Miss H. Comrie, who was appointed relieving Nurse Inspector in place of Miss Lea, who has been granted a year's leave of absence, to act as matron of the Wairau Hospital, has been appointed an additional Nurse Inspector to the Auckland District, as it was found there was too much work in this area for one officer.

Miss Wise, who was Nurse Inspector at Whangarei, resigned owing to her approaching marriage, and was replaced by Miss R. A. Knight, who had been sister-in-charge of the Ante-natal Clinic at Christchurch St. Helens Hospital.

DISTRICT NURSING.

There have been some changes in this staff during the year. Money has been provided in one instance by the Maori Purposes Fund, and in another by the Taranaki Maori Trust Fund, to appoint district nurses to areas which have not been served before; further, a nurse has been transferred and stationed at Masterton to provide nursing attention to the Maoris in the Wairarapa.

Gradually the system is being extended that every district nurse is not only responsible for the Maori health work in her area but also for all the school work, both European and Maori. Some of the districts, especially those in the South Auckland area, are too large for effective work, and there are still some areas where there is no organized service available, particularly in the North of Auckland and the Wanganui districts. With an extension of these nurses' duties the monthly report form was revised so that all the necessary information could be given on one form to avoid unnecessary duplication of clerical work.

The nurses are being called on more and more frequently to give talks and demonstrations to groups of women such as Women's Institutes and to older girls at school and out of school-hours. This involves preparation of teaching material, posters, &c., which very few nurses have time for. An endeavour has been made to bring new material before the staff by means of magazines, but something more is required and in time it will require the full-time service of an officer to prepare material of this kind and to organize refresher meetings for the staff.

The following return supplies an actual summary of the amount of work covered by nurses in the departmental service during the past year. It must be recognized that the districts served are all large, and that the distances to be covered often amount to fifty miles. Under these conditions I consider the amount of work accomplished is a great credit to the staff of twenty-three district nurses.

Total number of treatments: European, 1,132; Maori, 36,978. Number of ante-natal visits paid, 1,644; Number of post-natal visits paid, 2,458.

Maternity cases: Maori—number of confinements, 200; number visited during puerperium but not for confinement, 384; European—number of confinements, 21. Number of infant welfare visits paid,* 3,698; Number of school visits*: Board school—With doctor, 102; without doctor, 468; Native school*—With doctor, 19; without doctor, 769.

Post-graduate Course.

This year, for the first time, none of the students attending the course are receiving assistance in the form of bursaries, &c. The class is a larger one than for some time past, there being eight nurses taking the administration and sister tutor course, and six nurses the public health nursing.

UNEMPLOYMENT.

On the whole, the position regarding unemployment amongst nurses is more satisfactory than it was a year ago. There are still a number of nurses who, owing to age or some disability, have found it very difficult to make a living. The Women's Unemployment Committee in Wellington have commenced a scheme for visiting nursing in the homes of relief workers, which has been a definite assistance to both patients and nurses. The patients are referred to this Committee by the various organizations working in the city. The nurses so employed must register as unemployed and be referred to the Committee by the Nurse Inspector of the Health Department for the district. They are paid on the same basis as the Relief Scheme for unemployed teachers, and must be willing to do light housework as well as nursing duties. If heavy cleaning or washing has to be undertaken a domestic assistant is sent from the bureau to work under the nurse's direction. This scheme might well be extended to other centres.

FUTURE DEVELOPMENTS.

Preliminary Training Schools.—In my annual report of last year I stressed the very great need there is in New Zealand for more and better preliminary training schools for pupil-nurses. All the larger hospitals now give their pupil-nurses a short period of preliminary training of from three to four weeks on which is based their future course of instruction. At the completion of this period the pupils enter a class and for the remainder of their training their lectures are given in definite class groups. But in the smaller hospitals the usual procedure is for nurses to be admitted to training as vacancies occur. This system means that a nurse, for instance, entering half-way through a course of anatomy and physiology lectures, begins at whatever stage the course has reached, and thus does not receive the necessary instruction which forms the basis on which a course must be built up. This method can never produce satisfactory instruction.

To meet the needs of this group of hospitals, I suggested last year that their applicants for training might receive their preliminary training at the base hospitals. It would, of course, be only fair that