opportunity of carrying on this work. Country hospitals are often at a great disadvantage and difficulty with regard to anæsthetics, and might well avail themselves of such expert assistance.

Nurses' Superannuation.

There is at present a scheme for consideration by the Hospital Boards at the conference in May which is being elaborated by the Actuary of the National Provident Fund. This is much needed. Nurses constantly ask what provision is being made for their old age. While salaries have greatly increased during the last decade, there is still not much margin for making a comfortable provision. Nurses even in private practice are the servants of the public, and due provision should be made out of public funds for their retirement.

The Nurses' Memorial Fund, instituted in memory of the New Zealand nurses who lost their lives in war service, has in a small degree filled this great need for a few nurses disabled by age or illness, and a small amount placed on the estimates last year for the purpose of subsidizing the annuities granted by the Council has eked out the income of the fund. The amount on the estimates for this year should be greatly increased.

Nurses for Australia.

During the outbreak of influenza in Australia the Health Department of Victoria sent an appeal for assistance to New Zealand asking for fifty nurses to be sent to nurse influenza. It was not felt that so many could be spared, but twenty-five were sent, under Miss Polden. They were away for over six months, and did excellent work, and fortunately all returned safely.

Plunket Nursing.

This work is being carried on, as it has been during the war, chiefly by midwifery trained nurses with the supplementary training for six months in baby-care at the Karitane Harris Hospital. While these nurses are very good within their limits, I consider it is placing too much responsibility in the recognition of symptoms of illness on young midwifery nurses with one year's training in maternity nursing, and six months in the care of babies suffering practically only from forms of malnutrition. When placed in a district a Plunket nurse has little or no supervision by any but her lay committee; she works in many cases without medical advice, it being left to her to call a doctor if she thinks the case is beyond her, and failing to recognize signs of illness it frequently happens that she carries on too long without doing so. A general-trained nurse with midwifery training is the best Plunket nurse, and may more safely be placed in this rather independent position. In any case there should be an experienced supervising sister to travel to every district, and oversee the work of every Plunket nurse. This position is, I believe, soon to be created.

Midwives Act.

During the year there have been two examinations, at which 111 candidates presented themselves, and ninety-six passed and were placed on the register. Eighteen midwives were registered from overseas.

The St. Helens district midwives have been appreciated in the districts in which they have been settled. Their number has increased slightly, and the Department is receiving applications from time to time either from fresh districts or from women anxious to take up this work. There are, however, still not a sufficient number of midwives for private and public work, and it is to be regretted that the hardships of private maternity nursing in houses with no domestic help has induced many of the so-much-needed midwives to take up Plunket work, which involves no actual nursing or night work. In view of this difficulty in obtaining nursing and domestic help it seems necessary to provide more accommodation for maternity cases away from the homes that, under better conditions, are the fitting places for the birth of children. The Department is encouraging Hospital Boards to open small maternity hospitals in places where State hospitals have not been established.

State Maternity Hospitals.

There have been no special developments in the various St. Helens Hospitals during the last year.

Plans are prepared for new St. Helens at Auckland and Christchurch. The former town being a seaport, and having the largest poor population of the four centres, is greatly in need of this extension.

A new St. Helens Hospital will be opened during the year at Wanganui, a house which, with small alterations and additions, will be very suitable having been donated to the Public Health Department for this purpose.

In the St. Helens Hospitals 1,139 cases were confined during the year, 1,105 children were born alive, and there were 34 still-births; deaths of infants, 25; maternal deaths, 5. The number of confinements in the women's own homes was 552, with no maternal and no infant deaths.

The numbers for each St. Helens Hospital are as below :—

	Indoor.	Outdoor.	Deaths.	
			Mothers.	Infants.
Auckland	317	217	..	3
Wellington	278	92	2	8
Christchurch	220	142	2	6
Dunedin	123	96	1	8
Gisborne	90	..	..	..
Invercargill	111	5	..	..