

obstetrics to be responsible for the treatment of Board cases, for the training of maternity nurses, and for the general supervision of the hospital.

It is considered that the establishment of a number of such positions would be an inducement for practitioners with this special experience to take up practice in these towns and that such a policy would be very beneficial to the maternity service of the whole country.

In such towns there will also be a place for private maternity hospitals. Recognizing the good service that many small private hospitals have given in the past nothing should be done to injure them, but, nevertheless, when the present licensees retire the perpetuation of such small hospitals should be discouraged and every endeavour made by a combination of interests to establish more efficient hospitals of the type indicated.

(3) *In each of the four main cities* (Auckland, Wellington, Christchurch, and Dunedin) the general policy should be to develop maternity hospitals along three lines :—

#### A. A MAIN OBSTETRIC CENTRE.

It is recommended that very careful consideration should be given to the development of one main public maternity hospital in each of these cities to act as the centre for the obstetrical activities of the area.

The principles which should be kept in view are already seen applied in the Queen Mary Hospital in Dunedin, and have guided the Committee in its full recommendations regarding the proposed new St. Helens Hospital in Christchurch.

#### I. *The Site.*

The site should be in a pleasant environment and sufficiently large to allow of future expansion.

Convenience of access for patients from all parts of the district should be studied, the thought being not so much of the transference of the patients to the hospital at the time of lying-in, as of the much more frequent attendances at the ante-natal clinic which modern maternity care now demands. A site reasonably accessible by tram or bus is obviously desirable. Consideration should be given to the value of close proximity to the general hospital, which in many ways tends to economy, efficiency, and safety.

Although in many respects a well-equipped maternity hospital is a self-contained unit, yet there are occasions on which close contact with the facilities of the general hospital is most desirable. For purposes of X-ray examination, for the fullest use of the laboratory services, for full co-operation with the other out-patients' departments, and for convenience in consultation with physicians and surgeons there are undoubtedly great advantages in the two hospitals being close together.

#### II. *The Scope of the Hospital Activities.*

(a) *Provision of a Full Maternity Service for Mothers in Poorer Circumstances.*—This is simply an extension of the present St. Helens service.

(b) *Provision for Emergency and Complicated Cases.*—In addition to being the main public maternity hospital for normal cases it is recommended that each of these hospitals should be the centre for the treatment of obstetric emergencies. Although any reasonably equipped maternity hospital is able to deal with the great majority of its own "booked" cases, there are always a few cases which require special facilities for their treatment. Such cases have hitherto been dealt with in the general hospitals under conditions which have not been fully satisfactory. The position could be improved either by developing a fully-equipped and properly-staffed unit for complicated cases in connection with the general hospital or by combining this department with the main maternity hospital. The Committee is satisfied that the latter course is preferable.

(c) *Provision for the Training of Midwives.*—The main hospitals in Auckland, Wellington, and Christchurch would continue, as at present, to be the chief training schools in the Dominion for midwives and maternity nurses.

Owing to the special circumstances obtaining in Dunedin with its Medical School, the Queen Mary Hospital has been given over to the training of medical students.

(d) *Provision for the Training of Medical Students.*—The investigation of the Committee makes it clear that the general tendency is towards a system in which every woman will be attended by a doctor, as well as a midwife or maternity nurse, during pregnancy and labour. That being so, the adequate training of the future medical practitioners of the country is a matter of urgent importance and a responsibility which the community itself must accept. The problem of providing sufficient clinical experience for medical students in this important subject is a world-wide difficulty and is an acute one in New Zealand. It is with the greatest difficulty that the very reasonable requirements of the General Medical Council are even approached. Even with the special facilities which have been referred to in the Queen Mary Hospital in Dunedin the number of cases available will be quite inadequate to meet the needs of all the students. It is obviously desirable