The following tables set out the increased number of occupied beds in the training-schools in comparison to the increase in nursing staffs, also the number of nurses qualifying by means of the State examination as general nurses, maternity nurses, and midwives :—

A. *Daily Average Occupied Beds for all Training-schools.*

31st December, 1932	3,981·72
31st December, 1933	4,059·30
31st March, 1935*	4,220·05
31st March, 1936	4,467·41
31st March, 1937	4,734·85
31st March, 1938	4,911·26
31st March, 1939	4,981·39

* Statistics changed from calendar to financial year.

B. *Total Nursing Staff for all Training-schools.*

	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Total nursing staff	1,769	1,967	2,116	2,264	2,442	2,534	2,710
Total pupil nurses on staff	1,257	1,412	1,502	1,640	1,803	1,849	1,985
Total registered nurses on staff	512	555	614	624	639	685	725

C. *Total Number of Nurses Sitting and Passing State Examinations.*

	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Number sitting	385	448	403	354	380	478	455
Number passed	272	338	280	262	315	366	364

MATERNITY NURSES.

Registered Nurses.

	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Number sitting	152	158	170	190	195	201	218
Number passed	143	148	108	180	189	193	207

Unregistered Nurses.

	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Number sitting	35	43	33	34	43	36	46
Number passed	30	35	30	33	37	30	44

MIDWIVES.

Registered Maternity Nurses who are also Registered Nurses.

	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Number sitting	45	48	53	57	58	55	54
Number passed	39	44	47	53	56	54	52

Registered Maternity Nurses who are not Registered Nurses.

	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Number sitting	14	14	18	14	9	19	11
Number passed	11	12	13	13	7	17	10

The provision of sufficient well-qualified obstetric nurses willing to practise obstetrics is still difficult. Where hours of work are reasonable and the salaries of the staff adequate public hospital authorities do not have the same difficulty as the private hospitals. This is largely because the conditions generally are better and the nurses' future, in the form of superannuation, is safeguarded.

Many authorities have stated that an insufficient number of obstetrical nurses who are not registered nurses are being trained, hence the shortage of supply, as registered nurses do not wish to practise obstetrics. A return was therefore obtained from all obstetric nurses (73 midwives and 176 maternity nurses) who have been trained during the past five years and who are not registered nurses, and it was found that 45 per cent. were not practising, the majority stating their reason as being because of the conditions of obstetric practice. This is an enormous wastage in such a short period of time, and it is hoped that the new conditions for obstetric nurses under the social security legislation may make this very essential service more attractive.

Health of Nursing Staffs.

The four-year statistical study inaugurated by the International Council of Nurses has come to a conclusion. Internationally there have been difficulties in regard to arousing co-operation and interest in some countries and in regard to the political situation in others. New Zealand, however, owes the International Council a debt of gratitude for its assistance in this very important study. Our returns have emphasized the urgency of the problem and the need for reforms. Some of these reforms have already been made, but much still remains to be done. The majority of Hospital Boards are very sympathetic and willing to undertake measures which are for the betterment of their staffs. What is needed is more realization amongst the executive officers of the hospitals as to what measures can be recommended to their Boards, and willingness to give the necessary time and study to this question, which is a very important economic factor for all Boards.