

W.A.A.F.—The Air Force Amendment Act of 27th November, 1947, constitutionally established the Women's Auxiliary Air Force as a part of the Royal New Zealand Air Force. The strength of the W.A.A.F. at the 31st March, 1948, was 130, which is the lowest figure since its inception in January, 1941.

Exchanges.—The system of exchanging officers with the Royal Air Force for a period of two years which commenced last year has proved most beneficial to the Royal New Zealand Air Force. The appointments of Deputy Chief of the Air Staff, Director of Technical Services, Director of Equipment, and one senior Station Commander are held by R.A.F. officers on exchange. As it was not possible for R.N.Z.A.F. officers, owing to the circumstances of their employment during the war, to obtain the training for these appointments, the presence of these experienced officers is most helpful, especially at this time. The R.N.Z.A.F. officers on exchange are employed in Transport and Coastal Commands at stores and maintenance depots and at the Empire Central Flying School. A total of 5 officers are on exchange. During the year 1 officer, A/Cdr. Wallingford, attended the Imperial Defence College, 2 officers attended the Joint Services Staff College, and 4 officers the R.A.F. Staff College.

Honours and Awards.—The honours and awards received by personnel of the R.N.Z.A.F. for the year, which includes a number of foreign awards for war service, are shown in Appendix B.

Casualties :—

				From 1st April, 1947, to 31st March, 1948.	
				In New Zealand.	Overseas.
Killed or presumed dead	..	..	..	..	6
Died of natural causes	..	..	..	1	..
Missing believed killed	..	..	..	..	..
Missing .. .. .	..	..	..	..	..
				1	6

Of the 6 personnel killed overseas, 1 was accidentally drowned, 1 was killed in a railway accident, and 1 is a war casualty now reclassified to "presumed dead," 2 were missing on Mosquito Ferry flight, and 1 was killed in the United Kingdom (aircraft accident).

MEDICAL AND DENTAL

The R.N.Z.A.F. Medical Service is faced, in addition to its responsibility for the general health of serving personnel, with many problems peculiar to aviation, and particularly Service flying. Only limited attention can be given at present, owing to lack of experienced staffs, to aviation medicine and psychology, and the medical aspects of high altitude flying, fatigue, and flying safety.

Depleted medical staffs assisted by civilian medical practitioners on a part-time basis provided medical treatment for serving personnel and Medical Boards for recruits and personnel being demobilized. In August, 1947, it was agreed that the Royal New Zealand Army Dental Corps should be responsible for the dental services for the Navy, Army, and Air Force, but, even with the assistance of civilian dentists, the complete maintenance of dental fitness of Air Force personnel was not possible due to the lack of Service dental officers.

TRAINING

Flying Training.—The introduction of the new aircrew scheme involving a more comprehensive range of duties in aircrew trades necessitated recasting syllabi and procedures in training.