fully qualified nurse for work which could well be done by a nurse in her second or third year, and would add to the number of fully qualified nurses who can be trained under the Wairarapa Hospital Board.

The Wanganui Hospital has now an adjunct in the Taihape Cottage Hospital, opened in May, 1911. The Matron appointed is a Sister from the Wanganui Hospital, and therefore well qualified to carry on the teaching of the former Hospital, which is an excellent training-school.

The Waikato Hospital has an emergency cottage hospital at one extreme corner of its district—the Taumarunui Hospital—built and managed by this Department for over two years, and will shortly have a cottage hospital at Rotorua. Neither of the smaller places is capable of being a training-school for nurses, but would give an added field for the trainees of the Waikato Hospital, and may well be staffed from that Hospital. The work in the Taumarunui Hospital has not been sufficient to warrant the employment of two trained nurses, but there have been many times when it has been necessary to engage temporary trained assistance. Now it will be possible for all necessary assistance to be sent from the main Hospital, and recalled when the need is past.

The Dunedin Hospital has now under the one Board a fever hospital, a cottage hospital for accidents at Kaitangata, one at Port Chalmers, one to be erected at Tapanui, one at Lawrence, a chronic hospital, and a Consumptive Sanatorium. The Matron is to be Lady Superintendent of Nurses over all these different institutions, and should be able to draft out her probationers every three months, giving each one the training that will best correct her faults or supplement what she has already received. The staff nurses and Sisters will have the opportunity of gaining useful experience in management.

The Southland Hospital has also several auxiliary institutions: at Gore a nicely equipped hospital of twenty beds, training its own probationers; at Wakatipu and Arrowtown two small hospitals, not training; in Invercargill a fever hospital. All these can be utilized as part of the one training-school.

The Westland Hospital Board has under its control the Kumara Hospital; the little Ross Hospital, in which there are occasionally acute cases, to which a trained nurse, or one fairly advanced in training, should be sent; and the Otira Hospital for accidents, just erected.

In time to come, the affiliation of all these hospitals will allow of a larger number of nurses being given a good all-round training, and the lack of nurses for institutions in the Dominion is so acute that no possibility of training more should be lost sight of. There is one point, however, which should be borne in mind, and that is that the pupils sent from the main training-school or base hospital must still remain under the control of the Medical Superintendent and Matron of that hospital, who are responsible for their teaching and general training. Therefore for all the institutions under one Board to which pupils are sent the Medical Superintendent and Matron of the base hospital should be the supervising authorities.

Several of the larger hospitals have within the last year or two made a rule that the pupils entering should serve a fourth year after completing the statutory term of three years. This will work for the benefit of both nurses and hospitals—for nurses who have finished training, in their added experience; for those in training, the fact that instead of having nurses to teach and supervise them of little more experience than themselves, they will have post-graduate nurses of longer standing; for the hospitals, that the present shortage of a grade of qualified nurses between the pupils and the higher officials, such as Sisters, will not longer exist.

The shortage of trained nurses for the staff positions in the hospitals has of late been so acute (advertisements from good hospitals for staff nurses at salaries from £52 to £70 per annum simply remaining unanswered) that it has been found necessary to offer some inducement in guaranteed positions for nurses to come from Home, and the Colonial Nursing Association has been approached with the view of sending out some nurses suitable for institutions or district work. The shortage of trained nurses in the hospitals is not confined to New Zealand. In Australia the same thing is felt, nurses leaving their hospitals to do private work as soon as their term of training is concluded.

The backblocks district nurses already established are doing excellent work in the centres in which they are settled. They are already proving themselves indispensable, and those districts which have made a start with this scheme for the relief and help of the settlers in sickness are not likely to go back. The reports from Ohuti and Seddon show cases in which undoubtedly the nurses have been the means, in the absence of a doctor, of saving life.

Another aspect of the work which is already becoming manifest is the influence of a district nurse in the prevention of illness, in pointing out defective sanitation, and generally improving the hygiene of the homes, detecting early cases of phthisis, and teaching the means of avoiding infection.

A nurse also started work in the Waiapu district in the beginning of May. This is a district in which such work should be very valuable. Several other Hospital Boards are considering the advisability of having a nurse for work outside the institutions, and some private societies are employing nurses in this work. At Hastings a nurse has recently commenced work on the combined lines of the Plunket and the district nurse.

During last year an important conference was held with the Medical Association, and the rules on which the district nurses should work were carefully considered and accepted by the association.

Co-operation with the medical profession is absolutely necessary for the success of the scheme, and any possibility of the nurses assuming other than their proper function of working under a medical practitioner must be carefully guarded against. The nurses must be prepared to act on their own responsibility when confronted with an emergency and away from medical direction, but in no case to give advice or assume any such responsibility under other circum-