From a staffing point of view these figures give a personnel of 211 registered nurses and 455 trainees to 702 occupied beds—*i.e.*, 1 nurse to 1·05 occupied beds and 1 registered nurse to practically 2 trainees. The Nursing Division, through Head Office and the District Offices, has interviewed personally all nurses completing their maternity and midwifery training, in order to assist with the recruitment of staffs for obstetrical hospitals. A great deal of help has been afforded to Hospital Boards.

The new salary scale for obstetrical nurses now provides for higher salaries and a definite career for nurses interested in obstetrics. It is hoped, now that Hospital Boards and their executive officers are largely responsible for this service, that conditions will be such as to encourage nurses to specialize in this very important field of nursing, a field upon which the future of our race so much depends.

Early ambulation for obstetrical patients is being practised in several obstetrical hospitals—*i.e.*, up from the 2nd day of the puerperium. If this includes the allowing of patients to attend to their own toilet, it is important that certain safeguards be followed. To this end, therefore, a circular detailing the nursing treatment for these patients has been sent to all hospitals.

Nurses and Midwives Board

The Board met four times during the year, Dr. T. F. Corkill replacing Dr. W. Young, who retired after being a member since its inception in 1926. The nurses of New Zealand owe Dr. Young a deep debt of gratitude for his unfailing interest and for his wise guidance.

Matters dealt with by the Board, in addition to the State examinations, registration, the routine reports on training-schools, and disciplinary matters, included a review of the terms of reciprocity with the various Australian States. This has become necessary on account of the large number of Australian nurses arriving in New Zealand.

Health of Nursing Staffs in Training-schools

During the current year the Department has appointed Dr. Wogan to assist Dr. Taylor, Director of the Division of Tuberculosis, to carry out a survey of the health history of nurses suffering from tuberculosis in any form, pleurisy, and erythema nodosum. In order to ensure exact information in connection with training-schools, a circular has been sent to all Medical Superintendents advising more detailed routine medical care for all nursing staff than has been previously recommended, and the use of a standard form in regard to the information to be supplied to the Department in connection with each case of tuberculosis, pleurisy, or erythema nodosum.

It is hoped from this investigation that a policy will be formulated which will reduce the incidence of what must be regarded as a health hazard of the nursing profession.

In the majority of hospitals there is now a senior member of the nursing staff who is responsible for the health service, and in some of the larger institutions this is the sole duty of that nurse. Included in the duties of this nurse is the keeping of health records and the ensuring that all medical examinations are kept up to date.