

PUBLIC HEALTH NURSING ACTIVITIES.

This year an addition to the staff of six district health nurses and four school nurses, together with the agreement made with the Palmerston North Hospital Board for the eight nurses employed by that Board to carry out generalized public-health work in their districts, has enabled a much better distribution of the district nurses' work in the rural areas of the North Island.

In the future, if the school nurses' duties are extended to include a more generalized programme, it would appear that the title might be changed to that of district health nurse also, and her activities be concentrated to a smaller district. In this way the South Island might be covered in the same way as the North Island.

If this policy were adopted it would have the advantage of the district health nurse becoming a unit of the community in which she lives.

With the new additions to staff there have been many changes, as it was considered expedient to transfer some of the older nurses at the same time.

Staff education has been carried out by means of group conferences and circulars made up of extracts from leading nursing journals. I consider that at least one group conference should be held annually in each health district, but it is necessary, if these are to be of the fullest use, to have a carefully prepared agenda with various members of the field staff participating by being made responsible for subjects of discussion.

Health education, both among the Maori and European adult population, as well as among school-children, forms a large part of the nurses' duties. The nurses frequently require help in the form of posters and subject material, and I consider definitely that, as the work has grown to such an extent, an attempt should be made at the time of group conferences to have some instruction given as to how the material may be best presented.

Attached is a comparative table covering the work of those district health nurses who are largely engaged in Maori work. It will be seen that the number of nurses has steadily increased, with a corresponding increase in work. This increase in staff in several instances is for the past five months only, so that it will be reflected to a greater extent next year.

			1935.		1936.
Total number of nurses			28		34
			European.	Maori.	European.
Total number of individuals treated			1,095	31,977	1,078
Total number of treatments given ..			1,633	44,107	1,604
Maternity cases—					
Confinements	..	..	18	215	9
During puerperium	..	..	20	525	9
Complicated maternity cases	..	..	..	45	..
Maternal deaths	..	..	..	5	..
Ante-natal and post-natal—					
Number of ante-natal cases	..	..	..	2,169	..
Number of post-natal cases	..	..	..	2,054	..
Infant welfare—					
Number of infants seen	..	..	..	7,472	..
Number of attendances	..	..	..	10,352	..
Number of visits paid to pas	..	..	..	6,165	..
Schools visited—					
With doctor	..	..	202	67	266
Without doctor	..	..	1,360	610	1,313
					57
					832

POST-GRADUATE EDUCATION.

In December Miss E. R. Bridges returned from her eighteen months' study abroad. After completing her course in public-health nursing at the Florence Nightingale Memorial Foundation, she had the opportunity of reviewing nursing conditions in Central and Northern Europe as well as in Canada. In her reports Miss Bridges outlines the various methods by which many countries are making alterations in their schemes of training nurses, because they consider that in the past the various schemes of training were limited to the preparation of nurses for institutional nursing, and, as the majority of nurses find their future vocation either in private duty or in the public-health field, it is necessary to introduce into their training that which would give them a preventive and more socialized outlook. Probably to some extent this is also true in New Zealand, and should be given consideration.

Miss Bridges has been appointed Assistant Nurse Instructor to Miss J. Moore, who is in charge of the post-graduate course. The class this year consists of eighteen nurses, all of whom are doubly qualified, and many of whom hold their Plunket certificate in addition.

Hospital Boards continue to give bursaries to outstanding members of their staffs, and the New Zealand Nurses' Association has also granted a bursary this year.

The time has come when consideration might be given to a definite scheme for a limited number of bursaries for outstanding nurses entering the Civil Service, particularly for those preparing to do public-health and social work.

The system whereby Sisters from the Melbourne Women's Hospital have exchanged for a period of six months with Sisters from New Zealand Obstetrical Hospitals continues to function satisfactorily. This year Miss Julius, from the Alexandra Home, Wellington, has gone to Melbourne on exchange with Miss Spring.

The Canadian Mothercraft Society, Toronto, awarded a bursary to a Canadian nurse—Miss H. Adamson—to enable her to undergo her midwifery and Plunket training in New Zealand. Miss Adamson has nearly completed her course, and will soon be returning to Canada. It has been a pleasure to have a nurse from another British Dominion amongst us, and we wish her success in her new sphere of work.