We commend all possible efforts in this direction, and suggest that transport difficulties as they affect the country mother be given special consideration.

To a certain extent transport difficulties can be eliminated by making more use of public hospitals nearest to the patient's residence, or of private maternity hospitals subsidized by the Hospital Board of the district.

Certain general criticisms of the maternity services are elsewhere discussed and certain recommendations are made.

It is in respect of overburdened and debilitated women of those classes who are not in a position to obtain it privately that we have suggested that the State might make provision for birth-control advice.

It is for such mothers especially that we have recommended the establishment of birth-control clinics in connection with our public hospitals.

We realize, however, that genuine economic hardship is not confined to the unemployed, the wives of struggling farmers, and those on the lowest wage-levels: relative to their own circumstances and responsibilities, the difficulties of many women whose husbands are in the lower-salaried groups, or in small businesses, for instance, are just as anxious. For these we should also advocate the extension of the maternity allowance and such further direct financial encouragement of the family as can be devised.

Here, too, is the definite need for domestic help—possibly on a subsidized plan.

Many of these women prefer to make their own private arrangements for their confinements, and to enable them to do so we suggest that further assistance might be given by the provision of more maternity hospitals of the intermediate type, in which these mothers may have all adequate facilities with the right of attendance by their own doctors. Here, too, we believe that proper knowledge of child spacing is most desirable, though we consider that this is a matter for private arrangement.

(2) Removal of Fear of Childbirth.

It has been indicated that whereas the majority of witnesses expressed the opinion that the fear of pregnancy and labour played little part in the demand for abortion, and that the majority of women were satisfied with the help and relief which they received at the time of their confinement, yet there were some witnesses who held very strongly that inadequate pain relief and lack of sympathetic understanding of the individual on the part of the attendants were factors of considerable importance.

We believe that these complaints are, as far as the maternity services in general are concerned, entirely unjustified.

Taken as a whole, there is probably a more general use of pain-relieving measures in New Zealand to-day than anywhere else in the world.

Nevertheless, while commending what has already been done, we trust that every endeavour will be made by the Health Department, the doctors of the Dominion, and those responsible for the management of our maternity hospitals to do everything possible to extend these pain-relieving measures within the limits of safety, and to encourage that sympathetic consideration of the individual which is so desirable.

While deprecating certain attacks which have been made on the St. Helens Hospitals, and appreciating the fact that there are other considerations involved besides the relieving of pain, we feel sure that the Health Department will investigate the possibility of improving the services rendered by these Hospitals by the introduction of resident medical officers.

We agree with one witness who expressed the opinion that too much had been done in the past in the way of publishing the risks of maternity.

We feel that there are real grounds for confidence in the obstetrical services of the Dominion and that any fear of pregnancy which does exist would be largely removed if the public were made aware that New Zealand now has a very low death-rate in actual childbirth, that relief in labour is largely used, and that further developments in this direction are continually being investigated.