

in all such schemes, as for example, in the Government superannuation for teachers and public health nurses, some portion should come from the person to be benefited. Again, the writers mention the low pay of nurses. In this we agree that the professional work of trained nurses is not sufficiently remunerated. The public considers that three guineas a week is a good fee, and so, perhaps, were it possible that a nurse should be continuously employed and therefore not at any living expense, this might be, but that is not possible. There are periods when nurses, even the most sought after, are out of work for a few days or a week every now and then, with the result that although the fee is three guineas per week she by no means clears £156 a year. Also she must have a holiday or she would quickly break down, but not so quickly, we hope, as one of the writers suggests.

We also feel that in regard to fees, the hard and fast rule of three guineas per week is by no means a fair and just one. The indifferent nurse works on exactly the same terms as the best qualified and most popular nurse. Why should there not be a sliding scale? A higher fee in serious cases, major operations, and so on, so that

a nurse with a reputation for ability and also for personal qualities which contribute towards the recovery of her patient, might command, which very frequently she earns, remuneration more equal to her responsibility and work. This would be only just to those who give of their best to their patients. Ability should tell. Just as in the medical profession the clever surgeon or the most capable physician can command higher fees than the less able of their profession, so should the more capable surgical nurse or the more experienced and favourite medical nurse also be able to obtain a higher fee than her sister who has just qualified, or who by careless nursing and lack of the qualities of unselfish devotion which make a really good nurse, has made herself dreaded in a house and is never asked for and sought after.

Merit should have some reward, and we commend it to the attention of the Trained Nurses' Association that while it may be advisable to have some jurisdiction over the fees chargeable by its members, it is not, in the best interests of nursing to make all a dead level. If one nurse can command a larger fee than another by reason of her own good work, by all means within reason, permit her to do so.

Appointment of Lady Superintendent, Auckland Hospital

This important appointment was made on 6th June, and Miss Ada Taylor, Matron of Waihi Hospital, was the successful applicant. Miss Taylor was trained at the Christchurch Hospital, where she was a sister for years, and from there went as sister to the Auckland Hospital. She was afterwards Assistant-Matron at Auckland Hospital, and for some time acting matron until the arrival of Miss Orr. Miss Taylor

then went as matron to the Waihi Hospital where she has been for four years, with a short period of leave granted by the Board for war service. She was a member of the staff of the Hospital Ship "Maheno" on the third commission, and afterwards returned to her hospital duties. Her appointment has given great satisfaction to the staff of the Auckland Hospital to many of whom she was known while there before.