in securing the needed officer. The resignation of Miss Orr, for five years Matron of Auckland Hospital, has been the most important event in connection with the nurses' training-schools. Miss Orr was an excellent Matron, and organized the very successful massage Department which has been of very great advantage to the large number of returned soldiers treated in the Hospital.

The various branches of district nursing work, though not extended as might be desired, have continued to do good service. It is unlikely while the war lasts that many nurses will be found willing to take up work in isolated districts, owing to the spirit of unrest and longing to be serving the sick and wounded soldiers.

The Plunket nursing work has also continued without much progress or alteration.

It is now desired to have as many trained nurses with a post-graduate massage course as possible for the staffs of the hospital ships and transports, to carry on the treatment commenced in the hospitals in England. So far the Auckland Hospital is the only one in which a properly arranged course is given to the nurses in their fourth year after State registration, but it is hoped that the other chief hospitals will establish a similar course in the near future.

Midwives Act.

During the year there have been two examinations of midwives. Eighty-five candidates sat for examination; seventy passed and are now registered. Five were registered from overseas. The lack of qualified midwives in the country districts is still keenly felt. Without a State service it is difficult to know how this lack can be supplied. Qualified midwifery nurses can find so much work in the large towns that they naturally remain where they are certain of a livelihood. I would like to emphasize my belief that, provided there is reasonably comfortable accommodation in the homes of the expectant mothers, the large majority of confinement cases do not need to come into hospital, and that the provision of maternity wards and hospitals should be made only where there is a large working population without comfortable surroundings. The expense of having to pay a doctor's fee as well as that of a nurse who frequently is untrained is what the less well-to-do class feel the greatest burden.

I think the Government, by continuing to train in the St. Helens Hospitals, established where they are really needed, a sufficient number of midwives to admit of the country districts being supplied, each according to its needs, with trained women who will go into the homes and carry out the function for which they are trained (that is, to take normal cases without a doctor), will better meet the wants of the people than in any other way. Hitherto the intention of the Midwives Act has not been fully carried out. Competent midwives have been trained in large numbers—over five hundred during the twelve years—and the number increases each year, but they have not acted as *midwives*, merely as maternity nurses working under doctors. One reason of this is reluctance on the part of many to take the responsibility of acting without a doctor, and fear that by so doing they would alienate the medical profession, which so far has strongly discouraged women from working independently.

Midwives have not to any extent settled in country districts. Few after completion of training have the necessary capital to pay expenses and wait for work. The only way in which to provide country districts is for the Government, either directly, or indirectly through the Hospital Boards, to pay the salaries and living-expenses of the midwife, and, where necessary, of an assistant. The fees charged the patients should go a long way towards paying expenses, and the midwife herself would be in a secure financial position, and so be able to take cases whether they can pay her or not.

A recent instance, where at the urgent instance of the residents a midwife on the staff of a St. Helens Hospital was sent to reside in a country town, emphasizes the above. For two months this nurse, though warmly received and welcomed, had no cases. Had she not been receiving a salary and board she could not have remained to wait for cases.

We have now three District Midwives established, and if they prove a success and are made good use of I should recommend largely increasing this branch of Public Health work, which can include not only actual obstetric work, but ante-natal and infant-welfare work as well.

The stationing of midwives from the St. Helens Hospitals in various parts of the country with pay and allowances equivalent to what they could earn privately in town appears the best means of bringing the benefits of the State maternity hospitals within the reach of those who are too far away to become in-patients or whose family ties prevent their doing so. By so providing skilled help at a minimum rate the fees charged by these District Midwives are based on the scale of the St. Helens Hospitals and go towards the expenses of each district established the Government will remove one at least of the alleged causes of the too-low birth-rate.

State Maternity Hospitals.

In the St. Helens Hospitals, Auckland, Wellington, Dunedin, Christchurch, Gisborne, Invercargill, 1,248 cases were confined during the year; 1,223 children were born alive, and twenty-six still-births. There were seven maternal deaths and twenty-seven deaths of infants. There were also attended 530 outdoor cases; no deaths of mothers or infants. Seventy-two pupils have been trained during the year; forty are now in training.

The new St. Helens Hospital at Invercargill was opened on the 22nd March, 1918. Prior to the official opening, from July to March, 1918, there were forty-nine births. The work of alterations and additions was proceeding, and the nursing was therefore carried on under difficulties. The alterations of the house necessary to make it fit for hospital work have resulted in a convenient and easily worked institution, home-like and comfortable for both patients and staff. If it continues to be patronized as well as it has commenced it is likely additions will soon be required. It has, unfortunately, through