

considerable numbers, the existence of some pathological process is indicated. Except in the case of women the presence of red blood cells is always a pathological finding, and one which is carefully recorded.

Casts.

Casts are little cylinders which are washed out of the tiny kidney tubes by the urine; they are classified as follows: granular casts, which are casts composed of granular material; hyaline casts, almost transparent and therefore very difficult to see; cellular casts, these are really ordinary casts that have become covered with implanted cells. The so-called blood cast is an example of the cellular cast; in this cast the cells are, of course, all red blood cells. Waxy casts are a rather rarer finding, and are composed of waxy matter.

The significance of finding casts is rather a debatable point; if they are in any number it is certainly a pathological finding, but the presence of an odd granular or hyaline cast in an otherwise normal urine is a very doubtful pathological finding. It is usually stated that the presence of casts is always accompanied by a positive albumin test, and though this is the rule, from time to time odd casts will be found, and yet the most careful testing will fail to detect even a faint trace of albumin. It is, however, the writer's experience that if a sufficient number of specimens are examined a trace of albumin will eventually be found.

Long cast-like bodies, but larger than casts, are sometimes found; these are called cylindroids, and they have no pathological significance.

Crystals.

Deposits of phosphates and urates may be deposited either in amorphous or crystalline form; other commonly found crystals include uric acid and calcium oxalate. Crystals only rarely present include those of cholesterol, cystine, tryptophan, leucine and bilirubin.

Miscellaneous Findings.

A large variety of findings of very diverse nature are grouped under this heading and covering spermatozoa, bacteria, yeasts, parasites, starch granules and foreign bodies.

The finding of the presence of spermatozoa is of no importance, except to explain the presence of a faint trace of albumin.

The nature of any bacteria present cannot, of course, be determined by microscopical examination of a urinary deposit alone, and it is merely a case of reporting their presence. Fresh specimens of urine are essential for this observation to be of any value, as bacteria multiply with great rapidity in urine.

Urine specimens contaminated by the addition of faeces will contain large amounts of extraneous matter and such specimens are of little value for microscopical examination.

A DEARTH OF MIDWIVES.

We regret to learn that there appears to be a dearth of midwives in certain counties. In Lincolnshire the Education Committee of the Lindsey County Council have been asked to give consideration at an early date to the question of offering nursing scholarships to young women.

The Maternity and Child Welfare Committee of the County Council have become aware of the declining number of midwives, but what concerns them most is the fact that the Lincolnshire Nursing Association, which annually took a grant from them of £30 for each midwife trained by the Association, have not in the last two years made any application for that grant.

The Association reported to the Committee that they had received no suitable applicants at all for training during 1940 from the Lindsey area, and it seemed that some form of inducement is required to get young women to come forward and train for the service.

THE BUSH CHURCH AID SOCIETY AND ITS HOSPITALS.

From "the *Australian Nurses' Journal*, which keeps us well informed of the numerous activities and good works of our colleagues "down under," we quote the following interesting article by Mr. J. Clarkson:—

"A Church of England society, little known in Adelaide, has assumed the gigantic task of ministering medical and spiritual aid to the settlers of our far west coast districts. This society is the Bush Church Aid Society with its headquarters in Sydney. Among its members are the men, trained nurses who staff the four hospitals operating at Ceduna, Koonibba, Penong and Cook.

One of its closest links with Adelaide is through its nurses, each of whom belongs to the Australian Nurses' Christian Movement, a branch of which is in the Liberal Club Building on North Terrace. When on holiday or leave they use the Nurses' Rest Room and, though all are from Melbourne or Sydney, an affinity exists which dispels any sense of strangeness and makes us feel as one. Imagine with what readiness I accepted an invitation to visit these nurses on their job!

The society has established a flying medical service and by plane it links the four hospitals, enabling a doctor to visit once a month the most distant hospital at Cook, and *en route* the isolated districts. My trip coincided with this itinerary in September.

Ceduna is the first place of call. Its hospital overlooks Murat Bay. It is a fine stone building erected 3½ years ago and possessing excellent equipment, a good theatre and appliances, X-ray, iron lung, and serviced with electricity. From here the flight to Cook direct, 250 miles, took us 3½ hours. A strong headwind made flying somewhat unpleasant, although our pilot proudly told me he had never yet had to fail a patient when the call came either for this regular trip or an emergency visit.

The Cook Hospital is like an oasis in the Nullarbor Desert plain. With its beautiful wide verandahs, and biggest surprise of all, its garden in the midst of the low saltbush country, it is a welcome sight. A row of 26 railway cottages forms the rest of the township. Many patients come by the east-west train to see the doctor. Often they have to wait several days, and then the hospital acts as hostel, as no other accommodation is available. There is modern equipment enough to meet all the demands likely to be made, and a real sense of the tremendous value such a service gives came over me as I watched the doctor and nurses attending each comer.

An unexpected feature of this visit was a deputation from quite a number of the aborigines. They came over from their camp in doctor's honour. She had recently removed Black Charlie's crushed foot, and his gratitude and interest were plain to see. His tribe is rather fine-looking, but wild and unkempt. Although a mission at Ooldea 90 miles away ministers specially for them, some are still full of fear and superstitions and hard to approach; they prefer to wander about, living in whirlies and fending as best they can.

On the return journey we flew 86 miles across the plain to Nullarbor Station to refuel, and then the course taken was straight out to the head of the Bight and along the coast, turning inland to Coorabie, a distance of 90 miles. Here doctor examined 12 patients, who varied in their needs but not in their pluck. Determination to make the best of a very dry season and win through cheerfully characterised each one.

Penong is 50 miles from here and is the last stopping place on the trip. Its hospital was the first of the chain that the society built. As I spent several days here I saw a few of the drawbacks with which a country hospital staff

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