4. The standards set by the Medical Research Council of Great Britain have been used as a basis for sterilization methods.

5. The pamphlets are supplied to all midwifery and maternity training schools, and it is on the basis of these requirements that the nurses and Midwives Board examines candidates for the State Midwifery and Maternity Examinations.

6. These pamphlet instructions are supplied by the Medical Officers of Health to all maternity hospitals—State, public, and private—in their districts, and it is on this basis that all inspections of maternity hospitals are carried out.

7. It has been possible to standardize technique, on account of the fact that same is very carefully carried out in the St. Helens hospitals, wherein all future Sisters of maternity hospitals are trained as midwives.

8. It has been stated that trainees at St. Helens hospitals are not sufficiently trained in pain relief. This is not correct. These hospitals all use analgesia frequently, and obstetrical anæsthesia is carefully given.

9. I would like to quote from the annual report for the year ending 31st March, 1948, of Dr. Ewart, M.D., M.R.C.O.G., Medical Superintendent and Senior Obstetrician, St. Helens Hospital, Wellington, reading as follows :—

From time to time uninformed lay people have stated that patients in St. Helens receive little or no pain relief in labour. We know that this is untrue. We believe that the administration of analgesic and sedative drugs, because of the supervision and interest of Dr. Griffin, and the full co-operation of the Matron and her nursing staff, is better carried out at St. Helens Hospital than in any other obstetric hospital in Wellington. Dr. Griffin's report is valuable not only from his findings, but also as a record which will refute allegations of the lack of pain relief.

10. Recently the Matron of one of the larger maternity training schools raised the question of what maternity nurses must be taught with regard to obstetric anæsthesia whilst awaiting the arrival of the doctor. The matter was discussed by the Nurses and Midwives Board, and a ruling was given that, until an opinion is received from the Obstetrical and Gynæcological Society of New Zealand, nurses are only to be instructed in the use of Small's ether apparatus. The Board was guided in its decision by Dr. Corkill, who is a member of the Board.

11. Due to the early ambulation policy recently adopted in several maternity annexes, the Inspecting Officers of the Nursing Division, concerned about the care being given to these patients, discussed the matter with Dr. Gordon, Director of Maternal Welfare. This was referred by Dr. Gordon to the Obstetrical Section of the Research Council. A reply was received concerning the type of perineal care which should be given to ambulant patients. This was circulated to all maternity training schools and to the Medical Officers of Health for the guidance of the Nurse Instructors.

12. Last year Dr. Deem and Miss Lusk, Nursing Adviser to the Plunket Society, were invited to a conference of Nurse Inspectors to review the care of premature babies and the encouragement of breast feeding. Certain principles were approved and subsequently circulated to all Medical Officers of Health for transmission by the Nurse Inspectors to maternity hospitals of all categories.

13. It has been found inadvisable for new-born babies whose mothers are transferred to a medical ward from an obstetric ward to be nursed in other than a new-born-infant nursery, and under the same strict conditions of isolation.

14. This standard of care has recently been under review by the Director, Division of Nursing, who visited obstetric hospitals in the United States of America and Canada last year, and by Miss J. Alley, Nurse Instructor in Obstetrics at the Post Graduate School for Nurses, Wellington, who spent the whole of last year observing obstetric nursing in Great Britain and Canada.