THE NURSES REGISTRATION ACT, 1908; THE MIDWIVES ACT, 1908; AND PART III, HOSPITALS AND CHARITABLE INSTITUTIONS ACT, 1908.

Miss Maclean (Assistant Inspector and Deputy Registrar of Nurses and Midwives) reports as follows:—

Nurses Registration Act.

During the year 1916–17 two examinations were held by the State. 196 candidates sat for examination, of whom 166 were successful in passing, and their names were placed on the register. Thirty-eight nurses were registered from overseas.

No large contingents of nurses have left New Zealand for war service since last report, but some nurses have been sent with each reinforcement, and a contingent of twenty-five nurses was sent in response to a request from Headquarters, London, in January, 1917.

There are now 430 nurses on the Army List, of whom thirteen have been enrolled in England, and it has been found necessary to have a Matron in charge of all these nurses at Headquarters, London. Miss Thurston, Matron of Christchurch Hospital, who was on leave from that hospital in order to take charge of the Walton-on-Thames Hospital for New-Zealanders, was appointed to that position. All the New Zealand Army Nurses, many of whom for the first two years of the war worked under the War Office in Imperial hospitals and ships, have now been called to join their own service, and it is unlikely that many more will be required to staff the New Zealand hospitals in England and France.

The two hospital ships "Maheno" and "Marama" have been recommissioned. The Matron of the "Maheno" (second commission), Miss Bicknell, having returned to her work in this Department, Miss Bagley has taken her place with a fresh staff of sisters. The "Marama" staff, with Miss Brooke, first Matron of the "Maheno," was composed of some members of the first commission of the "Maheno," supplemented by newly enrolled sisters.

The various military hospitals in the Dominion have been staffed by returned sisters, and during the early part of the year, owing to sickness in the camps, absorbed also some private nurses. In the latter part of the year the work in these hospitals was greatly decreased.

With regard to work in civil hospitals, the nursing staffs have been fairly adequate, and there has been less urgent call for staff nurses and sisters. The war has brought forward many young women of a desirable class for training as nurses who had otherwise not thought of this career. The tendency of the Hospital Boards to increase the salaries offered, and the many avenues of work now opening out before trained nurses, has also improved the future prospects of the profession.

Owing to the shortage of medical practitioners, nurses have been called upon in country districts to do much on their own responsibility with regard to the treatment of the sick, which formerly lay outside the scope of their work. For this work it has, unfortunately, been very difficult to obtain suitable women, and many country districts are now without either doctor or nurse.

Native Health Work and Maori Nurses.—The development of this work has been retarded through so many nurses being away on account of the war, and only two nurses have been appointed to this special work during the year.

District Nurses.—During the last year in the hospital districts in remote parts it has been realized how valuable a service of district nurses, fully qualified in general and midwifery nursing, may be. Owing to the shortage of doctors there have been many calls for well-qualified and experienced nurses with which it has been impossible to comply. Such nurses need experience beyond their ordinary training, and are very hard to find. After the war there will be many returning from active service with the requisite experience, and it is hoped to largely extend this branch of nursing-work. It will be necessary to make the position more attractive to nurses by offering larger salaries and by providing comfortable accommodation.

Plunket Nurses.—This branch of Health work remains much as last year, with the addition of two nurses and the opening of two new branches at Masterton and Hamilton. To help the nurses established at Nelson and Wanganui and at Timaru, which are large districts, a Karitane babies' nurse has been posted as assistant to the Plunket Nurse. This word is also hampered by the scarcity of the right kind of fully qualified nurses, and during the war many nurses with midwifery training only have been appointed to positions. It is found that with the year's training at St. Helens or other maternity hospitals, and six months at Karitane, these nurses make excellent Plunket Nurses. Useful observations have been made by the nurses on the conditions of health and provision of maternity nursing in some of the country towns.

The society is endeavouring to largely extend its activities and to appoint a well-qualified nurse to superintend the work generally.

Midwives Act, 1908.

During the year there have been two examinations of midwives. Sixty-six candidates sat for examination: sixty-two passed and are now registered. Fifteen were registered from overseas. The lack of a high standard of training under the Midwives Acts for England and Scotland points to the necessity of amendments to the New Zealand Act, which allows a too-open door for the admission of midwives to the register whose course of training is far below the standard imposed on the midwives trained in the Dominion and in Australia. This is an injustice to the New Zealand midwives, which should be rectified as soon as possible. When the Midwives