

(C.) *Staffing of District Health Offices.*—The position at present as exemplified in the Auckland Office is absurd. The multifarious duties devolving upon the Medical Officer of Health are overwhelming. His assistant, Dr. Boyd, has had but little experience, and has only recently obtained his diploma of Public Health. The departmental witnesses admit that the supervision of private hospitals by the Medical Officer of Health is “necessarily superficial,” and that his personal investigation of maternal deaths and suspicious illnesses in maternity hospitals, although most desirable, is impossible under present conditions. Assistant Inspector Miss Bagley and Nurse Inspector Miss Mirams have more work than they can efficiently cope with. It is admitted by the Department that were these two officers not very energetic and devoted to their work the position would be quite impossible. The inspection of private hospitals is only one of the many duties of these officers. There are eighty-two private hospitals in the Auckland District, which extends from Taumarunui to the extreme north, and eastwards to Opotiki. The amount of inspection these hospitals can receive under present conditions is negligible.

Adequate inspection of private maternity hospitals is the right of the women of this country. Expectant mothers should not be deluded into a sense of security, which the assurance of Government inspection induces, when that security does not in fact exist. The staff of such District Health Offices as that of Auckland should be immediately and substantially strengthened, and the inspection of private maternity hospitals rendered a real protection to maternity patients, which at present it is not.

(D.) *Co-ordination.*—The absence of skilled co-ordination in private maternity hospitals was generally admitted throughout the inquiry proceedings to be a grave danger. A remark of Dr. Makgill’s in this connection illustrates the position. He said in evidence, “One must consider whether the absence of this supervision [referring to the supervision which it was urged the Medical Officer of Health could not give] is not the weak point in all private hospitals, since the various medical attendants have no knowledge of what is occurring in the wards other than those occupied by their own patients unless through chance conversations. . . . The recent trouble at Kelvin Maternity Hospital appears to me to suggest the lack of such skilled co-ordination.”

This defect may be remedied by making it compulsory, when a case of puerperal fever or suspected puerperal fever is notified, for the manager of the private hospital concerned to inform all medical practitioners attending the patients in the institution or proposing to attend patients shortly to be admitted. Further, the temperature-charts of all patients in the hospital should be always readily available for inspection by medical practitioners attending patients, or expecting to attend patients, at the hospital.

(E.) *Use of Anæsthetics.*—Notwithstanding the express statutory prohibition (Regulations under the Midwives Act, 1908) of the administration of chloroform or any other anæsthetic except in the presence of and under direction of a medical practitioner, it transpired in the course of this inquiry that Matrons of private maternity hospitals are by some medical practitioners occasionally instructed to give what was termed a “whiff” of chloroform in the absence of the medical practitioner, and also to administer by hypodermic injection the drug hyoscin in like conditions. This unlawful practice cannot be too strongly discouraged, and it is recommended that publicity be given, for the information of midwives and medical practitioners, of the statutory prohibition and the penalty for breach.

(F.) *The Private Maternity Hospital System.*—The Commission submits the following views:—

The private maternity hospital system in New Zealand is unsatisfactory at present from almost every standpoint, mainly because the provision of such hospitals rests entirely upon the usually slender financial resources of the licensees, who are, as a rule, registered midwives, and not often the owners but merely the licensees of the premises. It is, almost without exception, beyond the financial ability of these women to supply the class of building and equipment which the welfare of the patients and the national importance of the work urgently demand; and as a commercial venture the income generally derived from these hospitals presents no alluring prospect to the capitalist. The result, therefore, is that the