

## NURSES AND MIDWIVES REGISTRATION BOARD.

There were six meetings of the Board held during this year.

*Training of Maternity Nurses and Midwives.*—The whole question of training received full consideration, resulting in the issue of an amending schedule of practical work to be carried out by each trainee before becoming eligible to sit for the State examination.

*Length of Course of Training for Midwives.*—An alternative course was arranged so that, instead of a registered nurse desiring to train as a midwife having to train and sit for examination as a maternity nurse, she is enabled to take a straight-out course of eight months at one of the midwifery training-schools and then sit for the midwives examination.

*Ante-natal Work.*—It was decided that in the future the training course for midwives should include training in ante-natal duties, and each institution approved as a training-school for midwives was required to establish an ante-natal clinic for the purpose of supplying the necessary material.

*Training-schools.*—Provision was made to allow the Board to approve any institution which is not a training-school to give one year's training to a probationer nurse, such period to count as six months' training towards the full period of three years when such probationer enters an approved training-school for nurses.

*Schedule of Training for Nurses.*—The question of considerable amendment and alteration to the schedule of training and the instructional course for nurses has received consideration, with the result that during the coming year a new schedule and instructional course will be gazetted.

*Reciprocity.*—Considerable time has been spent in connection with establishing reciprocity with overseas countries, with the result that reciprocity has been arranged as under: For general trained nurses—England, Western Australia, Queensland, Victoria. For midwives—Western Australia, Queensland.

*Registration.*—The registration of applicants was carried out as shown under the first paragraph of my report headed "Nurses and Midwives Registration Act, 1925."

The following may be of interest as showing the effect of the new Act upon the training of midwives and maternity nurses :—

Registered midwives—31st December, 1925, 2,027 : 31st December, 1927, 2,620.

Registered midwives qualified by examination—during 1925, 200 (untrained, 82 ; trained, 118) ; during 1926, 146 (untrained, 83 ; trained, 63) : during 1927, 95 (untrained, 7 ; trained, 88).

Registered maternity nurses admitted on actual experience—31st December, 1925, nil : 31st December, 1927, 683.

Registered maternity nurses qualified by examination—During 1926, 64 (untrained, 4 ; trained, 60) : during 1927, 180 (untrained, 67 ; trained, 113).

Registered midwives and maternity nurses qualified by examination—In 1926, 210 ; in 1927, 275.

Showing increase under new Act as under : 1925, 200 ; 1926, 210 ; 1927, 275.

## DEPARTMENTAL HOSPITALS.

*King George V Hospital, Rotorua.*—There have been many changes here during the year. The conversion of one of the old military wards near the main building into an isolation ward has made the working of the institution very much simpler so far as the nursing of the patients is concerned. It has also made it possible to reduce the nursing staff. The installation of steam heating throughout the main building has added greatly to the convenience of working. Five nurses qualified by passing the State examination during the year.

*Pukeora Sanatorium, Waipukurau.*—Miss Thurston having resigned her position as Matron, Miss London was appointed in her place.

*Otaki Hospital and Sanatorium.*—Miss Pownall, the Matron, left in February for England on extended leave, and Miss Davies, formerly Matron of Palmerston North Hospital, is Acting Matron during her absence. The two institutions are now self-contained so far as staffing is concerned, the hospital having now a Sister in Charge, with two registered nurses to assist her.

## ST. HELENS HOSPITAL.

*Wellington.*—Dr. Bennett reports that the morbidity rate is the best the hospital has yet been able to record. She attributes this satisfactory state of affairs to the better sterilizing-facilities and the larger trained staff to inculcate asepsis. She pays a high tribute to the Matron, Miss Newman, of whom she says, "She inculcates an atmosphere of good work, good discipline, and happiness that is not likely to be surpassed. Sister Boyce is a competent understudy, and I believe the year's work of the Hospital has been of a thoroughly good standard."

During the year there have been 2,188 visits to the ante-natal clinic connected with this institution. Of these, 180 were first visits from primiparæ and 368 first visits from multiparæ, while there were 1,640 return visits. In addition to these patients attended to at the hospital, 199 visits were made to cases outside who were either under treatment in their own homes or were unable to attend the clinic. Eighty-two patients were treated at the dental clinic. From these figures it will be seen that the importance of seeking pre-natal advice and treatment is being more and more recognized as time goes on. Of the two maternal deaths, one was due to eclampsia—a patient who refused ante-natal observation.

*Auckland.*—Of the twenty-eight morbidity cases in this hospital it is pointed out by the Medical Officer that twenty-six had septic teeth. There were two maternal deaths only—one from pulmonary