

The arrangements for the ante-natal supervision of "no-doctor" cases cannot be regarded as complete; the district nurse is not fully equipped for such service.

The doctors do most of the supervision of their private patients, sometimes with the help of the Plunket Nurse in the less medical aspects of the work.

There is only one private maternity home of six beds, well conducted, but charging fees (£5 5s. to £6 6s.) which are beyond the means of the poorer section of the community. The average number of confinements per year is seventy-one.

The position in Marton is a somewhat difficult one, and typical of a number of medium-sized towns where there is already a private hospital service doing good work, but where there are also a considerable number of women requiring some public assistance.

One solution, of course, is to establish a public maternity hospital. The size of the town would not, however, warrant the building of a hospital of more than six beds. The result would be that neither it nor the private hospital could be developed on the most satisfactory lines; neither, for instance, could economically afford a night nurse.

If some means could be devised whereby those in need of assistance could be enabled to obtain the service of the existing private hospital in a way which would be acceptable both to the patient and to the owner of the hospital, and which would be free from the objectionable features of some of the present subsidy systems, this might prove a more satisfactory and more economical course under such circumstances.

HUNTERVILLE.

There are three maternity beds in a "mixed" private hospital, and this accommodation appears to be sufficient. There are about forty cases per year. The fees are £11 11s. for the fortnight. Practically no midwifery is done in the private houses. There is no public institution, and, although it is understood that the Wanganui Hospital Board would pay for indigent patients in the local hospital, this help has never been applied for.

A certain number of patients go to Palmerston North or Wanganui, but more for private and domestic reasons than on account of any financial difficulty associated with local attendance.

Ante-natal supervision is encouraged and patients attend reasonably well, but there are some difficulties of distance.

TAIHAPE.

There is one private maternity hospital in Taihape, licensed for eight beds and dealing with about ninety-five cases per year. Practically all the midwifery of the district is done here, and the service given is spoken well of by the women.

There is no public maternity institution and no district nurse doing midwifery.

The Wanganui Hospital Board is prepared to pay £4 4s. per week at the private hospital for indigent cases, but this assistance has never been asked for because the circumstances were not realized until it was too late to make application.

Although general complaints were made by representatives of a women's organization regarding the cost of confinement, the position as outlined above does not suggest that any great hardship exists.

A plea was made by one of these representatives for a district midwife on the score of cheapness, but here again the Committee doubted whether the relative inadequacy of such a service was appreciated.

Some suggestions were made regarding a maternity annexe at the Taihape Hospital.

The alternative, as at Marton, would be for the Board to make a more satisfactory arrangement for the attendance of the less well-to-do at the private hospital.

Opinions regarding ante-natal care were conflicting. The doctors considered that, in spite of the considerable distances, most patients found it possible, without serious hardship, to make an adequate number of attendances for ante-natal supervision.

The women's representatives, on the other hand, stressed the fatiguing nature and the cost of such attendances.

The Committee is of the opinion that this is a district in which the assistance of a district nurse, trained in ante-natal care, could be of considerable help to the doctors.

RAETIHI-OHAKUNE.

The only maternity-hospital facilities in this district are in the public maternity annexe at the Raetihi Hospital, where there are four beds. There are about eighty confinements per year in this hospital. Accommodation is overtaxed, and extensions are under consideration.

The Hospital Board district nurse does a considerable amount of domiciliary midwifery, partly by herself, but mainly with the doctor, and chiefly on the Ohakune side.

This is another district in which some of the women are faced with the problems of distance from doctor and hospital.

The question of improvement of the existing services is somewhat complicated by the rival claims of Ohakune for local hospital provision.