

that assistance should be given in this matter in other centres where the hospital facilities, the clinical material, and the special experience of the staff are conducive to efficient training.

It is generally agreed that efficient training is greatly promoted where resident facilities are provided in the obstetric hospital, so that the students can be in the closest touch with all phases of the work.

The Committee recommends that, as each of these hospitals is developed, resident facilities for medical students be provided.

(e) *Provision for a Resident House Surgeon.*—The view is widely held that a stage has now been reached in the development of the larger obstetric hospitals in the Dominion when the provision of a resident house surgeon is necessary to give the fullest service. It is advocated that in such cases a resident doctor with at least one year's experience as a house surgeon would be of the greatest assistance to the Superintendent and the other members of the staff in much of the routine work of the hospital, and that there are many directions in which he could be of assistance to the patients, as, for instance, in the giving of more adequate pain-relief than is now possible.

It is also urged that such appointments would be in the interests of the maternity service generally in that they would afford opportunities for the more special training in obstetrics, under experienced supervision, of a number of the best New Zealand graduates.

The Committee is impressed with these arguments and recommends that, in each of the new main hospitals suggested, provision be made for a resident house surgeon.

III. *Medical Staffing.*

All those associated with the administration of these teaching hospitals for midwives are definite in their opinion that they should be of a "closed" type with a staff of Superintendent and assistant obstetricians possessing special qualifications.

Dr. McMillan dissents from this view and is of opinion that all doctors who possess approved post-graduate qualifications and who are prepared to comply with regulations should have the right to attend patients in St. Helens Hospitals and that the patients should have free choice of these approved doctors.

He is of opinion that such a system will encourage medical men to undertake post-graduate study on the one hand, while on the other the free choice of these approved doctors will ensure that the wishes of the patients receive more consideration.

The majority of the Committee are sympathetic towards Dr. McMillan's suggestion, but, in view of the overwhelming nature of the evidence to the contrary, are convinced that they are impracticable at the present time.

Supervision of Obstetric Cases in Obstetric Hospitals.—Until the policy suggested above is so far implemented that maternity patients need not be admitted to general hospitals, all such hospitals should have on their medical staff an experienced obstetrician who would be responsible for the treatment of all obstetrical emergencies and abnormalities admitted to the hospital. This would avoid the undesirable practice at present existing in some general hospitals of patients sent in for caesarean section or other obstetrical operations being referred to surgeons who may have only a limited obstetrical experience.

IV. *Administration.*

On account of the special relationship between the Otago Medical School and the Dunedin Hospital, it has been considered advisable, in the case of Dunedin, to develop the main obstetric hospital under the administration of the Hospital Board.

In the other main cities, owing to the particular interest of the Department of Health in the uniform training of midwives, it is recommended that the hospitals continue as St. Helens Hospitals under the control of the Health Department.

Dr. McMillan is not in entire agreement with this recommendation, and points out that for quite a number of years the St. Helens Hospitals in Auckland, Wellington, Christchurch, and Invercargill have been in a deplorable condition structurally and that facilities have been improved very reluctantly and very grudgingly, with the result that they compare most unfavourably with the maternity annexes provided by the more progressive Hospital Boards.

While recognizing that the Minister of Health has expressed his intention of bringing these hospitals up to modern requirements, Dr. McMillan argues that as in the past there has been, so in the future there can be no guarantee that there will not again be, in office a Government which will refuse to keep these hospitals up to date, and is of the opinion that in the long-run the best conditions would be obtained by placing their administration in the hands of the respective Hospital Boards. Dr. McMillan does not admit that either the modified "open" system or Hospital Board administration of St. Helens Hospitals would militate against the efficiency of the midwife trainee, and instances the high standard of efficiency that is obtained in the training of general nurses in Board institutions.

B. COMMUNITY HOSPITAL SERVICE.

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