No country has yet determined how many nurses per population it requires—this must be a varying figure according to the standards of living of the community. New Zealand has 5·5 hospital beds per 1,000 population, which is more or less comparable with the same allowance in England. In the same way if all the nurses appearing on the active register were counted New Zealand has one nurse per 400 of the population, which is much as the position in England where there were 86,000 nurses on the active register at the end of 1936. But if the actual number of known nurses employed in New Zealand is assessed it allows one nurse to 500 population.

Once the proposed regulations reducing the hours of work in private hospitals to forty-eight per week come into force, at least sixty more registered nurses will be required, and it is possible in the near future that another one hundred will be required for the expanding public-health services. The annual increase by means of examination in future will be in the neighbourhood of four hundred to four hundred and twenty. Should the annual wastage of approximately 50 per cent. continue, as is likely, it would probably be difficult to provide a complete bedside nursing service for all sections of the community as was proposed under the National Health Insurance Scheme without developing a subsidiary nursing scheme.

Obstetrical Nursing Service.

In the same way there has been a general demand for nurses in obstetrical hospitals. The position at present is that there are 1,500 maternity nurses on the Active Register and 1,755 midwives on the Active Register, making a total of 3,255. This allows for one obstetrical nurse per 500 population. Many of the maternity nurses will be registered nurses who are not regularly actively engaged in maternity nursing. This will be true of the older midwives, but owing to lack of an annual practising certificate the exact position is not known.

It has often been contended in New Zealand that those nurses trained as midwives do not practise obstetrics.

The present Act came into force in 1926, but owing to the many difficulties encountered in putting the Act into effect it was really not until 1932 that the new system of training became stabilized. The following table shows the position over the last five years :—

Number of midwives who passed examinations during last five years	295
Number who have practised or are practising obstetrics	222
Number who have joined Plunket Society staff	21
Number who returned to public hospitals	32
Unknown	20

The following table shows the annual increase :—

MATERNITY NURSES.

Registered Nurses.

	1932.	1933.	1934.	1935.	1936.	1937.
Number sitting	152	158	170	190	195	201
Number passed	143	148	108	180	189	193

Unregistered Nurses.

	1932.	1933.	1934.	1935.	1936.	1937.
Number sitting	35	43	33	34	43	36
Number passed	30	35	30	33	37	30

MIDWIVES.

Registered Maternity Nurses who are also Registered Nurses.

	1932.	1933.	1934.	1935.	1936.	1937.
Number sitting	45	48	53	57	58	55
Number passed	39	44	47	53	56	54

Registered Maternity Nurses who are not Registered Nurses.

	1932.	1933.	1934.	1935.	1936.	1937.
Number sitting	14	14	18	14	9	19
Number passed	11	12	13	13	7	17

It is true that many registered nurses who are registered maternity nurses do not practise obstetrical nursing; therefore the real annual increase is much less. This fault can only be overcome by, firstly, the training-schools adopting a more inspiring method of teaching, and, secondly, conditions in obstetrical hospitals for the nursing staff will need to be improved, as 80 per cent. of the total births take place in hospitals.