(4) The inquiry into certain cases of serious obstetrical operations, or of maternal deaths, as reported in the monthly returns from maternity hospitals.
(5) The preparation of new forms (*a*) for the notification of eclampsia and of maternity cases in general hospitals, (*b*) for the annual reports of St. Helens Hospitals, and (*c*) in conjunction with Dr. Paget, for the quarterly summaries by Medical Officers of Health of puerperal-pyrexia notifications, and also of ante-natal clinics.

In the coming year I hope further to be able to relieve Dr. Paget of the duty of examining and reporting on the returns grouped in paragraph (5), as in consequence of his other duties it is impossible for him to find time to deal adequately with them. I hope that in my next annual report I may be able to produce such information from these returns as will enable you to form an opinion of the value of the changes which have been made and of the direction in which further work should trend.

The inspection of maternity hospitals and the revision of the nurses' curriculum are closely associated.

The Selection of Training-schools for Midwives.

This is a matter which may again come up for consideration, so I should like to suggest the conditions that should, I think, be fulfilled before a hospital is authorized to do such work. These conditions are as follows: (1) The permanent nursing staff should be sufficient and efficient; (2) The Medical Officer should be able and willing to give the necessary instruction; (3) The number of patients admitted yearly should be ample to provide the necessary experience.

Furthermore, in deciding how many midwives may be trained at the same time, it is essential to take into consideration the number of the permanent nursing staff as well as the number of conductions available. When this staff is limited to a Matron and an assistant Matron I do not think that pupil midwives can get the instruction required. Further, I think the strain thrown on the Matron is unjustifiable, particularly as such strain has been greatly increased by the necessary institution of ante-natal clinics. It also seems unwise to recognize small hospitals if by so doing other hospitals which are capable of giving a better training are left short of candidates.

The Status of Maternity Nurses.

I find that there is a general tendency to regard the maternity nurses as a half-trained woman, who is of an inferior class to the woman who holds a midwifery certificate. This tendency has been explained in three ways: First, by saying that medical men will not employ maternity nurses because they are not taught to make vaginal examinations; secondly, by the fact that Hospital Boards give preference in making staff appointments to women who hold a midwifery certificate, even though there is no prospect of their having to carry out the duties of a midwife; thirdly, by the fact that the Trained Nurses' Association is closed to maternity nurses, although in the past it has been open to nurses trained under the old system and for the same period as is the present maternity nurse.

It is obvious that the maternity nurse is now better equipped to carry out the work of attending patients with a medical practitioner than was the former midwife, and that the prime object of the extra teaching of the midwife is to enable her to conduct normal cases without medical aid, and to teach others.

I do not think that it is any part of a nurse's duty when attending cases with a medical man to diagnose either the course of labour or the presence of complications by vaginal examinations, nor do I think that medical practitioners should ask her to undertake what is their own responsibility. Further, I think that it is unnecessary and unwise to insist that staff nurses in general hospitals should hold midwifery certificates, unless their duties involve the teaching of midwifery or the care of maternity patients. The holding of a maternity certificate, on the other hand, is very necessary.

The New Nursing Curriculum.

It has been suggested in some quarters that the new requirements of the Nurses and Midwives Registration Board are too exacting, and that it is not always possible to comply with them. I have just completed my second inspection of the hospitals which train midwives in the South Island, and in each hospital the Matron has told me that she has no difficulty in giving her nurses the prescribed course. In the North Island two institutions have found a difficulty in carrying out one requirement. It is, however, a matter which can readily be adjusted.

The Training of Medical Students in Midwifery.

The training of medical students and the limitations forced by circumstances on the Medical School at Dunedin have been under the consideration of the Department and of the Medical Faculty of the school for some years. I am glad to say that practical steps are now being taken to overcome the difficulties of giving a sufficient training.

In November last, in accordance with your instructions, I accepted the invitation of the Medical Faculty of the School of Medicine, Dunedin University, to meet them to discuss the present position of medical training in that school, and the best methods of improving it. I found that the faculty thoroughly recognize the inadequacy of the present methods—an inadequacy which is in no way due to want of effort on the part of the teachers, but rather to want of adequate clinical material and of the necessary funds. I think I may say that they also recognize that when the new regulations for the training of midwives have begun to bear fruit the midwife will be better equipped in the art and practice of midwifery than will the medical practitioner. This is a very serious state of affairs, because the midwife's training is only designed to make her capable of conducting a normal labour and lying-in, and for all abnormal cases she must look to the medical practitioner. If the education of the latter is insufficient, then he is unable to deal with emergencies, and to help him out of them he will, amongst