

LETTER OF TRANSMITTAL.

U. S. DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,

Washington, D. C., March 30, 1914.

SIR: I have the honor to transmit herewith a report concerning the work of the New Zealand Society for the Health of Women and Children.

Through the courtesy of the State Department the work of the society was brought to the attention of this bureau by a report of the American consul general at Auckland, Mr. William A. Prickitt. The infant mortality rate of New Zealand has been for some time recognized as the lowest of any country in the world and it is stated that recent further reductions are due in large measure to the activity of this society. As an example of its value, the consul general states that the work of the society has reduced infant mortality in Dunedin, a residential city of about 60,000 inhabitants, 50 per cent during five years, from 1907 to 1912. Because of the absence of adequate birth and death registration in the United States, the infant death rate of this country, as a whole, is unknown, but estimates tend to show that it is at least twice the rate in New Zealand, which the registrar general of that country reported in 1912 to be 51 per 1,000. New Zealand, like certain of our States, is a young and vigorous country with a scattered population and with no large cities, and there is every reason to believe that similar volunteer effort in this country would produce similar results. In view of the marked and growing interest in the preservation of infant health in the smaller cities and rural communities of the United States, I believe that the following account of the methods of the New Zealand society is especially timely. It will be seen that public interest is strongly enlisted in its efforts. Seventy volunteer committees in as many districts maintain the educational and nursing work in conjunction with the central office, and the Government itself assists in various ways. The detailed statement which follows is not offered for the purpose of urging exact reproduction of the New Zealand organization, but rather to stimulate interest in working out whatever methods are practicable locally for securing the same results which New Zealand secures.

This report has been prepared by Mrs. Etta R. Goodwin, of the Children's Bureau.

Very respectfully,
Hon. WILLIAM B. WILSON,
Secretary of Labor.

JULIA C. LATHROP, *Chief.*

NEW ZEALAND SOCIETY FOR THE HEALTH OF WOMEN AND CHILDREN.

WHAT THE SOCIETY HAS ACCOMPLISHED.

The Society for the Health of Women and Children was founded in New Zealand in 1907 to continue and extend a health mission among mothers which had been started by Dr. F. Truby King, medical superintendent of the Government "Seacliff" Mental Hospital at Dunedin. Although the infant death rate in New Zealand was one of the most favorable in the world, it was felt that it was too high, and with this conviction Dr. Truby King made a plea for educational work in his statement that a "generally diffused knowledge and recognition of infant requirements and maternal duties would save the community one life per diem, and would correspondingly increase the strength and vitality of the rising generation."

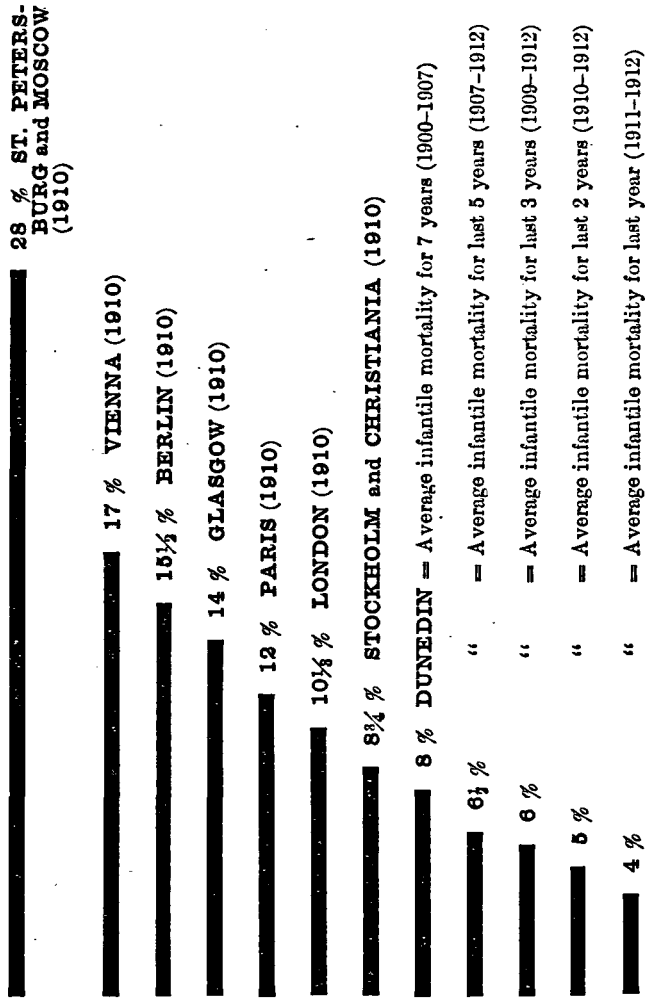
For several years the society made no attempt to call attention to the possible relation between its work and the steady decrease which was taking place in the infant death rate in New Zealand. But after five years of effort it seemed safe to take some share of the credit for the reduction, and, accordingly, the report of the Dunedin branch of the society for 1913, points out the lowering of the rate which has taken place since the society began its work and gives as an illustration the figures for Dunedin, a city which in 1911 had a population of 41,529 (with suburbs, 64,237).

Taking the seven years from 1900 to 1907, the average death rate among children under 1 year in Dunedin and suburbs was 8 per cent. For the last five years the average has been 6.5 per cent; for the last three years, 6 per cent; for the last two years, 5 per cent; and for the last year (1911), 4 per cent.

More recent figures, as shown in the Official Yearbook for New Zealand for 1913, give Dunedin an infantile death rate of only 3.8 for every 100 births in 1912.

The diagram on the following page, which is also taken from the report of the society, shows the figures for Dunedin in striking contrast with rates for several of the large cities of Europe.

The report explains that the reason for contrasting groups of years instead of giving individual years for Dunedin is to show the stable and sustained decline in the infantile death rate from 1907 onward. The fall would have appeared more striking had the four later periods been compared, not with the average for the preceding seven years but only with the year 1907, when the rate was 9.5 per 100 births. This contrast, however, would have been misleading.



The decrease has been a general one in New Zealand and not confined to a single city as is shown by a table from the Report of the Inspector General of Hospitals and Charitable Institutions and Chief Health Officer for 1911-12:

NUMBER OF DEATHS PER 100 BIRTHS¹ IN NEW ZEALAND AS A WHOLE AND IN THE FOUR PRINCIPAL CITIES, YEARS 1902-1912.

	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	² 1912
New Zealand.....	8.3	8.1	7.1	6.8	6.2	8.9	6.8	6.2	6.8	5.6	5.1
Principal cities:											
Auckland and suburban boroughs....	14.1	12.1	7.0	9.2	8.6	9.7	8.2	6.2	7.9	6.3	5.7
Wellington and suburban boroughs....	13.0	9.3	9.5	9.6	7.2	11.8	8.2	8.4	8.5	7.3	6.1
Christchurch and suburban boroughs....	11.8	10.1	10.3	8.9	7.4	12.6	6.8	6.3	6.9	6.3	6.0
Dunedin and suburban boroughs....	8.9	6.2	9.3	6.7	7.3	9.5	7.5	4.9	7.9	4.3	3.8

¹ Original table shows deaths per 1,000 births. ² Figures from Official Yearbook of New Zealand, 1913.

In order fully to realize what a remarkable work has been accomplished it will be significant to compare the figures with the rates of some of the States and cities in the United States. The registration of births in the United States is so incomplete that no figures for our country as a whole can be quoted in discussions of birth and death rates. In a few States and individual cities, however, the registration, although not complete, is good enough to furnish figures which may be compared with those for New Zealand in order to study the relative success of the two areas in preserving the lives of their babies. The following rates are quoted from the report of the Bureau of the Census, Mortality Statistics, 1911, from the New Zealand reports, and from the Sixty-ninth Report of Births, Marriages, and Deaths in Massachusetts:

	Deaths of infants under 1 year for every 100 births, 1910.		Deaths of infants under 1 year for every 100 births, 1910.
New Zealand.....	5.1	CITIES—continued.	
STATES.		Malden, Mass.....	9.0
Connecticut.....	12.7	New Bedford, Mass.....	17.9
Massachusetts.....	13.1	Somerville, Mass.....	10.2
New Hampshire.....	14.6	Springfield, Mass.....	12.5
New York.....	12.9	Worcester, Mass.....	13.7
Rhode Island.....	15.8	Detroit, Mich.....	17.9
CITIES.		Grand Rapids, Mich.....	12.2
Dunedin.....	3.8	Kansas City, Mo.....	15.4
Los Angeles, Cal.....	9.7	St. Louis, Mo.....	11.5
Bridgeport, Conn.....	12.3	Omaha, Nebr.....	12.6
New Britain, Conn.....	15.1	Newark, N. J.....	12.4
New Haven, Conn.....	10.8	Buffalo, N. Y.....	16.2
Stamford, Conn.....	13.1	New York, N. Y.....	12.5
Washington, D. C.....	15.2	Syracuse, N. Y.....	16.0
Indianapolis, Ind.....	12.3	Cincinnati, Ohio.....	13.1
Boston, Mass.....	12.6	Columbus, Ohio.....	12.1
Brockton, Mass.....	10.2	Dayton, Ohio.....	12.9
Fall River, Mass.....	18.6	Philadelphia, Pa.....	13.8
Lawrence, Mass.....	16.8	Pittsburgh, Pa.....	15.0
Lowell, Mass.....	23.1	Providence, R. I.....	14.4
Lynn, Mass.....	10.0	Seattle, Wash.....	8.2
		Spokane, Wash.....	12.8
		Milwaukee, Wis.....	14.5

¹ For 1912.

² Sixty-ninth Report of Births, Marriages, and Deaths in Massachusetts. These cities were chosen in order that an opportunity might be given to compare the New Zealand rates with cities in the United States in approximately the same population class as the New Zealand cities.

³ The report of the New York State Department of Health shows a reduction to 10.5 per 100 births in 1912.

TERRITORY IN WHICH SOCIETY WORKS.

In estimating the problem with which the health agencies in New Zealand have to deal, and in judging the practicability of methods with reference to their application to the problems of the United States, it is interesting to remember that in its youth as a country (actual settlement was not begun until 1839), in its size, and in the number of its people, New Zealand is not dissimilar to some of the States in the United States. The length of the whole group of islands is 1,000 miles and the extreme width is 180 miles. The area in square miles is 104,751 and the population was 1,071,428 in 1911.

An agency undertaking to raise the standard of health finds the ground well prepared in New Zealand. A writer in speaking of the country says that it is like a big family.¹ It is easy to understand what he means when an examination is made of the reports and publications of the various governmental, semigovernmental, and private agencies engaged in betterment work. There is a note in these reports which testifies to a general spirit of cooperation, a neighborly interest in the small intimate concerns of the community, and an encouragement of mutual helpfulness. As the chief interest of the individual family is centered upon the baby, the interest of the whole community in the welfare of infants seems to have been deepened by the development of the family spirit in New Zealand.

The influence and aid of the Government is available in all benevolent activities.² The most interesting features of the public health work for consideration in connection with our subject are: A system of State registration of nurses; registration of midwives; Government maternity hospitals; supervision of infant asylums and kindred institutions; and complete registration of births.

HOW THE RESULTS HAVE BEEN ACCOMPLISHED.

When Dr. Truby King organized the society he was fortunate enough to gain for it the interest of the former governor of New Zealand and Lady Plunket. Lord Plunket issued a pamphlet setting forth the necessity for such a mission and appealing to all classes to join the society, "for the sake of women and children, for the advancement of the Dominion, and for the honor of the Empire." Lady Plunket threw herself whole-heartedly into the work, showing her intense interest by lecturing, demonstrating, and personally helping the mothers and babies. As a mark of appreciation of her work the nurses of the society were given the name "Plunket nurses." The society itself is often referred to as the "Plunket society."

The society is not only supervised by the Government, which inspects the reports and balance sheets of each branch, passes upon proposals to form new branches, and approves the appointment of nurses, but it receives financial aid. This is a feature which it would not be practicable to copy in the United States, as it would be contrary to provisions in some of the State constitutions. The assistance, moreover, is incidental and has no effect upon the importance of the society as a model for volunteer effort.

City and Government officials cooperate cordially with the society whenever occasion arises. As an instance of this, the mayor of Dunedin grants the use of the council chamber once a month for the meetings. The post office also helps by setting aside a room for the use of the Plunket nurses.

¹ Max Herz, *New Zealand*.

² See Appendix, p. 17.

COMPLETE BIRTH REGISTRATION AN AID IN THE SOCIETY'S WORK.

New Zealand has incorporated in its plan of government some of the best traditions of the older countries. Thus, in spite of its youth as a country, it has established so perfect a system of birth registration that the figures are accepted by the authorities in European countries. In this, New Zealand stands in striking contrast to the United States, which, of all the civilized countries, has no general system of accurate registration. The fact that births and deaths are properly recorded has aided the health society in every stage of its work and has made it possible at all times to gauge the effect of the work in reducing the number of infant deaths.

COMPREHENSIVE POLICY OF THE SOCIETY.

The functions of the society are outlined in the report for 1913 as follows:

(1) To uphold the sacredness of the body and the duty of health; to inculcate a lofty view of the responsibilities of maternity and the duty of every mother to fit herself for the perfect fulfillment of the natural calls of motherhood, both before and after childbirth, and especially to advocate and promote the breast feeding of infants.

(2) To acquire accurate information and knowledge on matters affecting the health of women and children, and to disseminate such knowledge through the agency of its members, nurses, and others, by means of the natural handing on from one recipient or beneficiary to another, and the use of such agencies as periodical meetings at members' houses, or elsewhere, demonstrations, lectures, correspondence, newspaper articles, pamphlets, books, etc.

(3) To employ especially trained and qualified nurses, to be called Plunket nurses, whose duty it will be to give sound, reliable, instruction, advice, and assistance, gratis, to any member of the community desiring such services, on matters affecting the health and well-being of women, especially during pregnancy and while nursing infants, and on matters affecting the health and well-being of children; and also to endeavor to educate and help parents and others in a practical way in domestic hygiene in general—all these things being done with a view to conserving the health and strength of the rising generation, and rendering both mother and offspring hardy, healthy, and resistive to disease.

(4) To promote legislative reform in matters pertaining to the health of women and children.

(5) To cooperate with any present or future organizations which are working for any of the foregoing or cognate objects.

Further definition of the aims of the society is embodied in a speech delivered at the annual meeting in 1912.

The society is less concerned in reducing the death rate than in improving the health of the people. As a health society, we are more interested in firmly establishing the all-round fitness of the 24,000 or 25,000 annual new arrivals who will live than we are in reducing the potential deaths from 2,000 to 1,000. However, the problems are practically identical, since the simple hygienic measures which tend to prevent death in babyhood are also the measures which lay the foundations of strong and healthy minds in sound enduring bodies for those who survive to be our future men and women.

10. NEW ZEALAND SOCIETY FOR HEALTH OF WOMEN AND CHILDREN.

It will be seen that the work of the society is mainly educational. It is felt that this education should be free because it is in the highest interest of the state that as far as possible every woman in the Dominion should be induced to avail herself of the services offered by the society with a view to the betterment of the race, the recipient herself being always regarded as a potential health advocate and teacher. Furthermore, the society takes the stand that its functions while broadly humanitarian are not patronizing or charitable, nor even in the ordinary sense philanthropic, but are essentially patriotic and educational.

The society is largely officered by women; the president, vice president, the 22 members of the committee, as well as the heads of the numerous branches of the society, all are women.

LOCAL COMMITTEES.

The society now has eight branches, four in the north island and four in the south island. Local committees, with a membership of 15 or 20, have been organized in every township where a body of earnest women could be interested. About 70 of these local committees are now in existence.

In organizing the committees it has been the aim to make them as representative as possible, to have all religious sects and all classes in the community participate.

The local committees arrange for the nurses' visits and between the visits carry on the work. There is an endeavor to develop the spirit of service, and there are many women who, having gained knowledge and received benefits themselves, prove willing and efficient in assisting their neighbors, and who generously and gratuitously carry on the functions of a Plunket nurse. The committees are encouraged to cooperate with educational authorities with a view to kindling and quickening the interest, feeling, and capabilities of girls in the direction of home life, especially in matters affecting their own health and happiness and bearing on the care and nurture of babies and little children.

PLUNKET NURSES.¹

The main function of the Plunket nurse is sympathetically and tactfully to educate and help parents and others in a practical way in the hygiene of the home and nursery, with a view to conserving the health of the whole family while directing especial attention to the needs of the mother and offspring. The nurses appointed are either general hospital nurses with a three-months' special training at the society's hospital or registered maternity nurses. Twenty-two nurses are now employed.

¹ See Appendix, pp. 15 to 17.

The nurse is expected to work within a radius of about 50 miles. She is resident at the center and makes periodical visits to the neighboring towns and outlying districts every week, every month, every quarter, or every six months or so, according to circumstances. The local committees make arrangements for the nurse's visit, and her time is spent in visiting schools, attending mothers' meetings, giving demonstrations, visiting homes, etc.

The nurse whenever possible gives "living" demonstrations. It has been found that in interesting young girls in the care and nurture of babies and young children nothing is so effectual as having a live winsome baby brought into the classroom.

Correspondence with mothers in country districts too remote to be visited often is a part of the duty of the nurse. It is evident from the reports of the society that there is every encouragement for a father or mother to write freely to the society for advice. Apparently the personal note has been preserved, and the society has been able to avoid all methods which will be likely to repel or discourage.

The services of the nurse are free to any member of the community, rich or poor. At the same time parents who could afford to pay for service are encouraged to make a contribution to the society and thus assist in broadening the work.

It is the nurse's first duty to inculcate the importance of breast feeding and to try to establish it.

Nurses are asked to discourage the use of the dummy and the long-tube feeding bottle. In keeping with its policy to promote legislative reform the society in its third annual conference passed a resolution urging the enactment of legislation to prevent the use of these two discredited articles.

The nurse may be consulted by expectant mothers. This is considered an important phase of her work and one that is particularly consistent with the educational objects of the society.

In cases of emergency the nurse may act as a maternity nurse. But under no circumstances in such cases is she permitted to stay with the case more than 24 hours.

A nurse is in regular attendance at what is called the "Plunket room," in Dunedin. This seems to correspond with what are known as baby clinics or conferences in the United States. In this room babies are weighed and examined, with the particular object of determining whether they are getting the right quantity of food, and, in the case of bottle-fed babies, whether the milk preparation upon which they are being fed is agreeing with them.

"OUR BABIES" COLUMNS.

The society at the beginning of its existence adopted a method of giving publicity to helpful suggestions and discussions dealing with

the health of babies which is worthy of especial note. This consists in publishing, through the courtesy of the newspapers, a weekly column (sometimes as much as two columns) of advice on the care of babies. It is known as the "Our Babies" column. The circulation of these columns at the time of the last report of the society was at least 200,000, and by one channel or another they reach practically every home in the Dominion. At one time it was hoped that with the extension of the Plunket nursing and the publication of the society's comprehensive book, "Feeding and Care of Baby," the issue of the "Our Babies" columns could be reduced to an article once a month. This suggestion, however, aroused emphatic protest; the column has proved its usefulness and its weekly appearance is more than justified.

The column is headed "Our Babies, by Hygeia," with the motto "It is better to put a fence at the top of a precipice than to maintain an ambulance at the bottom." Then follow the addresses and telephone numbers of all the Plunket nurses and those of the secretaries of the society. The statement that the Plunket nurses' services are free is brought out prominently. The column also calls attention to the fact that the society's book, "What Baby Needs," can be obtained from the nurses, the matron of the Karitane-Harris Hospital, the honorary secretaries, and the leading booksellers throughout the Kingdom, at the price of 6d. or, when posted, 7d. The column contains articles on such subjects as "The use and abuse of aperients," "Mastication," "The feeding of babies in special relation to diarrhea." Letters from correspondents are published and the inquiries answered. It is intended that the articles in the "Our Babies" columns should supplement the instructions in the society's book, "Feeding and Care of Baby," and the book contains a note suggesting that the articles as they appear should be cut out of the newspaper and pasted in the book.

The "Our Babies" column is not the only means by which the public is kept informed of the activity of the society. The newspapers print extensive accounts of all the monthly meetings and give space to any matter which relates to the work.

KARITANE-HARRIS HOSPITAL.

The society's hospital is the only baby hospital in the Dominion, and in some respects it is the only one of its kind in the world. The unique feature consists in providing accommodations not only for the babies but, in many instances, for the mothers of the babies as well. It is felt that when a breast-fed baby is not thriving it should be weighed before and after feeding to ascertain exactly how much milk the mother is providing. By having a mother remain in the hospital with her baby in such a case the hospital authorities can attend to such weighings very carefully and can study the case with thorough-

ness. Moreover, a week's freedom from care and worry, if the rest be taken in time, will often make all the difference between health and ill health to both mother and child, and will often secure breast feeding.

Dr. Truby King, in an address given in London in August, 1913, before the English-speaking Conference on Infant Mortality, made the following reference to the work of the hospital:

In one sense the healing of babies is the least important aspect of our hospital work. The institution is a school for mothers, an ever-open object lesson, by means of which some thousands of visitors of all classes see and are taught personally every year the essentials for healthy motherhood and babyhood, while mothers who have any trouble with their babies are encouraged to become inmates for a week or 10 days, so that they may be set upon the right track.

Not only is the hospital held available for the teaching of actual mothers, but we encourage potential mothers—girls in their teens and expectant mothers—to attend weekly classes and demonstrations, or to enter the institution for a short course of training. Further, a guild of 60 girls was organized some years ago, each to spend an afternoon once a month handling and looking after the babies in the grounds, thus helping to provide the "mothering" element, apt to be lacking in institutions, and at the same time implanting and developing motherly tendencies and aptitudes in the girls themselves.

The hospital was first started in a small cottage. By a gift from Mr. Wolf Harris, of London, in 1910 the society acquired the present house and grounds.

PUBLICATIONS.

Some of the publications of the society are:

ANNUAL REPORT. This is a pamphlet of about 24 pages. It is prepared with the object not only of summing up what has been accomplished in the preceding year but of presenting instructive material concerning the history and organization of the society, together with its objects and aims. It reflects a striking cordiality toward the Government, the newspapers, and every agency and individual connected in any way with the operations and problems of the society, and an unvarying spirit of encouragement and hope.

FEEDING AND CARE OF BABY. This is an exhaustive, practical, and carefully indexed publication of 162 pages, with 60 illustrations. It has chapters on hygiene during pregnancy, natural feeding, artificial feeding, feeding during the second year, lifting and carrying the baby, training habits, popular errors, general hygiene, ailments and precautions, etc., and presents a system worthy of careful study by expectant mothers, by mothers and fathers of young children, and by all who are interested in the problems of child welfare. The book is sold for 1 shilling. Twenty thousand of these books have been sold and a new edition of 20,000 has been issued.

WHAT BABY NEEDS (WHETHER WELL OR ILL). This is a pamphlet of 48 pages and covers in a condensed form the topics dealt with in the more elaborate book on the "Feeding and Care of Baby." It has one especially interesting chapter which relates to the care of babies in hot climates.

FEEDING BY THE CLOCK. An eight-page reprint of a chapter in the book on "Feeding and Care of Baby."

WHAT IS BEST FOR BABY. A four-page leaflet containing helpful advice concerning the care of baby.

Reprints of addresses delivered before the society.

Rules for Plunket nurses.¹

¹ See Appendix, pp. 15 to 17.

The Government publishes pamphlets and circulars on the care of babies. One of these, "Baby's First Month," is supplied free to every mother at the time the birth of the child is registered. Postmasters are asked to distribute the pamphlet. It is estimated that approximately 25,000 copies will be issued every year. The publication is a 45-page pamphlet with 10 attractive and instructive illustrations.

"Baby's Welfare" is the name of another Government publication.

CONCLUSION.

The foregoing description of the work of the New Zealand society seems to give emphasis to a few points which may be outlined briefly:

(1) The recognition that not only in cities but in country districts provision should be made for instructing mothers in the care of babies; for teaching young girls all practical methods of home making, including baby hygiene and feeding; for giving proper hospital care to sick babies; and for maintaining conferences where mothers can have their children examined and can thus learn of any bad condition before the trouble has progressed beyond recovery.

(2) The need of definite knowledge of just what the problem is in the different communities. This knowledge it is not possible to obtain in many districts of the United States, because, on account of the incomplete registration of births and deaths, this country does not know how many babies are born and how many die. Therefore, to urge the passage of good registration laws in States in which such laws do not exist and to force efficiency in administering the registration laws in other States is a definite requirement.

(3) The need of cooperation between volunteer and public health authorities in reducing the infant mortality.¹

(4) Recognition of the merit of the methods of the New Zealand society for consideration by club women and others in making plans for infant-welfare campaigns in small towns and rural communities in the United States.

(5) The value of methods which include districting the territory in a State and organizing local committees having supervision of the welfare work; the employment of nurses whose services are chiefly educational; newspaper publicity; and the publication of pamphlets and other literature on hygiene and the care of babies and children, containing advice vouched for by the best medical authorities and expressed in direct, simple language.

¹ See analysis of public-health service in cities and towns in Illinois by Dr. George Thomas Palmer, referred to in bulletin *Baby-Saving Campaigns*, Children's Bureau, Department of Labor, pp. 10 and 11.

APPENDIX.

RULES OF MEMBERSHIP OF THE SOCIETY.

The following paragraphs, reprinted from one of the society's pamphlets, explain the general organization of the society:

MEMBERSHIP.

All persons who subscribe the sum of not less than 5s. a year to the funds of the society shall be deemed members of the society. The society's year commences on the 1st of April.

A past or future donor of a contribution of not less than £50 shall be a life member of the society without being bound to pay the annual subscription. Anyone desirous of becoming a member must send in his or her name to the secretary, accompanied by one year's subscription, unless he or she is already a life member or becomes such on joining the society.

COMMITTEE.

The society and its operations, its funds and property, shall, subject, however, to the control in all things by general meetings of the members, be governed, managed, and disposed of by a committee of the members of the society, consisting of the following: President, vice president, honorary secretary, honorary treasurer, and members.

The officers and other members of the committee shall continue in office until the election of their successors at an annual meeting. Retiring members shall be eligible for reelection. Any vacancy occurring in the committee during the year may be filled by the committee.

The personnel of the committee is to be kept as widely embracive of all sections of the community as possible, subject, of course, to there being local representatives of each class or persuasion available who would be interested, sympathetic, suitable, and willing to act.

The affairs of the society shall, subject to the control of the general meeting, be managed by the committee elected annually.

The members of the committee shall remain in office until the election of their successors. Any vacancy may be filled by the committee.

The committee shall meet once a month.

The committee may appoint executive subcommittees, to be called executives, consisting of from 5 to 10 of their number, including the president, secretary, and treasurer.

An advisory board of three or more men (including, preferably, a doctor, a solicitor, and a business man) shall be elected at the annual general meeting, with whom the committee may consult on any matter of difficulty.

Though the services of the Plunket nurses will be rendered free of charge, it is hoped that the executive of each branch will afford those persons who are in a position to do so the privilege of paying for services rendered.

Free railway passes will be granted by the public health department for the use of Plunket nurses traveling on duties connected with their work.

RULES FOR THE PLUNKET NURSES.

The services of the nurse in her special sphere of work are to be at the disposal, gratis, of any member of the community, whether rich or poor, who chooses to apply to her either directly or through a doctor, or through a member of the society.

It is expressly enjoined that where a medical man is in actual attendance, the nurse is not to act without his consent.

A Plunket nurse is a nurse engaged in the work of any of the various branches of The Society for the Health of Women and Children throughout the Dominion of New Zealand. The nurses appointed shall be either: (a) A general hospital nurse; or (b) a registered maternity nurse.

In the former case there should be three months' training at the Karitane Home, and in visiting cases outside. In the case of the maternity nurse, there should be six months' similar special training. At the end of the period an examination shall

be held, with the view to the granting of a certificate of proficiency. In all cases the fee for training will be £10.

The nurse will be entitled to be called a Plunket nurse only so long as she is employed as such in the work of the society—the working badge to be returned to the society on giving up the work.

The salary for a Plunket nurse shall be such as the society shall from time to time determine.

Uniform.—Silver-gray coat and bonnet or hat for outdoor; silver-gray cotton uniform for indoor; white apron, collar, and cuffs.

The nurse shall have one month's holiday in the year. Local committees to decide details.

Proper records must be kept of all cases, and of visits paid, and a summary must be forwarded to the committee every month.

Copies must be kept of all letters written by the Plunket nurses in connection with the work of the society. Books for this purpose will be supplied. All letters received must be kept, and duly indexed and filed as directed.

Where the Plunket nurses are in doubt as to what course they should pursue under any particular circumstance, the advice of the committee should be sought at once. Verbal inquiries may be made of the president or secretary, but where the matter does not need immediate attention, a letter should be written to the secretary.

Plunket nurses are expected to show proficiency and facility in calculating the percentage, composition, and caloric value of any milk mixture or ordinary diet.

HINTS FOR THE GENERAL GUIDANCE OF PLUNKET NURSES.

The main function of the Plunket nurses is to sympathetically and tactfully educate and help parents and others in a practical way in the hygiene of the home and nursery, with a view to conserving the health of the whole family while directing special attention to the needs of mother and offspring.

The society is extremely anxious to bring about a realization of the sufficingness in general of obedience to the simple known laws of life and nature to maintain the health of mother and child, and the inevitable Nemesis which follows sooner or later on any evasion of duty in this respect. Above all, it desires to avoid the resorting to anything savoring of mystery, or suggestive of special knowledge or powers outside the range of understanding of ordinary men and women. The nurse is not to be a "secret healer" or "mystery woman" of any kind, but a competent nurse ready to explain and show in a simple practical way the essentials for the house, and how best to insure the everyday needs for health, namely: Good air (how to secure it day and night); good food (how to prepare it, where and how to keep it, etc.); sunshine; outing; exercise; rest; sleep (how to make baby's bed); bathing, etc.; what to avoid—what not to do—(dummies, bad feeding bottles, wrong perambulators, etc.).

The Plunket nurses shall maintain a perfectly neutral attitude toward the members of the medical profession in respect to advising who should be consulted. From time to time Plunket nurses have wished to know what course they should pursue if asked by mothers to recommend a doctor. Under no circumstances may the Plunket nurses give any hint whatever as to choice or preference in this direction. Any other course would be entirely opposed to the spirit of loyalty and impartiality toward the profession which must obtain throughout.

When in doubt as to a baby's condition, the nurse should always advise the prompt calling in of the family doctor, where there is one; but whether there is or is not, she must never hint or indicate in any way who should be consulted.

Plunket nurses must never forget that the work they are engaged in is essentially a health mission. In regard to domestic hygiene, they should take the place where needed of untrained, unskilled neighbors or relations in as tactful a way as possible. They should endeavor to establish in the home an understanding and adoption of the simple principles illustrated in practice at the Karitane Harris Hospital, and inculcated in the society's books, pamphlets, "Our Babies" column, etc.

One of the first duties of the Plunket nurse is to inculcate and try to establish breastfeeding. Further, she is to teach the mothers to be capable and self-reliant, so that they may intelligently safeguard and tend themselves with their babies rather than come to depend on the nurse at every turn. A nurse may be an excellent helper herself and yet leave the mother as helpless and incompetent as before she was called in. The desire of the society is to achieve the exact opposite of this. The mother should be taught so that she may not only help herself in future, but so that she may also be helpful to her friends and neighbors. The nurse should be a sympathetic teacher and practical helper—not merely a "spoon-feeder."

The Plunket nurse should understand that while her services are available to every member of the community without charge, it is, nevertheless, desirable that parents

who can well afford to pay for help should be given the chance of doing so, and should be tactfully reminded that it is open to them to make a donation to the society's funds in appreciation of services rendered; further, that if they are not already members they can become so; and that where a mother has been helped, the society trusts she will do her best to hand on the knowledge she has acquired to friends and neighbors.

For all such intimations as the above the society has to depend on the discrimination, common sense, and tact of the nurse. Immeasurable harm can be done by an indiscreet or tactless woman in such matters.

In addition to the duties already referred to, Plunket nurses are expected to do what they can to further the society's health mission by such means as: (1) Practical talks and demonstrations to school girls on matters concerning their own health, or concerning the health of children, e. g., taking a baby into the school, where desired to do so, and telling and showing the girls all about it. (2) Talks and demonstrations to young women, mothers, nurses, etc., on matters concerning health and duty to the race.

In this connection it is impossible to define precisely what each nurse should do. One nurse may have special aptitude in certain directions, but may lack confidence in herself in other directions. All that the society wants is that each Plunket nurse will do her best to sympathetically carry on the health mission in the proper spirit. If the heart of the nurse is in the work—if she has a genuine, unselfish, patriotic interest in mother and child, and in the future of our race—she will succeed even if she does not happen to be capable of undertaking talks to assemblages of mothers or school girls in the first instance.

RULES DEFINITELY REGULATING THE CONDUCT OF PLUNKET NURSES IN RELATION TO—

The parents.—The services of the Plunket nurse in her special sphere of work are at the disposal gratis of all members of the community, rich or poor, who ask for them.

It is the nurse's first duty to inculcate and try to establish breast-feeding.

The nurse should educate and help parents and others in a practical way in the hygiene of the home and nursing with a view to conserving the health of the whole family while directing special attention to the needs of the mother and offspring.

The nurse should always try to stimulate and quicken the interest and self-reliance of parents in matters pertaining to the home, so that it may be regulated in a sensible and responsible way consistent with what is known at the present time as to the fundamental requirements of life.

The Plunket nurse must not recommend patent foods or nostrums of any kind.

The public.—The services of the nurse in her special sphere of work are at the disposal gratis of any member of the community, whether rich or poor, who chooses to apply to her directly or indirectly through any doctor or any member of the society.

When opportunity offers, the nurse should let it be known that the society is one for mutual help and that new members are always welcome.

The Plunket nurse shall not grant a newspaper interview or write to any newspaper, magazine, or journal without the express sanction of her committee. Plunket nurses shall not be allowed to communicate to the public any views in connection with the treatment of mother and child which are not consistent with the teachings of the society.

The medical practitioner.—It is expressly enjoined that where a medical man is in actual attendance the nurse is not to act without his consent.

The Plunket nurse must on no account undertake duties or assume responsibilities properly restricted to the medical profession. She is to act as nurse and domestic helper and teacher.

The nurse must always insist on a doctor being called in for any but the simplest cases of sickness. Further, where any ailment persists in spite of her having given due attention to the feeding and other hygienic requirements, medical aid must be sought. When advising the calling in of a doctor, the nurse shall in no case give the slightest hint as to what doctor is to be consulted.

As a safeguard against carrying infection nurses are not to attend homes where there are infectious cases, such as measles, whooping cough, and scarlet fever, or to receive at their offices persons coming from such infected homes.

GOVERNMENT PUBLIC-HEALTH WORK IN NEW ZEALAND.

New Zealand has a department of public health which supervises all public and private health agencies. It divides the country into 37 hospital districts, each controlled by a board composed of representatives elected by borough councils, town boards, county councils, etc.

The revenue of the boards is derived from local rates, Government subsidies, payment by patients, and voluntary contributions. The following condensed statement from the Report on Public Health and Hospitals and Charitable Aid, 1911-12, gives an idea of the scope of the work contemplated by the public-health scheme:

In all the larger hospital districts each board is provided with—

A base hospital.

An infectious-disease hospital.

Annexes or wards for consumptive patients in curable and incurable states.

A consumptive sanatorium.

Incipient mental wards.

An old people's home.

A chronic ward attached to old people's home.

A maternity ward. The four chief towns in New Zealand are provided with maternity hospitals under the control of the Government. It is hoped that in the course of the next few years all country hospitals will be provided with maternity wards.

Secondary hospitals. These are situated in the smaller towns and usually consist of some 10 to 20 beds. For special work or major operations it is the desire of the department and the boards that patients should be sent to the base hospital of the district.

A cottage hospital. Usually of some 2 to 6 beds, with a room attached for maternity cases. The function of these institutions should be more for first aid until the cases can with safety be transmitted to the secondary or base hospital.

The district nurse is a most important adjunct to our hospital system. For the most part, these nurses are sent to the more remote country districts—the back blocks—where their services as nurses or midwives are much sought. It is by means of the services of such officers that we hope to bring the back blocks more in touch with our hospital system, of which the district nurse is the outpost. It is the hope of the department and the boards that back-block settlers should provide cottages for these nurses, not only for them to live in, but with an extra room or so in which emergency cases can be treated until they can with safety be forwarded to the secondary hospital of the district, or which could be used for maternity cases.

The reports from the Government district nurses show that a rugged and varied service is often demanded. For instance, a call may come from the bush at midnight, perhaps a case of accident, when delay would be serious. The nurse is called upon to mount a horse and to ride in darkness for miles, over muddy, slippery roads, often so narrow that every step brings danger of a fall over a precipice. In the swamps her horse gets bogged, or, after a rain, has to swim a way out. The responsibility of the nurse in districts far from hospitals or medical aid has often developed an almost heroic initiative and courage.

The department has established a special nursing service for work among the Maoris. The nurses live among the natives, help them with advice and example to live a more hygienic life and to bring up their children in a healthy manner.

A system of Government registration of nurses has been in force since 1901.

The attitude toward midwives is one of encouragement, but the practice is strictly regulated. Only registered midwives are permitted to practice, and no person can be admitted to the register unless she is in possession of a certificate of training and of having passed an examination approved by the Government. One midwife to every 1,000 of population is regarded as a desirable proportion. To a certain extent in its maternity hospitals the Government supplies training places for midwives. A penalty is enforced by the Government for the occurrence of septic cases.