

and as far as possible teach, the procedures of minor nursing. The Women's National Reserve has taken full advantage of this assistance in Wellington and Auckland, and besides the nurses engaged for the purpose several nurses returned from active service have during their leave volunteered to hold a class. The outside towns will be visited in due course. While lectures by medical practitioners are certainly of great value, it is felt that what is really required is more the simple practical teaching of a nurse.

In the larger centres the St. John Ambulance Society has its own nurse, and has also arranged for lectures from a doctor. It is hoped that this work may be extended. It was found that the members of the society who had gone through their nursing course were of great assistance to the trained nurses, but their experience is not sufficient to qualify them as teachers.

The military hospitals are now taking in young women as paid V.A.D.s, and in after-years when no longer needed for these hospitals the knowledge gained in them will be of great use.

The demobilization of the military nurses is now proceeding, and probably all the nurses will be back before the end of the year. Many of those who went away have married, and still a number are to be married after demobilization. The Hospital Boards have requested that as many nurses as possible may be released for civil positions, and this is being done as the various drafts return.

NATIVE HEALTH WORK.

The number of nurses engaged in this work is gradually increasing, and with so many more nurses available it is hoped to increase this staff. With a doctor attached to the Public Health service specially for Native work, it is probable that more districts will be found requiring nurses. There are now eighteen nurses for Natives. Sister Jean Cormack, who has been absent for over four years on active service, returned to her district at Te Karaka in April.

PLUNKET NURSES.

This work goes on increasing. The difficulty of getting nurses for the positions has been a drawback, but should not now be so. The new Karitane Home for babies in Christchurch is doing good work. There is to be a similar home in Wanganui opened in the near future. What is greatly needed in this work is a senior nurse supervisor to visit all the centres and direct the work of the nurses.

MIDWIVES ACT, 1908.

During the year there have been two examinations of midwifery nursing. Ninety-nine candidates sat for examination, and ninety-five passed and are now registered. Seven were registered from overseas.

These midwives are still reluctant to settle in country districts. The Department is appointing a few under salary where it is unlikely for a time a woman would make a living. Four St. Helens midwives have been already started, and other districts are shortly to be opened. This is a very useful way to assist maternity cases unable to enter the State maternity hospitals, and it is hoped to greatly extend the work.

STATE MATERNITY HOSPITALS.

I would like to emphasize my belief that provided there is reasonably comfortable accommodation in the homes of the expectant mothers the large majority of confinement cases do not need to come into hospital, and that the provision of maternity wards and hospitals should be made only where there is a large working population without comfortable surroundings. The expense of having to pay a doctor's fee as well as that of a nurse, who frequently is untrained, is what the less well-to-do class feel the greatest burden.

I think the Government by continuing to train, in the St. Helens Hospitals established where they are really needed, a sufficient number of midwives to admit of the country districts being supplied, each according to its needs, with trained women who will go into the homes and carry out the function for which they are trained (that is, to take normal cases without a doctor) will better meet the wants of the people than in any other way.

Hitherto the intention of the Midwives Act has not been fully carried out. Competent midwives have been trained in large numbers—over five hundred during the twelve years, and the number increases each year; but they have not acted as midwives, merely as maternity nurses working under doctors. One reason of this is reluctance on the part of many to take the responsibility of acting without a doctor, and fear that by so doing they would alienate the medical profession, which so far has strongly discouraged women from working independently.

Midwives have not to any extent settled in country districts. Few, after completion of training, have the necessary capital to pay expenses and wait for work. The only way in which to provide country districts is for the Government, either directly or indirectly through the Hospital Boards, to pay the salaries and living-expenses of the midwife and, where necessary, of an assistant. The fees charged the patients should go a long way towards paying expenses, and the midwife herself would be in a secure financial position, and so be able to take cases whether they can pay her or not.

We have now seven District Midwives established, and if they prove a success and are made good use of I should recommend largely increasing this branch of public-health work, which can include not only actual obstetric work, but the ante-natal and infant-welfare work as well.