

stances. It is essential that women of discretion, as well as of experience in medical, surgical, and midwifery nursing should be selected for these posts, and it is better that the scheme should expand slowly while waiting for such suitable women than that it should fail from lack of care in selection.

A good number of nurses from oversea hospitals arrive in New Zealand from time to time. During the year twenty-seven were registered. It appears necessary to carefully investigate many of the certificates and credentials presented. Some of those who come out from Home are not of the best type of nurse or the most thoroughly trained, while some are from first-class hospitals, the certificates of which are beyond question. Where there is some recognized standard of training for all hospitals, and registration by one authority, the difficulty of deciding as to professional qualification will be ended.

Maori nurses: The training of the Native nurses is being carried on in a limited degree. One nurse was registered in December, but has not yet been working among her people. A great loss was sustained by the Natives in the death of Nurse Hei, who had proved herself in the two years since she qualified of very good capacity and of great use in several outbreaks of illness. She succumbed to typhoid fever at Gisborne after nursing several members of her own family. Another Maori nurse has been obliged, after severe illness, to give up regular work. She is now married, and does nursing occasionally. There are two more who have nearly completed their training, and are coming up for examination in June. Four other girls are at an earlier stage of their training.

It is questionable whether the Maori nurses will for some time carry sufficient weight of authority with their people to be able to do much good work alone. In the scheme recently outlined for nursing among the Maoris, by which nurses will be appointed by the Health Department, and detailed to work under the various Hospital Boards, it is hoped to associate a pakeha and a Maori nurse in districts where two are required. As the latter gains more experience she may be given charge of a district by herself. Maori nurses, however, will be given equal consideration with pakeha nurses for these appointments. To initiate this scheme an officer of the Department—a trained nurse, Miss Bagley—was sent to cope with an outbreak of typhoid at Ahipara. The Hospital Board of the district gives her every assistance, and sent a nurse to aid her. The outbreak was serious, and showed the great need for a nurse being stationed permanently wherever there are any number of Maoris, to preach and show by practical example the gospel of cleanliness and proper sanitation, and demonstrate to Maori mothers the proper way of feeding their children.

THE MIDWIVES ACT.

During the last year there have been two examinations of pupils trained in the State Maternity Hospitals, the Medical School Maternity Hospital, the Linwood Refuge, Christchurch, and the Alexandra Home, Wellington. Fifty candidates came up for examination, and forty-five passed and are now registered as midwives. The standard of the examinations has been very good, and the examiners have reported very favourably on the manner in which the majority of the candidates have answered the questions set, both in the written and oral examinations. The reports of each maternity hospital are on another page.

The training of midwives under the New Zealand Act of 1904 for one year in the case of a previously untrained woman, compares more than favourably with that under the Midwives Act at Home, judging from the lack of knowledge of simple nursing methods shown by some of the women who come out here. The combined training in the nursing of the mother and child, as well as the actual attendance at the confinement, is most valuable. This training, carefully carried out under supervision of a fully qualified nurse and midwife, is far more thorough, though perhaps somewhat slower, than that instituted by the Central Midwives Board. Under that system a woman may in three or four months, and without ever having been inside a hospital ward, be prepared for the examination and become a registered midwife. She has been coached by a busy medical practitioner or a registered midwife. What chance is there of teaching her to nurse a complicated case, or even to give proper care to a patient in an absolutely normal case? Until a longer term of training and a proper method of teaching is substituted—as it probably will in the future—I consider the woman holding the certificate of the Central Midwives Board—unless it be accompanied by one from a maternity hospital giving at least six months' training, as the Rotunda, Queen Charlotte, the Edinburgh, and others—should not be admitted to the New Zealand register.

Each year more of the trained nurses are entering for the six-months midwifery course. This is very satisfactory, as the development of the backblocks district nursing, and the provision of maternity wards in connection with the smaller country hospitals, will throw open more appointments for which both certificates will be necessary.

Two far-north country hospitals, in which frequently there are very few patients, are to be utilized as maternity hospitals mainly, while a few beds will be kept for the occasional medical or surgical cases. It is thought probable that the women of the districts will avail themselves of this provision, and the hospitals will be of much more value. The Matrons of these two hospitals, not having had midwifery training, are to be received without fee in the Auckland and Christchurch St. Helens, their places being filled for the six months by fully qualified general and midwifery nurses selected by this Department. When started as maternity hospitals, it is hoped to train a few of the local women as midwives.

The offer of the Government to give free training to women recommended by the Hospital Boards, on condition of their working for two years at least after qualification in a certain country district, has been taken advantage of by a few women, and there are now two such pupils at Auckland St. Helens, two at Christchurch, one at Wellington, and one is shortly going to Dunedin. Two of these free pupils should pass the examination in June, and then be ready to take up work in isolated districts. Two more will then be taken in their places.