

A Nursing Service Reserve in New Zealand.

The New Zealand *Gazette* announces the formation of a Volunteer Army Nursing Reserve under the General Regulations of the Defence Forces of New Zealand. Nurses after enrolment will be treated as part of the military forces of the Dominion, and a list of the names of those enrolled will be published in the New Zealand Army List. There will be a Matron-in-Chief (Mrs. Gillies, formerly Miss Janet Speed), Matrons, Sisters, and Staff Nurses. The Matron-in-Chief will be responsible to the Director-General of the New Zealand Medical Service for the efficiency of the Nursing Service, and for ensuring that none but properly trained and qualified nurses are recommended for appointment. It is also her duty to recommend Matrons for appointment to hospitals under the control of the New Zealand Medical Corps. The general affairs of the Nursing Service Reserve will be managed by a Committee consisting of the Director-General, the Matron-in-Chief, and one other officer, or lady appointed by the Minister of Defence. In time of war the Reserve will be under the direct control of the Director-General, and be governed by the regulations of Queen Alexandra's Imperial Military Nursing Service where applicable.

Mrs. Janet Gillies (*née* Speed), who has been appointed Matron-in-Chief of the recently formed New Zealand Nursing Service Reserve, is well known to many nurses in this country, which she visited in 1902, after working in connection with the Army Nursing Service Reserve in South Africa during the war.

The principal object of Mrs. Gillies' visit to England was to obtain information as to Queen Alexandra's Imperial Military Nursing Service and its organisation from the Imperial standpoint, with the patriotic hope of forming a Volunteer Nurse Corps in New Zealand. Her idea was that each Colony should have a Volunteer Corps of its own, affiliated with Queen Alexandra's Imperial Military Nursing Service, and that when the men of a Colony volunteered for active service abroad, a contingent of the Nurse Corps should be told off for duty with them.

During her visit to England, Mrs. Gillies spent some time at the Royal Victoria Hospital, Netley, studying Military Nursing organisation, so that she is exceptionally well qualified for the important position to which she has been appointed, and in which we heartily wish her all success.

Practical Points.

Protection of the Ears for Sensitive Mucous Membrane. Those who always suffer from irritation of the mucous membrane of the nostrils when out in a cold wind will find a remedy in the wearing of one of the popular gauze motor veils which cover the ears. For the same reason children and delicate persons will be less liable to take cold when the ears are protected by a close covering.

The Use of Small Pillows.

In nursing chronic or protracted cases a number of small pillows, in addition to the two ordinarily used, will be found greatly conducive to the comfort of the patient. These should be about seventeen inches long, and ten inches wide, and should be filled with real down, or the vegetable down which may be purchased at the large stores. Flannelette makes a good covering, and removable outer covers may be made of cambric or nainsook, the chief point being to make the pillows both soft and firm. Five or six of these will provide many fresh angles for a patient weary of those supplied by a bed-rest, and they can be tucked round the patient in a supporting manner, which is impossible with the large pillows. When not required for illness, such pillows, with different coverings, make most desirable travelling or head cushions.

Glasses and their Care.

Dr. Cassius D. Wescott, in an interesting article in the *American Journal of Nursing*, says:—

Spectacles should be taken off and put on with two hands, if possible, and never folded up or put in a case oftener than is necessary. Every time the temples are folded up, the joints are worn a little, and soon the frame becomes loose and rickety; and no matter how carefully they are handled in putting them in a case, the frame is liable to be bent a little. We should never put glasses down on a hard surface in such a way that the face of the lenses will touch. There is always a little dust on everything, and the high polish of the lenses is soon destroyed and their clearness impaired by so doing. Patients, especially elderly people, who wear strong convex glasses, frequently come complaining that they do not see so well as when fitted with glasses, perhaps only a few months before. An examination of their lenses shows that the polish has been literally ground off by putting them on the table or shelf face downward. It is like looking through a piece of ground glass to try to see through them.

The vision of some patients is sometimes improved by the use of a little soap and warm water on their glasses. We should always keep our lenses clean and bright, and it is a good thing to wash them once a day with clean, warm water and dry them carefully with a soft linen cloth. There is nothing better for cleaning lenses than soft, old

[previous page](#)

[next page](#)