At present the Christchurch and Dunedin Hospitals are dealing with the crippled children of their own districts, and effectively so, and it is hoped that in the near future it will be possible for Auckland and Wellington to follow suit. To enable affected children from other districts to procure effective treatment it is intended to concentrate on King George V Hospital, Rotorua, and make it mainly an orthopædic hospital to which admission can be secured from any district in New Zealand. The results of the treatment so far have been most encouraging, and of the value of the work done by the staffs of the hospitals at Rotorua and Trentham there can be no doubt. It must be emphasized that operative measures alone for the treatment of deformities are futile in very many cases unless they can be followed by effective after-treatment and close supervision of that treatment by a skilled staff. In other words, group or team work is essential for success. This can now be provided, thanks to the development of special orthopædic work during the late war, and we are fortunate in being able to avail ourselves of the services thus provided.

SECTION 6.—INSTITUTIONS.

Health Department's Institutions.

(i.) *Sanatoria.*

The Otaki Sanatorium, accommodating women only, has been well utilized during the past year, and has now an average number of thirty-eight patients under treatment. The presence of a whole-time Medical Superintendent has been of the utmost value in securing results and in improving the nature of the work done at this institution.

Te Waikato Sanatorium has been kept reasonably well occupied. In accordance, however, with the decision arrived at during the past year, the patients at this sanatorium will be transferred to the Pukeora Sanatorium, Waipukurau, as soon as the extra accommodation which has been authorized there is available for occupation. As soon as this can be done Te Waikato Sanatorium will be closed.

(ii.) *Hospitals.*

Otaki Hospital: This has been well occupied during the past year, and has done useful work.

Isolation and Cottage Hospitals, Rotorua: Visited on several occasions. Many improvements have been carried out at the Isolation Hospital, and both hospitals have done good service.

St. Helens Hospitals: The statistics relating to these hospitals are published elsewhere. The erection of the new St. Helens Hospital at Auckland has been commenced, and during the year a new St. Helens Hospital at Wanganui has been opened, thanks to a gift of house and site by Mr. Hope Gibbons. The building of the new St. Helens Hospital, Christchurch, has unfortunately been postponed, though badly required.

The sterilizing plants at these hospitals require adding to in order to bring them up to present-day requirements, and this is being done.

D. S. Wylie,
Director, Division of Hospitals.

PART IV.—NURSING.

SECTION 1.—NURSES REGISTRATION ACT.

Examinations were held under the Nurses Registration Act in June, 1920, and December, 1920. 241 candidates presented themselves for the examination, 212 of whom were successful, and their names are now on the State register. Sixty-six nurses from overseas have been registered.

The regulations for the registration of nurses under the three Acts for England, Wales, Scotland, and Ireland passed in December, 1919, are still awaited, and therefore applications from nurses arriving from various parts of Great Britian have to be considered apart from reciprocal registration. It is not desirable that nurses unable to register at Home should be accepted in the Dominion. It has not been found from experience that the nurses coming out have been in any way superior to those trained in New Zealand hospitals.

There is no actual shortage of nurses in the Dominion at present, though there may not be a sufficient number of those who are willing to go to the backblocks and work under the difficult conditions obtaining in places where no suitable accommodation is provided. There has been little difficulty in finding nurses where a comfortable cottage is built and furnished for their use, in spite of the isolation and lonely life. Owing possibly to the increased cost of living and consequently higher fees, or possibly to the better health of the community owing to preventive medicine, private nurses have not been so continuously employed as in the past, many having been for weeks at a time waiting for cases. Probably the work of private nurses has been largely affected by the difficulties of house accommodation and domestic help, which cause many invalids to go to private hospitals, or to avail themselves of the more open doors of the public hospitals, who would otherwise have been nursed in their homes. It is difficult to see what can be done in this matter. It is a great hardship for a nurse to be for any lengthened period out of work, and consequently earning nothing, but living-expenses going on. The only remedy appears to be for private nurses to be State servants on a regular salary, all fees to be paid to the Public Account. This would bring more nurses under the benefits of superannuation, and thus provide for the old age of a class of workers who can otherwise