

to be, surrounded by the homes where the poorest class of patients live, and close to the "works," where the worst accidents are likely to occur.

The General Hospital at Montreal is 'Georgian,' built of seasoned red bricks, entered through a fine square hall, and thoroughly modernised so far as its medical and surgical equipment is concerned. The practised eye at once grasped that this hospital was beautifully kept, and in England we have no idea what organization and labour this entails in Canada, where skilled domestic service is a question of acute anxiety to those who require it. We had tea in the tasteful and comfortable—it is well to combine the two—new Nurses' Home, with its pretty outlook into a verdurous court, which divided it from a vine-covered hospital block, and we were shown with justifiable pride over the Home—the fine wards and splendid operating theatres—and also, what was new to some of us, the nurses' diet kitchen. We also peeped into a "jam room," where on shelves dozens and dozens of great glass bottles of this season's jams had been stored after having been made by the pupil nurses in the aforesaid kitchen.

#### EFFICIENCY AND ECONOMY

Here for the first time I was told that experience has proved that lessons in invalid cookery, useful as they may be, are not the best way of teaching nurses dietetics and the art of tempting the sick to take suitable nourishment. The system at the General Hospital, Montreal, appears admirable. In all Canadian and American hospitals of standing, provision is made for receiving paying patients. These patients are nursed either in single rooms or in special wards, and some genius in training-school management conceived the happy idea of taking in charge the dieting of the paying patients, and having all their meals prepared, cooked, and served from the nurses' diet kitchen. Here was a fine stroke of business.

The pupil nurses, under an efficient teacher, each spend six weeks or longer in this diet kitchen learning from lectures and text-books the theory of dietetics, and by practice how to prepare, cook, and serve food for the sick and convalescent. Thus the nurses' diet kitchen, instead of being an expense to the hospital, at once becomes a saving concern, based strictly on economic lines. The pupil nurses thus acquire valuable instruction and practice in a most important branch of nursing—one greatly neglected in this country—the patients are provided with a nourishing and delicate dietary, exquisitely served, the medical men; the Matron, and the sisters have the satisfaction of contenting capricious appetites, and the Governors the knowledge that they have saved an honest penny. It is not strange, therefore, that the system is universally approved where it is in working order.

At this well-managed hospital I was greatly pleased with the white operating dresses provided for medical men and nurses, the shapes were most workmanlike. To express admiration was at once to elicit a kind promise of patterns and specimens of all these garments have now arrived safely in London, and will in time no doubt be gratefully copied by many surgical nurses at home.

E G. F.

### The Nurses' Registration Act, New Zealand, 1901.

As there are nurses working in this country who hold certificates from New Zealand hospitals, we think it well to draw their attention to the subjoined regulations with regard to registration now in force in that country, and to point out to them the importance of at once taking steps to place their names on the Register.

#### REGULATIONS.

1. After January 1st, 1902, any nurse who has attained the age of twenty-three and holds a three-year certificate of training from her hospital, showing that she has had not less than twelve lectures from medical officer and Matron during each year of her training, and who passes the State examination, can be registered as a New Zealand nurse. Examination fee, £1.

Any nurse trained in a hospital outside New Zealand, if her hospital training and knowledge prove to be equivalent to that required from local nurses, can be registered. Fee, £1.

2. Every nurse who at present holds a three-years' certificate from a hospital, having had systematic instruction from medical officer and Matron, can be registered as a New Zealand nurse if she applies on or before June 1st, 1902. Fee, 10s.

3. Any nurse who has had four consecutive years in a hospital where systematic instruction and certificates may not have been given, can be registered, after passing an appointed examination, if she applies on or before June 1st, 1902. Fee, £1.

4. Until December 31st, 1902, any nurse who may not come within the foregoing provisions, but who has not less than four years' experience and complies with regulations required, can be registered.

Section 12 of Act says, "In all appointments of nurses in hospitals under control of Boards constituted under 'The Hospitals and Charitable Institutions Act, 1885,' preference of employment in regard to future vacancies shall be given to registered nurses."

#### EXAMINATIONS.

(a) Examinations for the State registration of New Zealand nurses (paragraph 1) will be held in December and May of each year. Candidates

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