question had exercised the minds of the Director of the Division of Nursing, members of the Obstetrical Society, and members of previous maternity services committees for many years, but always the final conclusion had been that these Nurses did at least help in the staffing of the maternity hospitals during their period of training and that this experience was of very great value in general nursing. It was, indeed, proposed to include maternity nursing in an extended four-year general course. It was still thought that certain conflicts between the requirements of medical students and of pupil Maternity Nurses could be satisfactorily adjusted. A very similar wastage occurred in the ranks of the general nursing service.

This Conference, like its predecessors, was not in favour of any measure of compulsion, nor did it consider that a combined training in obstetrics and gynæcology would improve the service.

3. The Question of Open or Closed Maternity Hospitals

(*a*) Several important matters relating to the general question of "open" or "closed" maternity hospitals (interpreted in the sense indicated in the introduction) were discussed.

It was pointed out that the whole question had been thoroughly dealt with in the 1946 report, and it was therein recommended that accommodation provided by Hospital Boards for normal maternity patients should be open to all practitioners except in the case of obstetrical units which are used for educational purposes.

Professor Dawson and other speakers stressed the necessity for some agreement between the attending practitioners and their respective Hospital Boards that would ensure, as far as possible, the maintenance of good standards of technique and methods of obstetrical practice. After some further discussion there was general agreement with the following resolution:—

> "That it is a recommendation from this Conference that open accommodation for maternity patients provided by Hospital Boards shall be open to all practitioners provided that they have signed an agreement between themselves and the respective Boards; such agreements shall include an undertaking to maintain the highest standards of technique and methods. It shall also be agreed that one obstetric specialist or senior practitioner shall be responsible for the teaching of the Nurses."

A suggestion was made that, alternatively, a panel of practitioners should be established in all districts and that the practice of this "open" accommodation should be limited to those practitioners elected to this panel. The above resolution, however, disposed of this suggestion.

(*b*) In connection with practice in open maternity annexes, the need for more precise charting of instructions was again raised. It was felt by many of the members of the Conference that with so many attending doctors there was the possibility of confusion for the nursing staff and some risk of mistake unless instructions were given in writing by the practitioners concerned. It was realized that the immediate charting of every detail of certain routine procedures would be impracticable, but the general opinion of the Conference was expressed as follows:—

> "It is a recommendation of this Committee that, with the exception of recognized routine procedures, the use of which must be endorsed by the practitioner on individual charts at the first possible opportunity, all instructions for the treatment of maternity patients must be charted and signed by the medical practitioner."

(*c*) Considerable concern was expressed by representatives of the Obstetrical Society that the policy regarding the St. Helens hospitals was apparently still undecided. As the last known declaration of the policy of the Department of Health in connection