

Miss Buckley: With a straight-out 12-hour duty. If the patient takes a bad turn just when the nurse is going off duty and she leaves at such a time, our profession would be ruined. It is an impossible position.

Miss Tennent asked if the duty referred to private work or private hospitals.

Miss Pengelly: To them all; there is also a 10-hour duty. I don't know how it is arranged, but it is also bringing in ideas which are lowering the standard of nursing.

Miss Bagley: This request is contrary to the spirit of nursing.

Miss McRae: It is bringing down the nursing profession to a commercial basis.

Miss Pengelly: It is impossible to give a right service with this straight-out 12-hour duty. You cannot tell when a patient is going to be ill, and you certainly do not expect, if you are employing a special nurse, that she should walk out just when she is most needed.

Miss Stott: If the case is a short one, the nurse can do day and night duty, but she cannot keep it up indefinitely.

Miss Pengelly: It is only when a patient is in extremis that a nurse is called on to do any night duty, and that does not last long. Ordinarily, a patient can spare the nurse some time off during the day. Where a long duty is necessary in the case of a busy time, the time should be made up to the nurse when less busy, and she should be prepared to carry on when required. The straight-out 12-hour duty is designed for the lowering of the nursing standard.

Miss Stott: Is it not hard for nurses going from one bad case to another? They cannot possibly get a rest.

Miss Young: It is often very hard on the nurse, but the straight-out 12-hour duty is not the remedy; she cannot leave her patient.

Mrs. Thompson proposed, and it was seconded by Miss Bagley: "That the straight-out 12-hour duty for nurses is not practicable as no hard and fast rule can be made."—Carried.

No. 3.—Re Proposal of Approaching N.Z.B.M.A. with Reference to giving Preference to Employment of Trained Nurses.

There was considerable discussion on this subject, members making a point that untrained women should not be paid at the same rate as trained nurses. It was recognised that there are many cases such as in a long convalescence, where a trained nurse is not required. It was decided that the matter be left to the branches to deal with as they think fit.

An emergency remit, with reference to the dismissal of Matrons by Hospital Boards, was discussed at length, and the following resolution was passed:—

"That a recommendation be sent from this Association to the Director-General of Health and also to the Hospital Boards' Association, that before the final dismissal of the Matron of a hospital, the reasons for such action should be laid before the Director-General of Health, for as the approval of his Department is necessary before an appointment is confirmed, this Council considers that Departmental approval of the proposed dismissal is equally desirable."

A discussion took place regarding the new Act which governs the training of midwifery and maternity nurses. Examinations twice yearly were asked for, and also that maternity nurses might be allowed to complete their training as midwives without a year's interval between the courses. It was explained that if the various training schools will be patient, things are likely to right themselves, but that the scheme should be given a fair trial.

It was decided to refer to the Nurses and Midwives' Registration Board the question of the position of untrained women who complete their maternity training, then take a full course of general training, and after that enter for a four months' midwifery course.

A resolution was passed that the fund raised for the Grace Neill Memorial should be devoted to the purpose of founding a library in connection with the post-graduate course, to be called the Grace Neill Memorial Library.