There is no doubt that too much emphasis cannot be placed on the introduction of a preventive and social outlook in regard to disease in the training of a nurse. It is only in this way that a perfection of nursing technique and a humane understanding of the needs of the patient can be obtained. Efforts have been made along these lines for some years in New Zealand, and there is no doubt that our system has lead to a uniformity of conditions that does not exist in any other country. One of our great difficulties has been adequate preliminary training, partly because many of our training-schools are so small and the intake of student nurses so limited that economically a properly equipped and staffed school is impossible.

Scientific medicine demands that the nurse of the future should have an intelligent understanding of the treatment and nursing care she is expected to give, and this is impossible unless she is carefully prepared.

Few people realize that nurses pay for their education by their labours on the old apprentice system, and that very often the controlling authorities, not appreciating that they are educational bodies, fail to provide adequate facilities.

To enable a careful preliminary training to be given there is no doubt that a few central schools to which the applicants from the various training-schools could be sent to be trained would have great advantages—it would mean that a well-qualified staff could be obtained, the teaching of the necessary scientific subjects and the elementary nursing technique would become standardized, a careful investigation could be made of the prospective nurses' health, and a preventive bias introduced.

Whether these schools should be developed in association with secondary girls' schools or whether in conjunction with a general hospital has yet to be determined, though there are very definite advantages about the latter. In either case the cost will be a consideration, and the assistance of the State will be needed either in the form of bursaries, subsidies to local authorities, or the conduct of actual schools by the State. This system is in force in Finland and has proved most satisfactory.

On the completion of the preliminary training the student nurse would then return to her own hospital for the period for which the Registration Board had approved that particular hospital.

Some of the existing difficulties in regard to the training of nurses are—

(1) The correlation of theoretical and practical instruction—*i.e.*, surgical nursing being taught during surgical experience, &c.

(2) The isolation of the Tutor Sister from clinical nursing in the wards.

(3) The lack of proper organization of the out-patients' department and district nursing for teaching purposes.

(4) The giving of adequate theoretical instruction without upsetting the wards or unduly prolonging the nurses' hours.

Various methods have been adopted for overcoming these conditions, which are very common.

The student's experience will include medical, surgical, children's, infectious-disease, and tuberculosis departments, together with the operating theatre and out-patients.

It is most important that every nurse should have at least three months' experience in the out-patients' department. In some of the schools of nursing I have visited this experience has been arranged in such a way that it is interspersed between each different type of duty—*i.e.*, medical clinic after medical ward, &c. This system, while having definite benefits, is not easy to arrange.

I consider, therefore, that as a beginning every nurse should have at least three months in the out-patients' department during her last six months and that, in view of the fact that in New Zealand so many of our public-health clinics are held in these departments, the nurses in charge, who would be responsible for the teaching of the student nurses, should be nurses with public-health experience.

In this way the nurse would complete her training with the preventive and social aspect being emphasized and some experience in home visiting from these clinics.

The majority of countries now consider it necessary for every nurse to understand something of the mental aspect of disease and are giving this experience by arranging an affiliation of three months for every student nurse in a nearby mental hospital. This would not be feasible in New Zealand at present in my opinion, but if the work in the observation wards of our general hospitals extends it should be possible to use this experience. Further, there is a great deal of clinical material in the out-patient clinics, which, if better appreciated, could be used for teaching mental hygiene.

There is no doubt that every registered nurse should have a knowledge of obstetrics. In New Zealand, if our course of training was extended to four years, our present maternity training could be included, which would certainly give a much better all-round course, and should be the ultimate aim of the Registration Board.

Further, I consider the Tutor Sister should not be isolated in a class-room, but should have definite supervisory duties in the wards as well to keep her in touch with the clinical instruction of the nurses. This will entail a revision of duties among the administrative staff, but would be very well worth while.