Maori College, and another is now undergoing the preliminary course. One nurse is training at Hamilton Hospital, and doing well; another, who had also served a preliminary course at Otaki, is shortly to enter at Palmerston North Hospital; one has recently completed her course and passed the State examination, and is now waiting for an appointment under the Department. At Auckland Hospital there is a Maori nurse nearly finished, and also a young Samoan girl sent from the island for training.

There is still one Maori nurse in the Department's service. Outside the service it is difficult for these girls to get positions. They are seldom retained on the staffs of the hospitals, and private nursing does not offer very freely. It is to be hoped that as more nurses qualify the well-to-do Maoris will give them employment.

Dental Nurses.

The training of the first batch of dental nurses has been completed, and they are now being placed out in various country districts. They are fully reported on by the head of their division.

Plunket Nurses.

The nurses, who are under the immediate charge of their own Director, Miss Pattrick, come under the control of the Director of Child Welfare. A large number of nurses avail themselves of the special course at the Karitane Harris Hospital, nurses being sent from Australia for this experience before taking up infant-welfare work in the States under Government Departments or private societies. The present Matron of the Karitane Harris Hospital is an Australian nurse trained at the Royal Prince Alfred Hospital, Sydney. Many New Zealand nurses, with a view to private nursing or to positions as Plunket nurses or on staffs of maternity hospitals, also go through the special course at Karitane.

Red Cross Nurses.

The nurses now under the control of the Red Cross, New Zealand Branch, are those who have been selected for the scholarships or the international course at Bedford College, London. Miss Webster has passed the examination, and has since been specially sent to Paris to inquire and gain an insight into the work of the Red Cross League, now transferred from Geneva to headquarters in Paris. Miss Clark started her course last October. It is intended to confer with the Director-General of Health with regard to the future work of these nurses, of whom Miss Webster is due to return in April.

Miss Lewis, the Red Cross nurse in Wellington, is kept busy lecturing on home nursing and hygiene generally at schools, colleges, and at the Red Cross rooms, as well as at various centres in the suburbs. She also investigates cases of poverty and sickness reported to the society.

The staffs of the Chronic Homes for Soldiers at Dunedin, Auckland, Christchurch, and Wellington, all of whom were transferred from this Department, are carrying on very satisfactorily. The Homes are well kept, and the patients looked after with the greatest care and solicitude.

Superannuation for Nurses.

It is much to be regretted that nothing further has been accomplished towards the above object. The subject is frequently brought up in Parliament, and it appears to be a general opinion that some provision should be made for these public servants, whose earnings are not sufficient to enable them to make much provision for themselves.

I am glad to report that an annuity has been granted under section 11 of the 1920 Amendment to the Hospitals Act by the New Plymouth Hospital Board to their late Matron, Miss Brown, who was in the Board's service for twenty years.

SECTION 2.—MIDWIVES ACT.

During the year two examinations have been held under the Midwives Act: 140 candidates presented themselves, of whom 133 were successful and are now on the register. Twenty-six midwives were registered from overseas.

Correspondence regarding reciprocity of registration has been going on with the Central Midwives Board but has not yet reached a satisfactory conclusion, the Board having agreed to accept the course of training prescribed under the New Zealand Act, but still requiring our midwives to sit for the Board's examination. This Department has decreed that midwives holding the certificate of the Central Midwives Board must show proof of an equivalent term of training or after-experience in a recognized midwifery hospital training-school to that required in New Zealand, or may be permitted to make it up here and sit for the New Zealand examination. Miss Bicknell will endeavour to come to some satisfactory solution of the difficulty with the Board.

With the Midwives Board of Victoria, Western Australia, and the Queensland Board of Health reciprocal agreements have been reached, and negotiations are proceeding with the South Australian Board.

The recommendation of the Maternal Mortality Committee with regard to the better training of midwives, and the more consistent and strict supervision of maternity nursing-homes when it is possible to carry them out, will be of advantage to midwives. A refresher course as advised is desirable, but difficult to attain under the present conditions of maternity nursing, when there is so much competition (if not actually encouraged by members of the medical profession, yet not actively opposed) by the unqualified women. It is chiefly this class of woman who acts as a midwife, and, though prosecuted by this Department, receives so small a fine that she is not deterred. Trained midwifery nurses often ask, What is the use of taking a course of training for a year and then finding that they are not supported as they should be by the public and by the medical profession?