cost, the Government, through the National Provident Fund, subsidizing the fund. Retirement after the fund had been in operation for fifteen years, could be after thirty years' service, prior to that at fifty-five years of age if agreed to by the Hospital Board; otherwise compulsorily at sixty years of age, the annuity being based on the fraction formed by the years of service over sixty of the retiring salary—*i.e.*, $\frac{20 \text{ years of service}}{60}$ of £300 a year.

This advance has meant relief and security to a large number of nurses, and as the years go by this will be increasingly so.

Preventive medicine, which had begun to play a part before the Great War, received a tremendous impetus after the cessation of hostilities, as more than ever the safeguarding of the youth of the community was important. Thus all organizations so engaged show during this period a great expansion of activities. The Plunket Society became a large organization made up of local branches financially independent, and levied by a Central Council which was elected from the Dominion Branches, and controlled by a central executive situated in Dunedin. The central executive employed a supervising staff, who supervised and advised the various branches regarding staff and their general policy and business.

The finance of the society was secured by voluntary subscriptions in addition to a Government subsidy, which is based on a certain set sum towards each infant hospital owned by the society and a certain proportion of each Plunket nurse's salary.

The work of the society rapidly expanded as its value became more and more appreciated by the general public. Sir Truby King, as Medical Adviser, carried out magnificent work, and by 1930 the society controlled six infant dietetic hospitals which are used as training-schools for Karitane (or well-baby) nurses, one centre in Dunedin for training Plunket nurses, and over 120 field Plunket nurses.

In the same way the staff of the Department had expanded both in regard to district nurses for Maoris and to school nurses. Tuberculosis and venereal-disease clinics had been set up at the principal public hospitals with nurses attached to these clinics to be responsible for the follow-up work among the patients attending; the voluntary district nursing organizations which were in Dunedin, Christchurch, Wellington, and Auckland had extended their staffs; and many Hospital Boards had also appointed district nurses, not only in rural areas but also in the smaller towns, to give bedside care on a visiting basis to the poorer section of the community.

The growth of the community and the aftermath of the war had also increased the social problems, so that we find the Child Welfare Division of the Education Department increasing its field officers to supervise the numerous foster-homes where children under the supervision of the State are placed.

A few industrial organizations had appointed nurses to undertake welfare work in their factories, and the New Zealand Red Cross Society had launched its Junior Red Cross programme to teach health and international friendliness among children, which again meant the employment of nurses in a new teaching field.

Hospital Boards who were responsible for the charitable-aid system also found that frequently nurses were most useful as welfare officers to supervise their relief organization.

To meet these increasing professional problems and the largely expanded number of registered nurses in the Dominion the New Zealand Registered Nurses' Association also adopted a policy of bringing the association nearer to the nurses themselves. An annual meeting, instead of a biennial meeting, of the Central Council was decided upon, and from the four original branches the association expanded into twenty. Education and public-health sections were formed, and suggestions for a separate Matron's Conference lapsed in favour of holding a meeting of training-school Matrons at the time of the annual conference.

The nurses' journal (*Kai Tiaki*) was bought by the association in 1923 from Miss Maclean, who retained the editorship until 1932. At that time Miss H. Inglis, who had acted as voluntary secretary since the war, also decided to retire, and the association decided to appoint a fully salaried joint Editor-Secretary in Miss C. Clark.

New Zealand nurses were opening up also a new field of opportunity in the tropics, as nurses had been appointed to the staff of the hospital at Apia, Western Samoa—the mandated territory of New Zealand—and to Niue and the Islands in the Cook Group.

1930.—For several years New Zealand had been experiencing a marked period of prosperity after the reorganization following on the war, but, as with all cycles, now came a time of difficulty and depression.

In 1930, and again in 1931, the country suffered disastrous earthquakes, and much damage was done to hospital property as well as to civilian life in general. In the first earthquake at Murchison, in the South Island, both the Westport and Nelson Hospitals suffered extensively, and in the second, at Napier, in the North Island, the damage was so disastrous that the hospital and nurses' home was almost completely destroyed and ten night nurses who were sleeping in the home were killed; in addition, considerable damage was done at Waipukurau, Dannevirke, Palmerston North, and Wanganui.

The conduct of the nursing staff was excellent, and at Napier, where the whole town had to be evacuated and where emergency conditions reigned for many weeks, a great deal of voluntary help from all over New Zealand was offered and accepted.

At the end of 1930 Dr. Valintine, the then Director-General of Health, retired, and Dr. M. H. Watt was appointed in his place, and early in 1931 Miss J. Bicknell retired and was succeeded by the writer. The new administration was almost immediately faced with the effects of a severe depression, when public finances and staff were to be severely curtailed, in addition to which there was marked unemployment amongst nurses as well as other members of the community.