

Both reports, however, stress many points of general interest as, for instance, the need for able leadership not only possessing inspirational qualities and administrative capacity, but also educational foresight with a knowledge of the principles of modern education. To obtain this ideal, the student nurses of to-day must be educated women, and *The Lancet* Commission stresses here the need for a modification of the discipline of the Nurses' Home if the right type of girl is to be obtained.

Again the question of the Missionary or ecclesiastical tradition of the nursing profession, together with the military discipline of the past, is gravely considered.

The need for ideals of service are unquestionable, but it is stated in the Canadian report "a misrepresented or perverted notion of the Florence Nightingale tradition has probably tended to frustrate the economic and moral development of the nursing profession in Canada."

Among the common recommendations from these reports are several points which New Zealand might consider. "The training of student nurses is a national service equally as well as is the training of student teachers." At present there is no sum set aside on the budget of any hospital for this purpose, for under the apprentice system now in operation nurses pay with their services for the instruction they receive. Further, both reports stress the need for preliminary training-schools, and properly prepared tutor sisters, the duties of whom should only comprise theoretical instruction. *The Lancet* states there should be "one tutor sister for each sixty nurses in training." The period of preliminary training is set down as three months as a minimum. *The Lancet* also recommends that ward sisters who have pupil nurses under them should be allotted an additional £10 as a recognition that they are part of the teaching staff.

To attain to these standards New Zealand has a long way still to go, for out of thirty training-schools only ten have a full-time Tutor Sister, and only twelve have preliminary-training schools, the longest period of training being six weeks. At the smaller hospitals the organization of preliminary-training schools is a great difficulty, and could probably only be overcome by a combined school, but in the larger hospitals this does not exist.

"More attention should be paid in the average training-school to the health conditions of student nurses, many show negligence in permitting students without adequate training or physical examination to nurse tuberculous patients."

"Student nurses should in the majority of instances be given more training in mental and neurological nursing."

These points and many others considered by both Commissions have been freely discussed at recent conferences of the Trained Nurses' Association in New Zealand, and it is gratifying to feel that, though we are so widely separated from those countries, our plans for the future are along the same lines.

ST. HELENS HOSPITALS.

Owing to the retirement of several senior officers and the closure of Wanganui, Gisborne, and Dunedin St. Helens Hospitals as training-schools, there has been a considerable change of staff in all the hospitals. This has added to their difficulties at a time when the strictest economy is being asked. For the future, Auckland, Wellington, Christchurch, and Invercargill will train midwives, and untrained women as maternity nurses. Dunedin, Wanganui, and Gisborne will be staffed with trained midwives. Dunedin will provide case material for medical students, and at Wanganui and Gisborne short refresher courses of a month's duration will be given for practising maternity nurses and midwives; those attending will be given free board and lodging in return for assisting with the routine work of the hospital. The course is planned to give both theoretical and practical instruction, and should prove of great assistance to many nurses who have been trained for some years.

All of the hospitals have been consistently busy. The district service is being extended, and it is hoped to have this aspect of the work more closely supervised in the future. It has been found possible to give a day off a week regularly to all trainees, which has resulted in a more contented staff.

DISTRICT NURSES.

The number of district nurses employed by the Department is twenty. During the past four years they have paid 23,790 home visits and attended 397 maternity cases, in addition to making 2,479 visits to pas and 849 visits to schools. Maternity and infant welfare among the Maoris forms a large part of their work. Much more, of course, remains to be done. The difficulties of age-long customs, the exceedingly inferior housing in some districts, together with the effects of the economic conditions, entail much patience, perseverance, and ingenuity among nurses working in this sphere. However, the results so far achieved are encouraging, and promise well for the future of the Native race.

In addition, these nurses carry out a monthly visit of inspection to all pas and schools in their district, besides giving care and advice to many sick people. Health propaganda, in addition to the daily teaching in the home, is part of the nurse's work. The effect of these measures is seen in the steady decline in the incidence of many infectious diseases, such as typhoid.

Several conferences of district nurses have been held with the idea of surmounting the overlapping of sections of the nursing staff of the Department, and to further the development of the plan of having one nurse in each area responsible for all activities in her own district. The result has been an extension of the system in successful operation in the Gisborne and Taranaki districts to the North Auckland Peninsula and part of the South Auckland area as from the 1st April of this year.