of guidance is particularly necessary in the control of infectious and other diseases, of food premises, and in the application of new regulations gazetted during the year.

Undoubtedly, the greater the interest taken by local authorities in this branch of their administration the better for the public health. None of the four cities has yet seen fit to appoint its own Medical Officer of Health. A useful officer employed in many countries, particularly to control infectious diseases and domestic and personal hygiene, is the fully trained nurse-midwife, specially instructed in public-health subjects, and known as the "public-health nurse" or "health visitor." In this Dominion, where so many cases of illness are sent to hospital, and medical contact with homes is thereby lessened, public-health nurses could be usefully employed; and, as regards the cities and larger towns, the Department and the local authorities concerned should during the coming year consider such appointments, in lieu of adding male Inspectors to municipal staffs.

During the year the Division has been short-staffed in Medical Officers of Health, but with the appointment of Dr. Dawson to Christchurch, the return to duty at Wellington of Dr. Findlay, and the addition of Drs. Mecredy and Shore, who recently obtained their diplomas in public health, establishment is now complete, and this year we should be able not only to keep in closer personal touch with local authorities, but to undertake certain special surveys which are undertaken in other countries and have long been contemplated by the Department.

Extracts from the reports of the various Medical Officers of Health, which appear in another part of this report, show a progressive improvement in the sanitary conditions generally throughout the Dominion, and an ever-growing appreciation on the part of local authorities of their responsibilities and duties under the Health Act.

The incidence of and death-rate from infectious diseases during the year have been remarkably low.

I wish to place on record my appreciation of the very loyal and able co-operation of the Medical Officers of Health and their staffs.

T. McKibbin,
Director, Division of Public Hygiene.

PART III.—MATERNAL WELFARE.

SECTION 1.—REPORT OF THE CONSULTING OBSTETRICIAN, HENRY JELLETT, M.D. (DUBL.).

My work during the past year has been mainly of an advisory nature, and it may be of interest to consider briefly some suggestions. Perhaps the most important of them refers to the training of nurses and medical students, and the post-graduate instruction of medical practitioners in midwifery.

The Training of Midwives and Maternity Nurses.—The status of nurses who practise midwifery has been considerably altered by the Nurses Registration Act which has recently become law. By this Act two classes of nurses have been created—midwives and maternity nurses, the former having to undergo a more prolonged training to fit them for the more responsible duties they will have to perform. Midwives alone will be eligible to become staff nurses or matrons in maternity hospitals, and consequently upon them will devolve the duty of the training of probationer nurses. For this reason it is most important that they should receive their training only in such hospitals as can provide a competent teaching staff, and that no other considerations should be allowed to prevail in selecting their training-schools. In this way, after a few years, a sufficient number of competently trained women for the needs of the Dominion will be provided, and the training of probationers will benefit proportionately.

The Training of Medical Students.—It is now some time since I first made the suggestion, which was afterwards approved by the Board of Health, that the authorities of the School of Medicine at Dunedin should be urged to create a professorship of midwifery and gynæcology. Midwifery is one of the most important subjects in the curriculum of the student, and its importance is insufficiently emphasized when there is no Chair in the subject. The University of Sydney has, I understand, been compelled by the pressure of public opinion to create such a Chair. Associated with this proposal is the whole question of the practical teaching of midwifery to students, and the possibility of using the St. Helens Hospitals generally not only for the taking out of midwifery cases, but as hospitals in which clinical teaching can be given by competent teachers. I realize that the Department has no power to do anything but make suggestions to the University authorities, and that is why I think that perhaps a conference between them might do some good, as I think that no one can doubt that increased training in midwifery is necessary. Such a conference should take into consideration the various steps necessary to make the larger maternity hospitals available for taking students and for providing clinical teaching.

Post-graduate Courses for Medical Practitioners.—In association with any scheme for the improved teaching of medical students must be placed a scheme for the post-graduate instruction of medical practitioners. Such instruction is necessary, even if it is only to combat the very prevalent belief that surgery is a cure for lack of obstetrical experience. It should be possible to carry out such courses in the four larger cities of the Dominion and to provide suitable teachers. In suggesting that surgery is too often called in to compensate for inadequate obstetrical experience I refer particularly to the increasing tendency, not only in New Zealand but elsewhere, to perform Cæsarean section for so many types of obstetrical complication. My own views on this subject are possibly known, and, lest I should be thought to press them unduly, I will (with one exception) confine myself to quoting from the published writings of Professor Whitridge Williams, of Johns Hopkins University, Baltimore, U.S.A., and of Professor Newell, of Harvard University, U.S.A.