

## “ B. COMMUNITY HOSPITAL SERVICE.

“ The need for modern ‘ intermediate ’ hospital accommodation is just as pressing in the cities as it is in the towns.

“ The Committee has agreed with those responsible for the administration of the main teaching hospitals that it would not be satisfactory to conduct them on the ‘ open ’ principle. Nevertheless, it is felt that all other interests cannot be made subservient to the requirements of the teaching hospital and that some hospital accommodation should be provided where patients of moderate means who so desire it can be attended by their own doctors. It seems entirely illogical that because a patient is living in a city in which the public maternity hospital is a training school for midwives or students she must be denied a valuable privilege which is available in smaller centres. Where such institutions as the Salvation Army hospitals and the Alexandra Hospital are operating they meet this need well, and the development of such services is to be encouraged.

“ The alternative course would appear to be the establishment of an independent community hospital wing in connection with the main public maternity hospitals, staffed by trained nurses and not used for teaching.

“ This suggestion, however, does not receive the unanimous support of the Committee, some of whom hold that the State is not called upon to provide two types of service in its main maternity hospitals.

## “ C. PRIVATE HOSPITALS.

“ The same policy is recommended for the development of the private hospitals in the cities as in the towns—a combination of interests to establish hospitals of modern design and large enough to allow of fully efficient staffing.

## “ D. ONE-BED HOMES.

“ Throughout the country there still remain a number of unregistered homes in which a midwife is allowed to take one case at a time and which are not subject to inspection as hospitals.

“ The Committee is of the opinion that all such homes should be subject to definite regulations as are the private maternity hospitals.

“ The Committee, though recognizing the useful part which many of these homes have played in the past, consider that they lack many of the advantages of larger hospitals and are not a really satisfactory feature of a modern maternity service.”

## ANTE-NATAL CARE.

In reviewing the ante-natal services of the Dominion the Committee formed the conclusion that, although there is a very general appreciation of the value of ante-natal care both by the members of the medical profession and by the women of the country, its full benefits have not yet been generally experienced owing to variations in the standard of service given especially in some country districts where the physical and financial difficulties of distance from doctor or clinic interfere with a full service.

The Committee would emphasize the fact that ante-natal supervision to be really efficient requires very frequent examinations by well-qualified observers, especially in the later stages of pregnancy.

Extensive experience of the practical application of ante-natal care has convinced those most closely concerned with the subject that this should be considered as an integral part of a maternity case and that there should as far as possible be a continuity of service by the same attendant through all phases.

For this reason those independent clinics not associated with the hospitals in which the patients are to be confined are not regarded as completely satisfactory, in that they are divorced from the other aspects of the maternity service.

It is also realized that, since the most important aspects of ante-natal supervision are essentially medical in character, advice on these matters should be given directly by doctors. The Committee is therefore of the opinion that ante-natal service is best given either personally by the doctor responsible for the case or through the agency of ante-natal clinics associated with the maternity hospitals and closely supervised by the medical staff or doctors attending.

To meet the peculiar difficulties of the country mother, however, the Committee has recommended the development of a system whereby district nurses with midwifery training might assist the hospital clinics, and those country doctors who desire it, by paying supplementary visits to such patients in their own homes.

While fully appreciative of the very great potential value of efficient ante-natal care, the Committee would warn against an extravagant estimate of its possibilities; obstetric skill in labour and a rigid aseptic and antiseptic technique remain equally important.