

independent practice, the trained midwives of New Zealand are not doing their full duty in this particular part of the case of infant life.

The following up of mothers, and assisting them in the care of their infants during the first year or so of life is a duty which also develops on the midwifery nurses, and from enquiries we have really made, as to how far this can be done, we find that those nurses who have established private maternity hospitals in various parts, keep in fair touch with their patients, and give much gratuitous help and advice on the feeding and bringing up of the infants. Midwifery nurses in private practice, moving about as they do, may not be able to do so much, but undoubtedly little by little as they go from patient to patient and are consulted by mother after mother, they are doing a great work without any special note being made of it. Those of our midwives who have taken up Plunket work have exceptional opportunities. Their knowledge of baby birth is often better

than that of the general nurse even with her Karitane training, and they are sent out among the people as special experts. Those again who are working as District nurses can also do much. They indeed, especially in distant parts have great responsibilities thrust upon them. They have to act themselves when it is really a doctor's case, and we remember recently being told by one of our nurses recently returned from active service abroad, of her delight in seeing running about, and fine healthy children, a pair of twins she had to deliver under most difficult abnormal conditions shortly before she left.

The extension of the system of State Maternity Hospitals and the development of the work of those already established is a very necessary work which, although under consideration we fear cannot be carried out as desired until after the war, both from lack of money and from lack of the well-trained and fully qualified nurse midwives, who will be the most necessary agents in the work.

The Office of Midwife

The need for an increasing supply of well-qualified midwives was never more apparent than at the present time, when the importance of the preservation of infant life is leading to much activity in all that pertains to the care of expectant and nursing mothers and their infants, and therefore to an increased demand for the services of midwives, whether in their own particular sphere of work or as inspectors, health visitors, and in other branches of work in which their special knowledge is a qualification of great value.

A problem for solution in the immediate future is how to secure and maintain an adequate supply of midwives, and the first point which presents itself is the very poor and uncertain remuneration obtainable by midwives for their highly responsible and arduous work. It compares most unfavourably even with the modest salaries obtained by district nurses, whose work is fairly regular, and there is little to induce the right type of women to qualify as midwives or to practise when trained.

This is the more serious because there is a shortage of medical practitioners in this country, on account of those occupied in naval and military work, a shortage which is likely to continue for some time to come, as the war is affecting also the supply of medical students, and, therefore, midwifery work will increasingly fall into the hands of midwives.

This journal has always held in high honour the office of midwife, believing it is one of the utmost value to the community when rightly discharged, and which affords useful and satisfying employment for women. The trouble has always been that, outside institutions, the difficulty for a midwife to make a living is considerable, and the only really satisfactory solution of the problem appears to be that midwives should be appointed and subsidized by the State and the local authorities, and of this we now appear to be within measurable distance. This will give the midwife an honourable position, and consequently attract desirable women to enter the ranks of practising midwives.

The above extract from the British Journal of Nursing applies very well to the conditions in New Zealand, but in regard to the pay, midwives in New Zealand compare more than favourably with those at Home. The point which, however, should be noted is the low standard of training as compared with midwives here.

One midwifery nurse, qualified under the C.M.B. and recently registered here, has since been found incapable of taking