

it was instituted, would enable practising nurses to be kept in touch with more adequately, and assist in eliminating the problem of the unregistered nurse. There would probably be a certain amount of opposition to commence with, because such a provision has never been put into force in New Zealand, but nurses themselves would soon realize the benefits.

TRAINING OF PUPIL-NURSES.

During the year a further number of the smaller training-schools have been regraded, affiliations with a base hospital being made in each case. A certain amount of argument has arisen round the question of who should pay the salary of the nurse at the base hospital, but in view of the fact that the nurse coming from the smaller hospital has to have special experience, and that she is not of the same value, in that her surroundings are new to her, it seems only fair that the salary should be paid by the original training-school. There are now only two A grade training-schools which have a daily average occupied-bed rate of less than sixty.

Educational equipment in all the schools has been very definitely improved; the majority of the Hospital Boards are now placing a sum on their annual estimates for this expenditure. These amounts are small, but in the present difficult times it would be impossible to ask for more. To assist in the formation of libraries a list of reference-books was drawn up and circularized.

The standard of the examinations has been maintained, the number of candidates being 385, the number of failures 113—*i.e.*, 29.35 per cent. This rate is in line with the rates obtaining in Great Britain and other State and University examinations. The actual forms and method of checking have been revised, which has simplified the clerical work involved both for the hospital authorities and the Department.

Obstetrical Training.—In view of the controversy which arose around this subject when the changes in the scheme of training were introduced in 1926, and the maternity certificate became a definite qualification, it is of interest to note that the present developments seem to indicate that a satisfactory situation has been arrived at. Last year, for instance, there were 65 midwives trained in the four State midwifery-training schools. In New Zealand we have 400 positions for midwives in our hospitals apart from those in the slowly increasing private midwifery practice, and on this basis I estimate that 65 midwives will be required each year to repair the natural wastage. Therefore it is satisfactory that at last a position has been reached where the number of midwives being trained is in definite relation to the needs of the community.

Furthermore, during 1932 a total of 284 women received training as maternity nurses as follows: 204 registered nurses and 20 untrained women in Hospital Board maternity annexes; 60 untrained women in the four State maternity-training schools. It has been found necessary, so that the midwifery course may be given its rightful and definite postgraduate standing, to have a type of nurse in hospital to assist in carrying out routine work so as to reserve the midwifery trainee for only actual nursing duties. This need is provided for by the appointment of untrained women as maternity trainees. As the period of their training is much longer than in the case of registered nurses undergoing this course, they are accordingly gradually introduced to their duties, and by the time they are registered as maternity nurses a matron is in a position to judge whether they are capable of undertaking the responsibilities of a midwife. This therefore ensures that only the best qualified are appointed to train as midwives. Owing to the specialized nature of the work, experience in New Zealand has shown that it is almost impossible to train registered nurses as maternity nurses, and as midwives, in the one hospital.

In regard to the maternity course, I consider the position is also more satisfactory, as a very large number of nurses (practically enough to cover the number of graduated nurses each year) are receiving this further training, which enables them, if necessary, to nurse an obstetrical case satisfactorily, while at the same time enlarging their outlook in gynæcological work and the diseases of women and children. No registered nurse should consider her training complete without this course. Further, it is sufficient to enable the registered nurse to make up her mind whether she wishes to specialize in midwifery or not.

Reciprocity.—Terms of reciprocity have been definitely drawn up between the registration authorities of the Union of South Africa and the Central Midwives Board of Great Britain. Various Australian States have also approached New Zealand in regard to the registration of their midwives as such, but in view of the fact that the New Zealand training is longer, and the requirements for clinical experience greater, it was felt impossible to agree to their request.

THE NURSING STAFF.

St. Helens Hospitals.—The work of these hospitals has progressed very satisfactorily. There have been several changes of staff, Miss Boyce taking charge of Christchurch, Miss Ward of Wanganui, following on her relieving at Invercargill for six months during Miss Arnold's absence on sick-leave.

Miss M. Bagley, who had been matron of Wellington for five years, and previous to that had also been matron at Wanganui and Christchurch, retired at the end of March owing to ill health. Miss Bagley was a valued officer of the Department and had done much to interest women's voluntary organizations in the work of St. Helens Hospitals. It is with the greatest regret the Department loses her services, and hopes with a long rest she may be sufficiently restored to health to enjoy her retiring years.

Other Institutions.—The reorganization of King George V Hospital, Rotorua, as a non-training school has taken place, and is working smoothly. The Department in this case has been able to show Boards with hospitals of a similar size that it is possible to staff for the same cost as under training-school conditions, and that generally it is more satisfactory, besides assisting in the absorption of registered nurses.