These nursing subjects are to be taught in public hospitals by tutor sisters on two afternoons per week and are to include practical experience in women's and children's wards. The salary and supervision of the tutor sister will be the responsibility of the Education Department.

For these girls a concession in both the period of training and in subject-matter is under consideration by the Nurses and Midwives Board, and it is intended that they be allowed to sit the State Preliminary Examination three months after commencing training, instead of nine as is required in the ordinary case.

The scheme has already been inaugurated at the Wellington Public Hospital, where a group of girls from the main Wellington secondary schools are being taught nursing subjects under a special tutor sister.

(3) *Salaries.*—During the year, regulations were passed enabling Advisory Salaries Committees to be set up to cover all those hospital employees who are not covered by an industrial award. Each profession has representation on its own Committee and the representations from the various Committees are co-ordinated by a General Committee.

The Nurses' Salary Committee has four nurse representatives nominated by the Registered Nurses' Association, two departmental representatives, and two Hospital Board Association representatives. The result of the representations of this Board to the Hon. Minister of Health is that salaries for pupil-nurses and ward sisters have been raised considerably and some increase has also been granted to senior staffs. Further, the principle of the forty-hour week has been recognized, and where nurses work longer hours they will receive a bonus based on rostered hours.

It is hoped that this will eventuate in the salaries and emoluments of nurses being comparable with those of other professions.

Obstetrical Hospitals

In New Zealand the number of births for the year has again proved a record, being the highest figure yet reached in any one year. The changeover from private-hospitals to public-hospital control has been extended during the past, and in many towns now there are no private maternity hospitals at all. This has meant that many hospitals which are obstetrical training-schools have had to accept larger numbers of patients than their beds warrant, and that Hospital Boards are training a larger number of eighteen months' maternity nurses to staff the smaller maternity hospitals, for which they are now responsible.

These conditions have added largely to the responsibilities of the nurses in charge of maternity hospitals, with the result that the low maternal-mortality (1·07) and low infant-mortality rate (25·04) for the current year (although probably assisted by the use of the new drugs and careful obstetrics) does reflect great credit on a service where nursing plays such a major role in the care of the patient.

The following table provides a basis for comparison with regard to occupied beds and staffing for the thirty-six maternity training-schools and four midwifery training-schools :—

——	1947.	1948.
Total number of beds	759	863
Daily average occupied beds	613·9	702·3
Total number of confinements	15,217	16,628
Total number of registered nurses—		
Midwives	138	138
Maternity nurses	91	73
Total number of midwifery trainees ..	49	48
Total number of maternity trainees—		
Registered nurses	218	193
Eighteen months' trainees	170	214