(2) Free choice of doctor by patient, subject to consent of doctor to act.

(3) Medical and maternity benefits to be administered by Local Health Committees, and not by friendly societies.

(4) The method of remuneration of medical practitioners adopted by each Local Health Committee to be according to the preference of the majority of the medical profession of the district of that Committee.

(5) Medical remuneration to be what the profession considers adequate having due regard to the duties to be performed and other conditions of service.

(6) Adequate medical representation among the Insurance Commissioners in the Central Advisory Committee and in the Local Health Committees, in the latter such representation to be one-fourth of the entire Committee, and statutory recognition of a Local Health Committee representative of the profession in the District of each Health Committee.

(7) That a Special Insurance Commission be instituted for Ireland.

(8) Extra provision to be made for special services such as:—(a) Anaesthesia; (b) Operations; (c) Consultations; (d) Night Work.

And a deputation was appointed to interview the Chancellor of the Exchequer and to report to a mass meeting of the whole Irish medical profession on June 30th, 1911.

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MATERNITY REPORT.

The Report for 1909-1910 is my seventh and last. Like its predecessors it shows continuous progress in the activities of the hospital. There were 2,524 admissions

*Read before the Section of Obstetrics in the Royal Academy of Medicine in Ireland on Friday, May 22, 1911.
to the maternity wards and 2,222 deliveries. In my predecessor's last year the numbers were 1,694 deliveries—528 fewer patients than now. The morbidity of 2.61 per cent., a percentage practically the same as last year, and these two years mark the best results that I have been able to obtain. They show a distinct improvement as compared to that of my first year when the morbidity was 10.7 per cent. It must be remembered that these results have been obtained without structural alteration in the hospital, and by methods which can be, and are, applied in general practice. It will be interesting to note future results, to see if the structural improvements which are about to take place in the labour ward will have the effect of still further reducing the morbidity.

A word of warning is here necessary, for unless there is close supervision on the part of the Master and his assistants there will be the greatest tendency to slacken in the precision of recording the temperature and pulse. I experienced great difficulty in this particular during my first year, and indeed on one sister was never able to impress the importance of accuracy in this particular. A more recent experience will serve to illustrate my meaning. On taking up my appointment at Steevens' Hospital I was struck by the apparent excellence of the results in the maternity ward, as evidenced by the range of temperatures. It was not until I was in the hospital some months that it occurred to me to ask the method of taking temperatures. I then learned that no attempt was made to carry out the suggestions of the British Medical Association. The half-minute thermometer was not used. Axillary and not mouth temperatures were taken. No definite time was set apart for recording temperature and pulse, nor was there any rule as to the length of time the thermometer should remain in place.

Some time after this (having completely forgotten that I caused a change to be made) I remarked to the sister that the ward did not show the healthy condition to which I had become accustomed. The sister said the patients