

A few words on the subject of nurses' uniforms has really become necessary. Washing-dresses, white aprons, removable sleeves represent the absolute cleanliness and neatness, together with the freedom of movement, required in carrying out the duties of sick-nurse. Of late is with regret to be observed an increasing tendency for nurses on duty to wear dangling chains, numerous brooches, rings, &c. Even some hospital Matrons adopt this habit: I have counted as many as five brooches worn at the same time by a Matron in the North Island. Then, consider the cap. It originated with the idea of covering the hair: does it do so now? The nurses' cap has shrunk into a small piece of starched linen crowning an edifice of pads and loose hair. The Matrons are wrong in permitting this, and the surgeon, who is properly particular about the scrubbing of hands and arms, becomes inconsistent when he submits to untidy heads of hair in the ward and operating-room. The Wellington Hospital must be exempted from the foregoing strictures: the nurses being trained there are neat and tidy in uniform, and are not allowed to wear hairpads and jewellery whilst on duty.

Under "The Nurses Registration Act, 1901," during 1905 75 hospital-trained nurses passed their final State examination, and their names were added to the register. The fees amounted to £83 10s., and the expenses (examiners' and supervisors' fees) to £97 11s. 8d. England is trying hard to obtain State registration for hospital-trained nurses, and the States of Australia are also moving in the same direction. New Zealand has proved by five years' experience the advantage to medical men and the public, as well as to the nursing profession, of having a recognised standard of proficiency and consequent State registration. There is no fault to be found with our system of State registration of nurses; it works well, and maintains a standard of proficiency that acts as a stimulus to hospital authorities. There is, however, one defect that should be remedied. The original Bill classified New Zealand hospitals into those large enough to give nurses a thorough training, and those too small to provide adequate practical training, but Parliament rejected such classification. This defect should be remedied at once, for, by failing to restrict our training schools to those hospitals containing forty beds or over, we prevent our New Zealand State-registered nurses from claiming registration in other countries. I would call attention to those responsible for the training of nurses that sick-cookery is one of the subjects on the syllabus.

Under "The Midwives Registration Act, 1904," 761 midwives were registered. Of these 63 hold certificates as midwives, and the remainder were placed on the register because they were certified by medical men as having been for three years or over practising as midwives and were of good character. With the passing of the Midwives Registration Act the day of the dirty, ignorant, careless woman, who has brought death or ill health to many mothers and infants, will soon end. After 1907, every woman who undertakes the responsibilities of a midwife will have to show that she is competent to do so. This will necessarily limit the number of women who can be found in any district to attend a case of labour at a low charge. To meet this difficulty St. Helens Hospitals have been established in each of the four centres, where the wives of working-men can obtain, at a fixed charge, care and attendance during child-birth. The success already met with in these hospitals testifies to the need for them. There has hitherto been no hospital in New Zealand devoted to maternity work where nurses could be trained, and St. Helens Hospitals provide careful training for maternity nurses.

St. Helens Hospital, Wellington, admitted its first patient on the 17th June, 1905. At the end of the financial year, 31st March, 1906, the total number of births was 111; receipts from fees £382 13s. 2d., and household expenditure (exclusive of rent and salaries) £212 12s. 3d. The house rented in Rintoul Street has not been found satisfactory for the purpose, and plans have been prepared for erecting a suitable building on Hospital Road.

St. Helens Hospital, Dunedin, was opened by the Right Hon. R. J. Seddon on the 31st September, 1905. On the 31st March, 1906, the total number of births was 69; receipts from fees £279 19s. 9d., and household expenditure (exclusive of rent and salaries) £178 9s. The house rented in Regent Road has been found suitable for the purpose, and the sum of £3,250 has been placed on the estimates for its purchase.

St. Helens Hospital, Auckland, was opened without ceremony on the 14th June, 1906. The workmen of the Newmarket Railway Workshops erected a handsomely designed lamp at the entrance to the Hospital in memory of the Right Hon. R. J. Seddon. This memorial lamp was unveiled by Sir Joseph Ward on the 30th July.

It is hoped to have St. Helens Hospital, Christchurch, ready to open in October. A building has been purchased in Durham Street, that with some alteration will make a hospital equal to those already established.

On the 1st August, 1906, the number of births inside St. Helens Hospitals was 232, and 68 were attended by St. Helens nurses outside the hospital; making a total of 300.

CHARITABLE INSTITUTIONS FOR INDOOR RELIEF.

The Auckland Costley Home has been made much more efficient and comfortable. The sanitary arrangements offer a most difficult problem, owing to the nature of the site. The food supplied is of good quality, and now the cooking is reasonably good, thanks to the fine new kitchen. It would be a great improvement if a suitable cottage were erected in the grounds for the Manager. I heard no serious complaints, and the inmates are treated kindly.

The Whangarei Home: The whole place is clean and comfortable. The food for dinner was found to be good and well cooked. There were no complaints even from a chronic grumbler. The room set aside for dirty cases is too small. A septic tank has been provided. The closets are an ingenious modification of the trough system, designed by the architect to the Board.

The Thames Home at Tararu has been greatly improved. A bath pavilion, suitably provided, has been built. A closet pavilion, suitable and sanitary, and a septic tank have been provided. The