

action against the medical practitioner if they so desire. In addition, the Medical Council of New Zealand has power, should it have reason to believe that any registered medical practitioner has been guilty of grave impropriety or infamous conduct in a professional respect, to require the practitioner to appear before the Council and to show cause why he should not be dealt with by the Council in accordance with the provisions of the Medical Practitioners Act. It is further realized that the Medical Council has from time to time investigated cases of less gravity, in which it did not see fit to impose any of the penalties provided by the law, and that it has issued warnings and advice.

The Conference feels that there is need for some more clearly defined procedure for investigating and otherwise dealing with cases of less gravity than those covered by the disciplinary sections of the Medical Practitioners Act. It is pointed out, in passing, that this applies with equal force to branches of the practice of medicine other than obstetrics.

The resolution passed by the Conference is as follows :—

“ That consideration should be given either to enlarging the functions of the Medical Council or by some other means bringing minor degrees of incompetence, &c., under investigation and control.”

SECTION IV—ORDER OF REFERENCE, ITEM 7

The advisability of establishing an Obstetric Council from which the Minister could obtain advice on matters affecting the maternity services of New Zealand.

The discussion on the question of an advisory Council on matters affecting the maternity services was opened by the Director of Maternal Welfare, whose remarks gave the Conference the impression that she was urging the setting-up of a council representative of all the bodies interested with wide powers to deal with all policy matters connected with the service, including hospital construction, siting, and priorities.

At this point the Director-General of Health made it clear that whilst the Government, through the Department of Health, welcomed expert advice, it could not possibly give to any outside body powers that seemed almost mandatory, and the Conference agreed that the discussion must centre round the advisability of an Advisory Council and the form that it should take.

It was apparent that, rightly or wrongly, there was some feeling that under present conditions the considered opinions of some of the organizations vitally interested in the maternity services did not receive full weight in the final presentation of the case to the Minister. Representatives of the Obstetrical Society explained that it was felt that instances had occurred where strong representations based on the majority opinion of those actually practising obstetrics had been over-ruled. The Director-General having again assured the Conference of the Department's willingness to give full consideration to those entitled to speak on any particular aspect of the service, it was decided that in such particular and local matters consultation with the existing organizations concerned in these questions should suffice and that the combined Council suggested would be unwieldy and redundant.

Discussion was then focused on an Advisory Council at a higher level, and it was agreed that there was a need for an obstetrical body corresponding to the Australasian colleges to which the Minister might refer obstetrical problems as was now done with questions relating to surgery and medicine. Professor Dawson pointed out that it was hoped that in the near future there would be in New Zealand a Regional Council of the Royal College of Obstetricians and Gynæcologists which would in effect be a sub-committee of the Council of the College in London. He felt that this Regional Council would fill the gap and act in a similar way to the Australasian Colleges of Physicians and Surgeons. Professor Dawson stressed the fact, and with this the Minister agreed, that an Advisory Council would be concerned with standards and principles, that there were advantages