Maori Nurses.

There were four Maori candidates for examination during the year. Two passed very well, two others passed in all but one subject, and are sitting again with a fair prospect of success next June. There are now eight girls training in different hospitals. Four have been appointed to the Public Service as assistant Native Health nurses, one of whom married shortly after. One who has done good work nursing typhoid and smallpox for nearly three years has now gone to St. Helens Hospital for midwifery training, after which she will probably be put in charge of a district. More Native nurses are required for country work, and it is hoped that the example of these mentioned may stimulate them to go through their training, and may also encourage the teachers to persevere in their rather uphill work. It is perhaps expecting a good deal to make these Maori girls pass the same examinations as the European nurses, but so far all who have been registered have done so and taken very fair places among their fellow-trainees, and therefore it would be inadvisable to accept any lower standard. The qualities the Maori girls are lacking in are not intelligence and adaptability, but application and reliability.

District Nurses.

Hospital Boards are beginning to recognize the benefit of posting nurses on the outskirts of the districts, and the settlers in the back country are awaking to the fact that if they cannot support a doctor a nurse may be by no means a bad substitute. During the year five new districts have been opened up, and there have been many inquiries as to steps to be taken to secure a nurse. There are now twelve district nurses working in the backblocks and country places. In a few instances these nurses are midwifery nurses only, it being difficult to secure the right type of woman with both certificates. After all, it is the women in the backblocks that are most in need of assistance, therefore a midwifery nurse with experience in general nursing has sometimes been accepted.

The Christchurch District Nursing Association, which for many years has done splendid work under Nurse Maude, has been extended to embrace the suburbs as well as the city, and is receiving a Government subsidy through the North Canterbury Hospital Board. It is intended to extend the work of the association to the country parts of the district also when the settlers make any application for such assistance.

In the course of a few years it is probable the whole country will be linked up with a chain of nurses, working either as district nurses established by Hospital Boards, on the application of the settlers, who contribute a sum of money for their maintenance, which is subsidized by the Government; as Plunket nurses, also subsidized by the Government, who are in the more populated places, and who, although engaged in special work, yet should always be available for any emergency outside the regular scope of their duties; or Native Health nurses, who are Government servants placed at the disposal of the Hospital Boards, and who, although appointed specially for the benefit of the Natives, and paid out of the vote for the medical and nursing treatment of Maoris, yet are available for the need of European settlers also.

Nurses are commencing to recognize that the work of district nursing in the backblocks is one of the most useful and satisfying means of carrying on their profession. In it they have more scope for individuality and initiative than in institutions (except in the higher posts) or ordinary private nursing.

The district nurses in the country are now made public vaccinators, their services as vaccinators at the time of the smallpox epidemic having proved of great value.

A cottage has been built for the nurse at Uruti, which will render her much more comfortable, the question of suitable accommodation being always a difficult one. A cottage is to be built at Waiutu by the Inangahua Hospital Board, and when ready a nurse is to be settled there. At Opunake, Kawhia, and Ohaeawai there are district nurses paid or subsidized by the Boards. At Tangitu and at Herekino midwifery nurses are stationed.

Native Health Nurses.

During the year there have been nurses stationed at five new districts. Nurse Anderson resigned early in the year, to the regret of the Department. Nurse Stephenson, who had done good work for the Department as a temporary nurse in fever camps, was appointed for the Rotorua district. At Tuparoa Nurse McElligott resigned on account of her marriage. Nurse Walker has been appointed to the same district, but has made her headquarters at Tikitiki, near Port Awanui. At Te Araroa there has also been a change, as Nurses Tait and Angus resigned and left the country. Nurse Winfield, for many years a Queen's Jubilee nurse in Ireland, took up the position. At Thames Nurse Dawson resigned after a year's work. It was decided to send Nurse Ellen Tuare, a Maori nurse, to this station. The nurse stationed at Te Karaka, Nurse Cormack, has been much required at Tolaga Bay, where there was an outbreak of typhoid, there being twelve cases, fortunately no deaths. Some of the cases were nursed in the houses, but this was a cause of so much anxiety on account of the relations interfering with the diet that the last five patients were nursed in the meeting-house. Nurse Cormack keeps two horses of her own, otherwise she would find it impossible to manage her large district. A nurse has now been stationed in the Taranaki district, with headquarters at Opunake. Nurse Mary Muir, trained at New Plymouth, was appointed. A nurse has been stationed in the Taumarunui district at the special request of the settlers. Nurse Moore, trained at Wellington Hospital, was appointed. Nurse Ella Cooke, trained at Auckland, has been stationed at Ngaruawahia, in the Waikato district. In the Bay of Islands district Nurse Byrn, trained at Gisborne Hospital, was stationed at Kawakawa. Nurse Blackie was transferred from the South Island to the Bay of Plenty, where there was an outbreak of enteric near Whakatane. Her