H.—31.

## OBSTETRICAL HOSPITALS.

The staffing of obstetrical hospitals with competent doubly qualified sisters holding a midwifery certificate has also been difficult. The number of midwives trained each year is approximately sixty, several of whom return to the staff of general hospitals because the salaries for these positions are more attractive. For instance, one Hospital Board recently advertised for a Sister with a double qualification at £105 per annum, whilst Ward Sisters in the general hospital under the same Board commence at £125 per annum.

During the year the Nurses and Midwives Registration Board circularized all Hospital Boards controlling maternity annexes which are training-schools, pointing out the necessity for making these charge positions more attractive from a remunerative point of view if the right type of women were

to be attracted. This position, however, is now much more satisfactory.

Examination	Results	<i>:</i> —
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			MATERNI	TY NURSE	ES.				
$Registered \ Nurses.$									
			1932.	1933.	1934.	1935.	1936.		
Number s	itting		152	158	170	190	195		
Number p			143	148	108	180	189		
$Unregistered\ Nurses.$									
			1932.	1933.	1934.	1935.	1936.		
Number s	sitting		35	43	33	34	43		
Number p			30	35	30	33	37		
MIDWIVES.									
	Registered	Materni	ty Nurses	who are	also Registered	Nurses.			
			1932.	1933.	1934.	1935.	1936.		
Number s	sitting		45	48	53	57	58		
Number 1			39	44	47	53	56		
	Registered	Materni	ty Nurses	who are	not Registered	Nurses.			
	, ,		1932.	1933.	1934.	1935.	1936.		
Number s	sitting		14	14	18	14	9		
Number 1			11	12	13	13	7		

## HEALTH OF NURSING STAFFS.

It will be remembered that during the past three years a special study concerning the health of nursing staffs has been undertaken conjointly with the International Council of Nurses. Questionnaires in this connection were again this year issued to all training-schools for nurses, and an examination of the detailed information available as to the number of nurses off duty suffering from various types of illnesses reveals a very large percentage due to such common conditions as colds (46), influenza (123), septic fingers and boils (237), tonsilitis (206). Out of a total of 1,983 pupil and registered nurses 14 suffered from erythema nodosum, 15 from pleurisy, and 8 from tuberculosis (of whom three died).

There is no doubt that more care is now being exercised in the physical examination of pupil nurses, and that hospital authorities are alive to the need for greater attention being paid to this

matter.

This very important subject is being given much thought abroad. In a recent publication entitled "Tuberculosis among Nurses," published by the Canadian Hospital Association, it is stated that regulations are now to be enforced in Ontario to ensure-

(a) Applicants for training have a complete detailed examination before acceptance, together with an X-ray examination of the chest, vaccination, inoculation with T.A.B., and a Mantoux skin test.

A routine annual medical examination and X-ray examination of the chest, or special examination when considered necessary. A routine Mantoux skin test every Routine weighing every month. six months.

(b) Improved facilities for treatment and diagnosis.

During the past year the present Government has passed legislation which enables a Hospital Board to grant a special pension to any nurse who has contracted tuberculosis whilst in their employ. This will assist many, but the important aspect is to prevent the need arising for this pension, and it would appear that the time has come when the above examinations, &c., should be enforced by regulation in this country.

The report already referred to also stresses the very great importance of nursing technique, and points out the dangers of the presence of the undiagnosed case in the general wards of a hospital.

So that, in stressing the fact that our nursing technique in New Zealand should be carried out in such a way as to ensure that every patient in hospital is treated so aseptically that transference of infection is impossible, we are only stressing what other countries are enforcing.

There is no doubt that, apart from tuberculosis, much preventable illness could be avoided if the practice and theory of personal hygiene were more emphasized, and it behoves those in charge of nurses to keep this fact constantly in mind. The actual economic loss alone from the amount of sickness caused by the common ailments mentioned is a serious matter.