

patients who engage a doctor receive their ante-natal treatment from their own doctors. There was an average daily occupied bed rate of six, with 157 confinements for the year.

*Carterton* has two private maternity hospitals providing eight beds, and is situated nine miles from Masterton. There are two doctors here.

*Pahiatua* has one private hospital providing seven maternity beds, and there are three doctors here. It is forty-three miles north of Masterton.

*Featherston*, which is twenty-two miles south of the main hospital, has a doctor resident there. A private hospital provided three maternity beds.

*Greytown* has a private hospital with three beds, and is fifteen miles distant from the main hospital. There is a doctor located there.

*Martinborough* has four maternity beds provided by a private hospital and also has a resident doctor. It is thirty-one miles from the main hospital.

*Eketahuna*, with a private hospital providing two beds, is twenty-five miles north from the main hospital. There is one resident doctor.

*Pongaroa*.—There is a medical association here, and the Hospital Board arranges for a subsidy to be paid through the association to a private hospital with three beds. Pongaroa is about seventy miles from the Masterton Hospital. There is no doctor permanently resident there.

All the above hospitals are staffed by registered obstetrical nurses.

The hospitals for the most part are small and, with one exception, are converted houses. The staffing and equipment are sufficient to enable the medical men to deal conveniently with all maternity patients except the gravest abnormalities requiring surgical intervention. At the present time these have either to be transferred to Masterton or, if they can afford to pay, are dealt with in the surgical wards of the maternity hospitals of Martinborough, Featherston, or the private surgical hospitals in Carterton and Pahiatua.

Though this district is well supplied with medical nursing and hospital facilities for maternity patients, the arrangements fall short of what is desirable, inasmuch as patients unable to pay private hospital fees have to go to the Masterton Public Hospital annexe for their confinements. This necessitates transport, generally after labour has begun, for distances of from nine to seventy miles, although in each instance, in the immediate vicinity, there is a private hospital which could admit them.

The present system has considerable disadvantages, the most obvious of which is the long journey to be undertaken after labour has begun or, alternatively, an early departure from home and a more or less lengthy sojourn in Masterton before labour begins.

Another disadvantage to those who cannot afford private-hospital fees is that while they have received throughout pregnancy ante-natal advice from their own medical man, when the critical time of labour comes they are transferred to the care of a midwife or medical man at Masterton who has had no personal knowledge of the patient's condition throughout pregnancy and in whom the patient is likely to have less confidence and therefore suffer from fear much more than she would if she were still in charge of the local medical man who has been attending her.

Minor, but real disadvantages, are the inconvenience and expense to the husband and relatives when visiting the patient at Masterton.

It was stated that of 128 patients admitted to the Masterton Hospital for confinement forty-three were brought into Masterton from other towns and thus were taken out of the hands of their usual medical advisers and past private hospitals in which they could have been attended equally well, in addition to being farther away from their homes than was necessary, with the resultant inconvenience and increased expenditure to their relatives when visiting them. If arrangements were made by the Board to pay for attendance on these patients in the hospital nearest their homes, as is done in some other districts, it would be of considerable advantage.

From the evidence of some of the licensees of private hospitals it was evident that owing to their restricted capital they had been able to provide their hospital with the minimum equipment only and that the meagre returns made it a continual struggle for existence.

If arrangements are not made to assist the smaller private hospitals financially it appears that some of them will probably have to close, in which case women of the district would either have to arrange for domiciliary attendance in their own homes—many of which are unsuitable for the purpose and in which the medical men are unwilling to take the responsibility of attendance on the patient—or a transfer to Masterton, over distances varying from nine to forty miles. An alternative would be for the Hospital Board to build public maternity hospitals in most if not each of the centres named above, but the capital cost of such small hospitals to the Board would be very considerable, probably an average cost of not less than £2,000 per hospital.

This Hospital Board district has but few centres of population not provided with reasonable private maternity facilities. There are, no doubt, difficulties with regard to transport for attending ante-natal clinics for those living some distances from the townships, but the population generally is fairly well-to-do and there was no evidence of any hardship arising from this cause.