A return showing the nursing staffs of training-schools for the past four years follows, together with a graph illustrating the position for the year ended March, 1935 :—

Dominion Average Nursing Staff per One Hundred Occupied Beds.

	1931.	1932.	1933.	1934.
Total nursing staff	45·4	45·26	46·97	47·60
Total trained staff	14·1	12·95	12·09	13·49
Total pupil nurses	31·3	32·31	34·28	34·10

Wellington, Christchurch, and Dunedin Hospitals are all willing to take nurses for a refresher course. Those taking such a course do observation duty in the wards and special departments as wished. Residence is not provided, but there is no fee required.

Auckland Hospital is prepared to take six nurses a year who are trained in smaller hospitals as staff nurses for a period of six months. The matron endeavours to give these nurses experience in whichever department they have had least experience. These arrangements are generous and provide a means by which nurses may keep themselves up to date in their profession. Unfortunately the number of nurses availing themselves of this privilege is not many.

Obstetrical Hospitals.—At two or three of the maternity training-schools where it was considered that the ante-natal care given to waiting patients was insufficient, endeavours have been made by departmental officers to improve the position by interviewing the local medical men to enlist their support or by arranging for better co-operation with the local Plunket nurses. The result of these efforts has been very gratifying.

Gradually the number of unregistered women qualifying as maternity nurses is becoming smaller; there are only six hospitals—including the four midwifery training-schools—which train these women. Provided registered nurses who are also registered maternity nurses are willing to practise as such this change should mean a better qualified maternity nurse, but it is possible the position may require reviewing from time to time.

Midwifery training is attracting a larger number of applicants, but a proportion of these are still nurses who do not want to practise obstetrics on the completion of their training, so that it is frequently difficult to obtain a well-qualified midwife. It is quite possible in the future that salaries for positions, where a midwifery certificate is essential, will have to be raised if suitable nurses are to be obtained.

Examination Results :—

MATERNITY NURSES.

Registered Nurses.

	1932.	1933.	1934.
Number sitting	152	158	170
Number passed	143	148	168

Unregistered Women.

	1932.	1933.	1934.
Number sitting	35	43	33
Number passed	30	35	30

MIDWIVES.

Registered Nurses who are Registered Maternity Nurses.

	1932.	1933.	1934.
Number sitting	45	48	53
Number passed	39	44	47

Registered Maternity Nurses who are not Registered Nurses.

	1932.	1933.	1934.
Number sitting	14	14	18
Number passed	11	12	13

During the year an agreement was entered into with the Royal New Zealand Society for the Health of Women and Children whereby short refresher courses of two weeks would be given to Plunket nurses at St. Helens Hospitals. Those nurses who are in charge of ante-natal clinics particularly are to be given consideration, and already several have availed themselves of this opportunity. Several sisters from maternity training-schools under the Hospital Boards have also taken a refresher course at St. Helens Hospitals and have appreciated the experience.

The Jessie Hope Gibbons Hospital at Wanganui has also performed a most useful function in providing a month's refresher for any practising midwife or maternity nurse. In this case free board and lodging is given in return for the nurse undertaking a definite duty.

Practically every maternity annexe which is a training-school has in charge a sister with her Plunket certificate, and nearly all the senior staffs of St. Helens Hospitals have also this same certificate. The Plunket Society have been most generous in giving vacancies to sisters from the obstetrical hospitals to take this training, and there is no doubt that this should lead to uniformity in standards and methods of infant welfare.