It should be made perfectly clear to Hospital Boards and those responsible for the appointment of nurses that, for general purposes, the maternity certificate is fully sufficient, and that only in cases where the duties definitely require midwifery experience should the higher certificate be demanded.

In the case of maternity nurses (as distinct from midwives) it is clear that a very considerable number of general trained nurses do take the course merely as an aid to advancement in their professional careers and with no intention of continuing in midwifery practice proper; nevertheless the nurse in her general work, especially if she happens to be posted to the women's ward of a hospital, has so many indirect contacts with maternity work that there is a very general feeling among those directing nursing education that this additional course of study is highly desirable for nurses.

Since the number of cases which each maternity nurse is required to conduct personally during training is only five this does not, however, use up the same amount of clinical material as does the training of midwives.

Quite apart from any wastage of clinical material, there is another aspect of this failure of nurses who have taken their maternity training to continue in active midwifery practice—a very great difficulty is being experienced by many maternity hospitals in obtaining the necessary staff.

There is no doubt that the majority of doubly-certificated nurses, who are in a position to choose, elect to engage in some other branch of nursing than pure midwifery. The Committee examined the reasons for this position closely and finds that it is due to the fact that the work is regarded as more anxious, that the hours are more irregular and more onerous, that the salaries offered are frequently less than those obtainable elsewhere, that the opportunities for professional advancement are limited, and that superannuation facilities are frequently not offered.

It is clear that the nurse with general training can only be attracted to continue in midwifery work if the terms of service are comparable with those obtainable in other branches of the nursing service and take into consideration the particularly responsible and exacting nature of this work. In justice to those in charge of maternity hospitals it must be stated that the majority are doing their utmost to adjust their hospital management to meet new conditions.

In considering the place of maternity hospitals, especially private hospitals, in any national maternity scheme the financial considerations involved by these necessary adjustments in terms of service must be sympathetically met.

The need for a superannuation scheme to cover midwives and maternity nurses in all classes of practice is very evident.

It has been suggested that to maintain the supply of maternity nurses it may be necessary to recruit more maternity nurses from the ranks of those who have not already taken general training. In many ways this would be unfortunate, for, other things being equal, the maternity nurse with double qualification is undoubtedly the superior assistant. In quite a number of cases, too, such nurses decide subsequently to proceed with general training.

### The Training of Medical Students.

The attention of the Committee was drawn on many occasions to the great difficulty which medical students have in obtaining the number of midwifery cases which is required by the regulations of the General Medical Council and which is so essential for their efficient training. The difficulty is not peculiar to New Zealand, but is the experience in most countries.

In part, as already indicated, it is due to the conflicting interests of midwives, maternity nurses, and medical students, all of whom require cases.

Although the Committee is not prepared to recommend certain suggested regulations which might restrict the position of nurses desiring to take this training, it is nevertheless felt that by mutual arrangement between those responsible for the training of medical students and nurses, adjustments might be made whereby the clinical material available could be shared in such a way as to meet the requirements of both.

Difficulty has also been caused by a prejudice against the entry of medical students into some hospitals where the facilities for training are available; such an attitude is exceedingly unfortunate and dangerous for the maternity service as a whole. It is urged that every facility be given by Hospital Boards and other organizations responsible for maternity hospital management for medical students to obtain this all-important practical instruction under experienced supervision. The Committee has made recommendations regarding the provision of resident facilities for medical students in the main public maternity hospitals in each of the four chief centres when these hospitals are developed and extended. Such resident training is regarded in medical teaching circles as essential to the best instruction.

The closely allied question of post-graduate facilities in obstetrics has also been discussed, and, in addition to the establishment of post-graduate courses at the University Medical School, it has been advised that all larger maternity annexes be placed under the supervisory control of medical practitioners with special qualifications in obstetrics, thus encouraging specialization in this branch of medicine.