

It was added that the Council makes no condition as to the number of beds in the hospital recognized as training-schools, and they are content to accept the New Zealand certificate without further restriction.

This recognition without condition is extremely gratifying as showing that nurses from this Dominion had proved, especially in the great opportunity given by war service, that their training was of a high standard.

At the same time it is to be regretted that the condition which is being imposed on nurses training in Great Britain—that it will only be by affiliation with larger hospitals that nurses trained in small ones will be eligible for registration—has not been extended to other countries. A system of affiliation has been for years proposed by this Department, but only very half-heartedly carried out. We must now avoid the danger of resting contented with our present standard of nursing education, which has been so generously accepted by the Mother-country, and still aim at a much higher ideal. Reciprocity has been arranged with Queensland and Western Australia, and is now being arranged with South Australia.

NURSES IN GOVERNMENT DEPARTMENTS.

There have been no new appointments of Nurse Inspectors as advised by the Maternity Mortality Commission, the need for economy in Government expenditure preventing at the present time the recommendation being carried out. The number of school nurses has also not been increased. A few resignations have been received and the vacancies filled.

As far as possible the vacancies have been filled by nurses in the Public Service who by the closing of the Trentham Hospital have been deprived of their hospital positions. Nurses from this institution were also transferred to King George V Hospital, Otaki Hospital, and Queen Mary Hospital, Hanmer, and all of the staff were given some opportunity of remaining in the service.

Owing to the resignation of Miss Ellen Brown, A.R.R.C., Matron of the Queen Mary Hospital, Hanmer, who was appointed Lady Superintendent of the Dunedin Hospital, Miss Thurston, C.B.E., R.R.C., Matron of Trentham Hospital, was transferred to the Queen Mary Hospital. Other changes in the nursing staff of the Department were the retirement on superannuation of Miss Inglis, Matron of St. Helens Hospital, Wellington, and the transfer of Miss Newman from the matronship of the St. Helens Hospital, Christchurch, to that of St. Helens, Wellington. The matronship of St. Helens Hospital, Christchurch, was then filled by Miss McLeod, previously Matron of Te Waikato Sanatorium, Cambridge, until its closure, and then of Pukeora Sanatorium. To the matronship of the Pukeora Sanatorium was appointed Miss Whyte, R.R.C., trained at the Auckland Hospital, and a member of the Queen Alexandra Military Service until the conclusion of the war.

In March Miss Bicknell, A.R.R.C., was appointed Director, Division of Nursing, in my place, I then being due for retirement. She was granted leave of absence for eight months to visit England, when she will inquire into nursing matters. In the meantime until her return I will carry on the work of my division as usual.

DISTRICT HEALTH NURSES FOR NATIVES.

No additions to this staff have been made, but the vacancies occurring have been filled, and there has usually been a sufficient number of applicants for this work, which appeals to a nurse with a love for country life and able to ride.

The nurses have done excellent work. There have not been so many outbreaks of enteric with which to cope as in past years, the constant supervision of the pas and instruction by the nurses and Inspectors having produced a good effect.

Three nurses have been granted leave to enter maternity hospitals for a six-months midwifery course.

The district nurse in charge of the Kahukura District Cottage, Nurse Blair, has resigned. Nurse Jameson, trained at Auckland Hospital, has been appointed in her place. This is an isolated place, and the nurse has much emergency work without medical supervision.

DISTRICT NURSES UNDER HOSPITAL BOARDS AND SOCIETIES.

These nurses, who are appointed by the Boards or by societies subsidized by Boards, are gradually increasing in number, but are not yet nearly enough for the needs of the country parts. This is partly owing to the apathy of the settlers and partly to the sparse settlement of the districts, which do not in many cases afford sufficient work to keep a nurse employed and content.

There are now twenty-nine nurses outside the larger towns. In the four chief cities there are District Nursing Associations, such as the Nurse Maude organization in Christchurch, which employs nine nurses; St. John Ambulance Associations, Wellington, Dunedin, and Auckland, which employ two to three nurses each.

The number of cottage hospitals and small maternity hospitals being erected under the Boards in country places provide in a very satisfactory way for the needs of the people, and from some of these the outside district-nursing work can be continued to a certain extent. The ideal way to manage such combined work is to post two trained nurses at a cottage, so that both the work and companionship are provided for.

MAORI NURSES.

It is regretted that a Maori nurse, Ngapori Naera, after doing very good work for seven years, resigned. She is now doing private midwifery work quite successfully. Although there are exceptions, it has been found that the Native nurses are not so successful in dealing with their own people as the pakeha nurse, to whose instructions more attention is usually paid. This is specially to be regretted, as quite a number of Maori girls express a wish to train as nurses. The Napier Hospital has two in course of training, after a year of preliminary training, during which they lived at the