

On the other hand, if domiciliary attendance were adopted as a policy as against hospitalization, a larger number of midwives and maternity nurses would be required, and the majority of these would have to be subsidized and pensions provided.

The Committee is of opinion that the maintenance of the present system of maternity hospitals is the best that can be adopted, though it is advisable that they should be supplemented by providing rest and convalescent homes for women before they enter hospital, and after they leave it, or by a system of domestic assistance for the same periods.

4. SUMMARY OF EXISTING HOSPITAL FACILITIES.

(1) MATERNITY HOSPITAL FACILITIES PROVIDED BY HOSPITAL BOARDS.

The Committee found very great variations in the provision made by different Hospital Boards to meet the maternity needs in their districts. The facilities available were of three types—

(a) *Maternity Annexes and Hospitals.*—In a number of the cities and in many of the larger towns maternity annexes or hospitals have been established in connection with the general hospitals. In some cases these annexes are of the “closed” type and all the attendance is given by the stipendiary staff. Usually the system of attendance is similar to that in operation in the St. Helens hospitals—midwife-attendance in normal cases, with the medical staff exercising general control, supervising ante-natal care, attending difficult cases, and lecturing to the nurses in training. In a few instances the medical staff, either the Superintendent or a house surgeon, attends all confinements.

In some of these annexes a medical practitioner of special experience in obstetrics has been appointed to the medical charge of the hospital.

The majority are training schools for maternity nurses.

A number of the annexes are open to the medical practitioners of the district, who are able to attend their own patients in these hospitals, the medical fee being a matter of private arrangement between patient and doctor.

The hospital fees, with few exceptions, are £3 3s. to £4 4s. per week, usually corresponding with the rate charged in the general hospital to which the annexe is attached. These fees are subject to adjustment as is customary in the public hospitals.

Maternity hospitals and annexes of this type are established in the following places :—

Whangaroa.	Whakatane.	Blenheim.
Kaitaia.	Taumarunui.	Christchurch (Essex).
Kawakawa.	Raetihi.	Ashburton.
Rawene.	Stratford.	Timaru.
Whangarei.	Patea.	Dunedin (Queen Mary).
Te Kopuru.	Wanganui.	Ranfurly.
Waiuku.	Palmerston North.	Cromwell.
Hamilton.	Gisborne.	Westport.
Coromandel.	Hastings.	Reefton.
Thames.	Waipawa.	Greymouth.
Rotorua.	Masterton.	
Te Puke.	Nelson.	

The Committee found that, in general, the accommodation, equipment, and standard of attention in these annexes was exceedingly good; some of them are the most modern maternity hospitals in the Dominion.

As is natural, in some of the older ones the accommodation is being taxed, and extensions or replacements are becoming necessary.

These hospitals, both “closed” and “open,” are meeting the great need for efficient maternity care at moderate cost in a very satisfactory manner, and their services are in great demand.

In addition, they are taking an important part in the training of maternity nurses and might be used to assist in the practical training of medical students.

The Committee is of the opinion that their place in the maternity service is an essential one, and their further development is definitely to be encouraged.

(b) *Cottage Hospitals.*—In a considerable number of smaller towns a very similar provision, suited to the smaller populations, has been made by Hospital Boards through the establishment of small maternity hospitals (in some cases associated with certain facilities for general medical and surgical work). In some instances local medical practitioners have been appointed to the charge of these little units, while in other cases they are open to the local practitioners on a private hospital basis and arrangements have been made for the treatment of indigent cases.

An outstanding example of this service is given in the chain of small maternity hospitals established by the North Canterbury Board through its country district.