

NURSES REGISTRATION ACT, MIDWIVES ACT, AND PRIVATE HOSPITALS.

The MATRON-IN-CHIEF to the INSPECTOR-GENERAL OF HOSPITALS.

SIR,—

I have the honour to report on the Nurses Registration Act, 1908, the Midwives Act, 1908, and Part III, Hospitals and Charitable Institutions Act.

Examinations were held under the Nurses Registration Act in June, 1919, and December, 1919. 224 candidates presented themselves for the examination, 189 of whom were successful, and their names have now been placed on the register.

Twenty-nine nurses trained overseas have applied for registration, and on verification of their certificates have been registered.

The Act for registration of nurses in England, Scotland, and Ireland having been passed on the 23rd December, 1919, which provides for reciprocal registration with the British Dominions and other countries, there will now be a definite standard on which to accept such applications in future. There will be a period of grace similar to that accorded under the New Zealand Act during which practising nurses who have not passed through the usual term of hospital training, but who have nevertheless attained a certain knowledge of and proficiency in the nursing of the sick, may be registered. As the New Zealand Act has now been in force for twenty years, it is questionable whether nurses registered under any such concessional clauses should be admitted to the New Zealand Register.

The regulations for training and examination of nurses which are to be formed by the three Councils under the Acts, and which will then have to receive the sanction of Parliament, are awaited with great interest. It will be necessary to safeguard the interests of New Zealand nurses, and to prevent the exploitation of probationer nurses by Hospital Boards which do not, or are not able to, afford a satisfactory training.

The time will soon come, I think, when, in order that our nurses trained in the smaller hospitals may be recognized if they desire to work in the Old Country, some amendments must be made in our Act to bring it into line. The chief difficulty will be in limiting the recognition of training-schools—restricting the admission of trainees to those with a number of beds equivalent to at least the lowest number which will be recognized under these new Acts. Many of our hospital training-schools are under forty beds, which will probably be the number specified, and in order not to penalize these hospitals or the nurses who enter them for training, a system of affiliation with larger ones, more extended than at present allowed under our regulations, may be necessary. Many hospitals are at present experiencing difficulty in obtaining the number of probationers required, and especially probationers of the right type of education—young women with a real desire to tend the sick or to help in the prevention of sickness. It has been proposed to accept certain young women who have served in military hospitals in New Zealand or elsewhere during the war, giving them some concession off their three-years course. The Overseas Settlement Mission delegates recently touring the Dominion approached the Department in regard to this scheme. Circulars were sent to the Hospital Boards outside the four centres, which do not experience the same difficulty with regard to applicants for training, with the result that a few Boards agreed to co-operate in the proposal. It is hoped that this may attract some desirable young women to enter the nursing profession in the Dominion. Many inquiries have also been made as to the prospects for fully trained nurses desiring to come out, and some few are now awaiting passages.

DISTRICT NURSING.

During the year the Department made an effort to extend the district nursing system, especially for country districts. The Hospital Boards find great difficulty in obtaining nurses for this work. It was thought that possibly the nurses might be attracted by the offer of Government appointments, carrying with them regular increments to salary and the benefits of superannuation. It was intended to appoint twelve nurses to the Public Health Department, and to station them in districts for which Boards had attempted to engage nurses without success. This scheme is proceeding, but not so rapidly as anticipated. There still appears to be a shortage of nurses for positions, and the nurses who have returned from active service abroad and been demobilized have not yet settled down to nursing-work.

The Native district work has progressed fairly well. There are now twenty nurses, stationed at Te Karaka, Tuparoa, Rawene, Te Kaha, Bay of Islands, Wairoa, Dargaville, Thames, Tuahiwi, Tauranga, Rotorua, Taupo, Opotiki, Taumarunui, Frankton, Tolaga Bay, Auckland, Hokianga, Otaki, and Canterbury, and it is hoped to have several more districts opened shortly.

MILITARY NURSES.

The nurses have practically all returned from active service, but, apart from those retained for service in the various military hospitals, a good many have not resumed their nursing-work. Several have taken special courses under the Repatriation Board. Some are engaged in massage, for which they qualified in England, and seven of the returned sisters have been given a twelve-months course at the Otago University and the Massage School, Dunedin Hospital.

Some of the sisters who were given leave from their hospitals have returned to their previous posts, but it has not been found that the Boards have quite appreciated the fact that these sisters, being returned soldiers, are entitled to special consideration in making appointments on their staffs, nor have they realized that the great experience these women have gained would be of value to the hospitals. This has notably been the case with one Board, which has treated a senior officer given leave for active service in a most unfair manner, in refusing to allow her to complete her service in the army, and superseding her with six months' leave on pay.

Seven of the military sisters underwent a very thorough training in the administration of anæsthetics in the newest methods, and after training had very extensive practice in casualty clearing-stations and stationary hospitals. So far one only of these sisters has been given the