Where the difficulty is non-existent, the Tutor is invariably a Sister of more and longer experience than the Ward Sister. Such a Tutor has, by reason of greater experience in Sistership and nursing knowledge, an authority commensurate. Often, as in St. Thomas, England, she has assisted in the training of the Sister whose co-operation is willingly proffered —or at least always available. Such Tutors, of course, are able to carefully evaluate the ward work and reduce to a minimum inconvenience to wards or patients. Also, in large institutions, structural arrangements allow of the use of treatment rooms for individual procedures.

Tutors who found claims of students conflicting with those of wards agreed that: (1) Lack of sympathy with the student often proceeded from lack of sufficient nurses—to carry on both service and study of procedure—hence the pressing needs of service obscured the larger vision. (2) That to gain sympathy with the Tutor's aims needed frequent consultation with Ward Sister and Tutor. That study of procedures and practice must have close supervision of Ward Sisters for success—the Tutor teaching principles, etc.

In general, where the scheme has been longest in operation, most success seems achieved—which seems to indicate, as in other schemes, that time plays a part in stabilising. Also the better both Ward Sister and Tutor is prepared for her special work the better the results.

In recording student's progress the modern method of giving the student full information of the record was almost unanimously approved. Especially in case of adverse reports frank discussion by Ward Sister, Matron, Tutor, was approved. In one school in U.S.A. the services of a medical woman psycho-analyst were used when necessary, with apparently enviable results. Need for a good selection of students was emphasised. In the case of a student found unsuitable for the work, the potential harmfulness to her health as well as otherwise, if allowed to continue nursing, was affirmed.

SOCIAL SERVICE.

That a hospital has need of a Social Service Department as part of its component activities in the care of the sick, is universally accepted.

The oft-told story the woman at an out-patient's clinic who was prescribed a tonic to improve her appetite, while the cupboard was bare at home, is no longer needed to emphasise need for social service.

A physical restoration unaccompanied by a restoration of self-respect, suitable occupation, and satisfaction with life, is but at best a part service.

The most effective Social Service worker is the nurse who has added training in social service to her nursing. Social welfare is a very proper field of service for the nurse with her knowledge of physical and psychic illness so often at the root of social disorders.

But even more important is the nurse's ease of contact with the (patients') subjects of this work. There is also her experience in contact with the medical authority.

As a prominent member of the Victorian Order of Nurses put it: "The entrance of nurse in her familiar uniform to a cottage kitchen who rolls up her sleeves and proceeds to show how a simple service can be easily done, is much more convincing as a preparatory introduction that any other introduction."

In France, an endeavour to combine the functions of health nurse, district nurse and social service is proceeding.

In New Zealand, with its already established services for children and for mothers, an opportunity for such a scheme is surely present.

It needs hardly be mentioned that successful Social Service is only possible for a woman with a missionary spirit—it is more, perhaps, even than other services vocational.

It would seem otherwise a satisfactory work for nurses who are widows or who, for other reasons, resume nursing or al-