

transferred to a hospital provided with facilities for dealing with special complications. Such cases are at present dealt with in the Christchurch Hospital, but medical witnesses have made it clear that the provision made is quite inadequate.

Two courses are open :—

- (a) To develop a fully equipped unit for complicated obstetrical emergencies in connection with the general hospital; or
- (b) To develop this department in association with the proposed new maternity hospital.

As far as Christchurch is concerned, the medical witnesses generally favoured the latter plan.

It is generally agreed that the establishment of one centre in which the main obstetrical activities of the community are concentrated has great advantages.

The Committee, therefore, strongly recommends that provision should be made for the treatment of obstetrical emergencies, other than septic cases, in the new hospital.

For this purpose an additional five to ten beds would be required.

(3) *Provision for the Training of Medical Students.*—The investigation of the Committee makes it clear that the general tendency in New Zealand is towards a system in which every woman will be attended by a doctor as well as a midwife or maternity nurse during pregnancy and labour. That being so, the adequate training of the future medical practitioners of the country is a matter of urgent importance and a responsibility which the community itself must accept.

The problem of providing sufficient clinical experience for medical students in this important subject is a world-wide difficulty, and is an acute one in New Zealand. It is with the greatest difficulty that the very reasonable requirements of the General Medical Council are even approached. Even with the new Queen Mary Obstetrical Hospital in Dunedin the number of cases available will be quite inadequate to meet the needs of all the students.

It is obviously desirable that assistance should be given in this matter in other centres where the hospital facilities, the clinical material, and the special experience of the staff are conducive to efficient training.

It is generally agreed that efficiency in training is greatly promoted where resident facilities are provided in the obstetrical hospital, so that the students can be in the closest touch with all phases of the work.

The Committee considers that this should be a definite function of the main Christchurch Obstetrical Hospital, and recommends that provision should be made for the training of medical students with resident facilities for two students at a time.

(4) *Provision for a Resident House Surgeon.*—The view is widely held that a stage has now been reached in the development of the larger obstetrical hospitals in the Dominion when the provision of a resident house surgeon is necessary to give the fullest service. It is advocated that in such cases a resident doctor with at least one year's experience in a general hospital should be appointed. It is urged that such a house surgeon would be of the greatest assistance to the Superintendent and the other members of the staff in much of the routine work of the hospital, and that there are many directions in which he could be of assistance to the patients—for instance, in the giving of more adequate pain relief than is now possible.

It is also urged that such appointments would be in the interests of the maternity service generally in that they would afford opportunities for the more special training in obstetrics, under experienced supervision, of a number of the best New Zealand graduates.

The Committee is impressed with these recommendations and believes that the contemplated obstetrical hospital in Christchurch will be of such a size as to make the appointment of a resident house surgeon definitely advisable, especially if obstetrical emergencies, requiring close medical supervision, are to be admitted as suggested.

*To summarize the recommendations of the Committee :—*

- (a) It is recommended that the St. Andrew's site be selected.
- (b) It is recommended that forty beds be provided for the extension of the present St. Helens service.
- (c) It is recommended that the new hospital be developed as the obstetrical centre for the treatment of obstetrical emergencies and that for this purpose at least five to ten additional beds be provided.
- (d) It is recommended that resident quarters be provided for two medical students.
- (e) It is recommended that provision be made for a resident house surgeon.

Regarding the old St. Helens site and buildings, the Committee is not in a position to suggest any definite use, but there is a suggestion that the new Nurses' Home on the old site could well be used as a waiting home and creche for children whose mothers are in hospital.