same lines, and by their affiliation it is hoped to form the nucleus of a New Zealand National Nurses' Association. It is also suggested that the nurses of St. Helen's Maternity Hospitals should have a League of their own. In time to come, says *Kai Tiaki*, with above thirty nurses yearly leaving these little hospitals, quite a large and influential body may be formed which may be of mutual interest and help.

Practical Points.

Nursing
and
Nicotine.

Dr. W. Bonus, of Jamestown, N.Y., giving an address to a graduating class of nurses in that town, drew attention to the fact that in

surgical cases there is sometimes a mental irritability and restlessness, and not unfrequently a vital depression not to be accounted for by any surgical state. He believes the cause is the sudden withdrawal of tobacco in those long accustomed to it, and that in some instances there is a positive danger in such withdrawal, and gives the following instance:—

"A young man of twenty-six was subjected to a slight operation. He had been accustomed to smoke many cigarettes each day before he was confined to his bed by the operation, and tobacco was not allowed him by the hospital rules. The second day after the operation I received an urgent note to hasten to his side—that he was dying. I arrived about fifteen minutes after receiving the call, and found the nurses hovering over the patient, doing what they could for him. His appearance was certainly alarming. He had slipped down in the bed. His face was ashen, and a clammy sweat covered his face and hands. He feebly responded to questions, but made no voluntary movement or speech. His respiration was shallow and laboured, his pulse feeble. He had every appearance of profound shock. At first I could not account for the situation. The surgical conditions were good, no hemorrhage, no chill, no rise in temperature, according to the nurses' accounts, although the preceding night had been a restless one. This morning he had eaten his breakfast as usual, and nothing extraordinary had occurred.

"I asked the nurse if he had been allowed tobacco. She said he had not. I thought immediate action was necessary, and placed a cigarette in the patient's mouth, lit it for him, and told him to pull upon it as strongly as he could. He took a few feeble whiffs, inhaling each time, then his respiration became stronger, he inhaled the smoke vigorously, in a few minutes his usual colour returned to his face and all symptoms of collapse ceased.

"I instructed the nurse that acute illness, whether surgical or otherwise, was no time for a patient accustomed to the use of tobacco to give it up suddenly.

"Dr. Bangs and other authorities give many instances similar to the one I have just mentioned when sudden death has been averted by the resumption of the use of tobacco with promptness. So I say, do not be too righteous all at once. After your patient has recovered his usual health, convert him by all means, but don't kill him in the conversion."

In this country the nicotine habit is probably not so highly developed as on the other side of the Atlantic, but the point is nevertheless one to be borne in mind.

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