staffed by obstetric specialists, thus utilizing to greater advantages the services of the considerable group of men who have prepared themselves for such responsibilities. This policy has been urged by the leaders in obstetrics in New Zealand for many years and was recommended and fully explained in the 1946 report. The practice is extending considerably but the Conference considered that it should be the recognized general policy.

In considering the closely related matter of uniformity in nurse training, pediatric care, and research the Director of Nursing training similarly described in detail (see Addendum III) the standardized methods of instruction and the uniform practice in regard to case-histories, charts, and records. She explained the general system of inspection and the supervisory control exercised by the Nurses and Midwives Registration Board.

An obstetric section of the post-graduate course was now giving advanced training to senior midwives aiming at higher-charge positions or teaching posts in obstetrical hospitals.

Close co-operation was maintained with the Plunket Society's advisers in matters relating to infant-care, and in all maternity training schools one Sister at least had Plunket training to ensure uniformity in teaching regarding infant care.

Touching on research, reference was made to the combined study of new suggestions in regard to such everyday aspects of obstetric nursing as the bathing of babies and breast feeding carried out by the Nursing Education Committee of the Obstetric Branch of the New Zealand Registered Nurses' Association. Any relevant investigations by other bodies such as the Obstetrical Research Committee of the Research Council were followed with interest. Overseas practice had also been studied by the Director of Nursing herself in visits to the training schools of Northern Europe, Great Britain, Canada, and America.

Here again the Conference was satisfied with the general position, and it was obviously the general feeling that, apart from a few exceptional instances of faulty methods, a uniform and progressive practice was, indeed, followed.

The Conference formally put on record—

> "That this Committee approves and supports the steps already taken to obtain uniformity in nurse training outlined in the memorandum by the Director of the Division of Nursing."

Considerable thought was given to the possibility of further safeguarding or improving the position. It was recognized that the extension of the "open" annexe policy, with more doctors attending some of the hospitals in which maternity nurses are trained, might lead to greater variation in practice and possibly some confusion. The nurse members of the Conference agreed that this applied more to different preferences in such matters as the use of analgesia drugs than to differences in nursing technique. The advisability of more definite charting of instructions in these matters (a point which was later the subject of a definite resolution in relation to another question) was discussed. It was also regarded as advantageous that in all "open" units of any size one or more experienced practitioners should guide the general policy of the unit, be responsible for the teaching, and possibly organize the compilation of useful records amongst the group. Out of the discussion of this last point and as a result of a similar discussion on pediatric care, the Conference resolved—

> "That this Committee emphasizes the potential value of the Obstetrical Research Committee of the Medical Research Council and advises that all obstetrical units give close co-operation by providing statistical information which may be required."

One direction in which it was considered that the New Zealand service should more generally follow modern overseas practice was in the development of neo-natal units, under the care of pediatric specialists, in connection with maternity hospitals.