with the proposed St. Helens Hospitals for Wellington and Christchurch was that the Department would conduct these hospitals on the " closed " principle, it was thought that the time had come for a definite statement as to whether this was still the intention.

In the 1946 report it was recommended that, if it was insisted that the teaching of midwives must continue under Department of Health control in " closed " St. Helens hospitals, such St. Helens hospitals should be of moderate size and that " open " maternity hospital facilities should at the same time be developed in connection with the Board Hospitals.

After some discussion by members of the Conference, including the departmental officers, the following resolution was passed :—

> " That this Conference asks the Minister of Health to declare the policy for the future development of St. Helens hospitals in New Zealand, and that the recommendation of the 1946 report be given earnest consideration."

4. The Question of Combined Units of Obstetrics and Gynæcology

Sir Bernard Dawson introduced the subject by advocating the desirability of establishing in all hospitals of appropriate size, say, of two hundred or more beds, combined units of obstetrics and gynæcology controlled by unified staffs. The proposal gave rise to considerable discussion, in the course of which it was evident that the subject was one on which different views were held.

Sir Bernard Dawson claimed that the divorcement of the closely allied subjects of obstetrics and gynæcology was undesirable and unnatural. He stated that, with few exceptions, combined units of obstetrics and gynæcology have existed in all the important hospitals in Great Britain and in the Dominions since the beginning of the century ; he could not understand why in New Zealand, at this much later date, opposition to the proposal still existed. He further explained that the prescriptions of the medical curricula in the calendars of all British universities referred to medicine, surgery, and obstetrics and gynæcology—*i.e.*, to three subjects and not four—thus indicating the close and well recognized fusion of the two subjects.

Dr. Cairney intimated that he could not support the proposal. He advocated the point of view that specialist departments in individual hospitals in this country should develop by a gradual process of evolution, and believed that all institutions would not necessarily follow the same lines. He stated that specialists in this field tend in many instances to become either gynæcologists or obstetricians, but not both, and saw no practical reason why, in hospital practice, the two subjects should be combined under the one specialist staff. In support of his contention that the two subjects can be separated he mentioned some Australian institutions where this practice applies. He claimed that no facts had been produced to convince him of any greater efficiency of a combined unit.

Professor Dawson, in reply, suggested that there was ample proof in the fact that the majority of important hospitals had installed, and the great majority of obstetrical and gynæcological authorities had advocated combined units for the past fifty years.

Dr. Averill, Dr. Kenrick, and Dr. Plunkett supported the claim for combined units, while Dr. McNickle intimated that he supported Dr. Cairney's view.

The following resolution was passed as a majority decision :—

> " This Conference recommends to the Minister of Health that the Hospital Boards of New Zealand be urged in future hospital planning and future medical appointments to give full consideration to the accepted principles of grouping obstetrical and gynæcological cases together in a combined unit with a unified staff."

At the conclusion of the Conference Dr. Doris Gordon again reviewed some of the problems which she had noted in the administration of the maternity services, and expressed her satisfaction with the discussions which had taken place and her hope that they would lead to the resolution of these difficulties.