

heading was largely restricted to two questions—(1) the question of centralization versus decentralization, and (2) the question of whether maternity wards or units of hospitals should be incorporated in, or be detached from, other hospital buildings.

The Conference endorses the view of the 1946 Committee on the subject of maternity hospitals in country districts. It considers that there is a definite need for the smaller maternity hospitals as well as for base maternity hospitals, and that in any area, whether city or country, the principle of a base hospital and such outlying smaller units might well apply. The question of where such outlying units should be situated must, in the opinion of the Conference, be determined by a consideration of all relevant factors, especially distribution of population and transport facilities.

The base maternity hospital should be associated with the general hospital, in order that full and proper use may be made of certain facilities which the general hospital provides. The ideal arrangement is then considered to be one in which the base maternity hospital is in close juxtaposition to the general hospital but not incorporated in it. It is realized that problems of siting and of building construction may prevent the universal attainment of this ideal, and there is no intention of condemning the provision of maternity accommodation as a wing or even as one floor of a wing in a general hospital. The recommendation of the Conference is summarized in the following resolution :—

“ This Conference approves the principle that, wherever possible, a base maternity hospital should be a separate building in close juxtaposition to a general hospital.”

In connection with this discussion consideration was given, in passing, to the desirability of the provision of “ flying squads ” for blood-transfusion, operating from the base hospital, and serving the outlying smaller institutions. The Conference was interested in figures presented by Sir Bernard Dawson, which showed that, if available English figures are taken as a basis for calculation, the number of calls on such a flying squad for a city with the population of Dunedin might be expected to average two per year.

This section of the Conference's deliberations concluded with a brief discussion on the desirability or otherwise of separate nurses' homes for the nursing staffs of those maternity hospitals which are associated with general hospitals. It was suggested by certain of the speakers that, from the point of view of fuller precautions in the avoidance of infection, the provision of a separate nurses' home might be ideal ; but against this it was generally realized that, even if a separate home were provided, mingling of the two staffs would still occur during off-duty hours, while those experienced in nursing administration drew attention to the practical difficulties that arise as a result of segregation of two sections of a nursing staff. The resolution passed by the Conference reads as follows :—

“ Under existing conditions, this Conference is of the opinion that there is no objection to maternity nurses sharing the accommodation of general nurses.”

SECTION III—ORDER OF REFERENCE, ITEM 5

How to safeguard under the law maternity patients and their children from incompetence or negligence or malpractice of any doctor.

Dr. Gordon made reference to seven cases which had come under her notice, and which she considered gave evidence of incompetence or negligence on the part of registered medical practitioners. The Conference desires to make it clear that it was in no position to investigate these cases, nor was it called upon to do so, and that it therefore expresses no opinion with regard to them.

Dr. Gordon's remarks did, however, promote a discussion on whether or not the existing machinery is adequate to deal with cases of the kind. It is realized that, in any case of alleged negligence, the patient or her relatives may have recourse to civil