

The duties of a district nurse would be,—

- (1.) To call in medical aid if in her opinion such were required, and faithfully to follow out the doctor's orders ;
- (2.) To acquaint the doctor of the daily condition, pulse, temperature, &c., of each patient so that he could know if another visit were needed ;
- (3.) To render first aid in case of accident, and to accompany the patients to hospital ;
- (4.) To be local supervisor of untrained midwives, and see that they keep their kit clean ;
- (5.) To advise the Board of the circumstances of applicants for charitable relief ;
- (6.) To attend emergency maternity cases ;
- (7.) To advise mothers on baby-feeding and general sanitation.

In no sense of the word would the district nurse be expected to prescribe, use instruments, or in any way take the place of a general medical practitioner.

Who is to pay ?

The district nurse would be the servant of the hospital Board of the district, and would be recognised as a very responsible officer of the hospital staff. Her salary would be entirely paid by the Board. She would hand in to the Board all fees collected for visits, &c., which would be on a prescribed scale, and on her recommendation would the Board be guided as to the amount of such fees to be charged in each individual case. Those, in the nurse's opinion, not in a position to pay fees would not be charged.

Where are district nurses required ?

In any district far removed from medical assistance. Each claim for a nurse must be judged on its merits, depending on the state of roads, rivers, &c.

How is a district to set about getting a district nurse ?

By applying to the District Board. If necessary, an officer of the Department would be despatched to make local inquiries. Whether or not the request would be granted would depend on the settlers. If they show evidence of a desire to help themselves, they should guarantee the Board a certain sum (not less than half) of a nurse's salary and expenses, which would come, all told, to about £200 a year. The fees paid into the Board's funds by the nurse would go to reduce the guarantee and the contributions from the Board.

Nurses for this work would need to be women of rare character, devoted to duty and undaunted by hardship.

In March last, in company with some members of the Taranaki Board, I met the settlers of Uruti, a district thirty miles north of New Plymouth. They welcomed the suggestion, and Nurse Bilton was despatched to take up the duties. Her services were highly eulogized at a recent meeting of the Taranaki Board. The settlers of Seddon and district have also subscribed enough to warrant them approaching the Blenheim Board on the subject, and inquiries as to the scheme have come from all parts of the Dominion.

Attached is the Assistant Inspector's report on the Midwives, the Nurses Registration, and the Private Hospital Acts.

As the Department was apprehensive lest a too-rigid enforcement of the Midwives Act would occasion hardship to settlers in the more remote country districts, the Inspector of Midwives has been constantly employed in visiting such districts and reporting on the facilities or otherwise for women obtaining skilled assistance in their hour of need. At the same time Miss Bagley gave practical instruction to the registered but untrained midwives as to the general care of their patients, and the need for cleanliness of person and kit. Her reports are interesting, and showed the Department where it was advisable to enforce the letter of the law, and where skilled midwives were most needed. Lectures to untrained midwives were also given by specially appointed medical men in the four centres, which were well attended.

Many of the untrained midwives are getting on in years ; consequently, it is possible that in the near future there will be a shortage in the supply of trained midwives unless the facilities for training can be increased. There are 1,081 midwives on the register ; of these, 214 are trained. The number of trained midwives admitted to the register last year was 62, of which 32 were trained in our St. Helens Hospitals, and the remainder either in some of the charitable maternity institutions, or were admitted on certificates from oversea.

Owing to this possible shortage, the question arises as to how to increase our facilities for training. The St. Helens Hospitals are taxed to their utmost. We must therefore either increase the accommodation at the St. Helens Hospitals or allow certain country hospitals to receive a limited number of maternity cases.

It has been the policy of the Department hitherto to discountenance maternity wards at our hospitals, but if such wards could only be made use of for urgent maternity cases and for single girls who have been unfortunate, little abuse is likely to result ; in fact, those lamentable instances, such as recently occurred at Hawera, where a puerperal eclamptic was denied admission to hospital, will be prevented.

It would naturally be unwise to attach maternity wards to hospitals in our larger towns, where there are special institutions for such cases ; but in the more isolated hospitals such wards would be of general benefit to the community.

It is certainly wrong to use our Old People's Homes as maternity hospitals, as has been the case. By the time single girls leave these Homes they must have lost the little self-respect left to them.