

hospital. Arrangements are made for students to reside in the hospital during part of their course, thus eliminating the uncertainty and waste of time which the previous system entailed. While the available case material will still be insufficient for the requirements, further development of the extra-mural teaching system should assist in this respect. The constant attendance at the hospital of the Professor and the obstetric tutors ensures that every student receives a thorough training in all matters pertaining to pregnancy, labour, and the puerperium.

In the past midwifery has, not without reason, been named "the Cinderella of the medical sciences." Teaching was scant and perfunctory, and it was quite possible for a student to become fully qualified without ever having witnessed an obstetrical abnormality or observed a normal labour throughout its entire course. The newly qualified practitioner was sent out to pick up experience as best he might. Post-graduate students who wished to make a special study of the subject were obliged to undertake a costly journey to Europe or America in order to obtain the experience which their own school had failed to give them.

In recent years, however, a complete change of attitude has taken place. It is recognized that if he is to serve the public adequately a practitioner must have a thorough knowledge of both normal and abnormal midwifery, and that this knowledge can be gained only by observation of numerous cases. Every effort is now being made to provide the student with adequate case material, but the small population of the country renders this a difficult task.

The paramount importance to the community of a sufficiency of medical practitioners thoroughly trained in obstetrics cannot be too strongly emphasized. It is a most unfortunate fact that from time to time propaganda of an uninformed character has sought to exclude the medical student from the practice of lying-in hospitals, and it should be clearly understood that such a policy could result only in ultimate disaster to the community. Successful midwifery is not the prerogative of the obstetrical specialist—it is a field in which the general practitioner may, and frequently does, excel; and it is on the men and women who have devoted time and means to the development of obstetrics as a branch of general practice that the safety, health, and happiness of the child-bearing woman must, in the long-run, depend.

While a survey of the history of obstetrical training for students discloses very great improvements in recent years it is evident that much remains to be done in regard to the teaching of this important subject. The two chief difficulties are the provision of case material and the length of time necessary for the proper observation of cases. The first of these can be solved only by increasing the number of extra-mural available cases, the second will in part be remedied by the suggested plan of giving each student one month during the sixth year to be devoted entirely to obstetrics to the exclusion of other clinical duties. The advances of modern obstetrics make heavy demands on the time of both teachers and pupils. A concrete example of this is the use of analgesia in labour, a development the importance of which is universally admitted and which can be learned only by observation of numerous cases from the beginning of labour to its termination. An appreciation of the importance of physiological, as distinct from pathological, labour is another factor which only prolonged bedside experience can teach.

Important as is the training of under-graduate students in obstetric practice, the more specialized training of post-graduates is no less essential. Hitherto no facilities for post-graduate instruction have been available in New Zealand, graduates wishing to practice obstetrics being obliged to go abroad for further training, or else to enter practice with a very deficient knowledge of the subject. The appointment of resident house surgeons to the public maternity hospitals would go some way towards remedying this lack, and the establishment of short post-graduate refresher courses in some of the larger hospitals would be of great assistance to the general practitioner.

The establishment in 1931 of a travelling scholarship to enable medical graduates to gain overseas experience in obstetrics has so far been disappointing in its results, a number of able graduates having left New Zealand under this scheme, and only one holder of the scholarship having returned to the country.

Recommendations.

After a comprehensive study of the needs and conditions of obstetric training in New Zealand, the Committee advances the following recommendations:—

- (1) That in view of the paramount importance of sound and practical training of medical students in obstetric practice, the Government, Hospital Boards, and charitable institutions having the care of parturient women be urged to do all in their power to assist the University in the matter of increasing the case material available for instruction of students.
- (2) That the appointment of resident house surgeons to the St. Helens and larger public maternity hospitals be considered.
- (3) That post-graduate vacation courses in midwifery be inaugurated at the Otago Medical School on lines similar to those followed in the English and Scottish universities.