

maternity training to be given in a number of suitable charitable institutions and public-hospital annexes, and only untrained women are accepted as maternity trainees in hospitals which are also training schools for midwives.

For purposes of staffing in a general hospital, and for private work, maternity training is sufficient, but this does not apply to responsible positions in obstetric hospitals or to district work, where the full midwifery training is indispensable.

OBJECTIONS TO THE PRESENT SYSTEM OF TRAINING MIDWIVES.

Certain objections to the present system of training midwives have been advanced, of which the following are the principal:—

(1) That the course of training is unnecessarily full and detailed for women who, in the majority of cases, will attend patients only in conjunction with a doctor. A review of the work of district nurses alone will make it clear that this contention is fallacious. A district nurse who, under ordinary circumstances, would not attend actual confinements may at any time be called upon to deal with an obstetrical emergency in the absence of medical assistance. The prescribed attendance on 50 cases of labour (20 deliveries and 30 witnesses) is the minimum which will confer the requisite manual skill, and the number of ante-natal attendances required is barely sufficient to provide the necessary experience and judgment. For a midwife working under a doctor a thorough knowledge of analgesic methods is essential if pain-relief is to be adequate. The lower maternal mortality rate in New Zealand as compared with Canada and the United States of America, where a much briefer and less practical course is given, is sufficient argument for the maintenance and further improvement of the system followed in New Zealand. A suggestion that tutor midwives should be appointed to the training schools would seem worthy of consideration.

(2) That the large number of cases required for pupil midwives interferes with the training of medical students.

It is true that the problem of providing students with sufficient case material is, and always has been, a major difficulty. With the opening of the Queen Mary Hospital in Dunedin, however, all cases in this institution will be available for student attendance, and arrangements exist whereby cases are available in many public-hospital annexes and charitable institutions. Where it is possible to do so without interfering with the midwives' training, the officers of St. Helens Hospitals are always willing to provide students with cases, and abnormalities of labour which are unsuitable for delivery by midwives are not infrequently attended by students under the supervision of the Medical Officer. It would seem that a further development of present arrangements would be preferable to any encroachment on the training material of midwives. As regards the standard of obstetrics in New Zealand, any advance in the teaching of students, important though it may be, will be entirely defeated in its object if accompanied by a lowering of efficiency in the work of midwives.

(3) That the "closed" hospital system observed in training schools for midwives is detrimental to the interests of patients who are denied the right of engaging their own doctor.

It is argued by some that training schools should be conducted on the "open" system—*i.e.*, that any practitioners desiring to do so should have the right of attending patients in the hospital. This course is thought by many to be undesirable in many respects. Under the present system difficulty is experienced in providing the requisite number of cases for pupil midwives, and it is suggested that if any patient who so desired were to be attended by her own doctor the supply of cases would be still more inadequate. There are some, however, who do not consider this difficulty insuperable. Furthermore, as most doctors prefer to do their own ante-natal work, material in this field would be insufficient to enable pupils to form a sound judgment. The multiplicity of methods which would result from the "open" system, while instructive to the graduate nurse, would be confusing to the inexperienced pupil. Uniformity of method in asepsis, treatment, and technique is essential for sound teaching.

(4) That the number of trained midwives is excessive for the needs of the community.

A glance at the figures for the past five years will serve to refute this statement, and the further development of district services which will, in all probability, take place in the near future, will make even greater demands on the number of midwives in training.

(5) That the complicated methods of sterilization and general technique used in the training schools and the large personnel available do not tend to develop resourcefulness and self-reliance in the pupil, who tends to become careless and indifferent to essentials when the appliances to which she is accustomed are not available.

While there is undoubtedly some justification for this objection, every effort is made to help the pupil to distinguish between fundamental necessities and mere amenities, and to develop good judgment and resourcefulness. The suggestion that short refresher courses in hospital should be made compulsory for practising midwives and maternity nurses would appear to be a practical one. Already the number of trained women who take voluntary refresher courses is an indication of their interest in modern obstetrical developments.