and running inland for a distant of fifty miles to the boundary of the Wairoa district. It shares its eastern boundary with Opotiki and its western with the Waikato and Tauranga districts. Whakatane, on the coast, is the only town of any size, and the only centre where hospital facilities are provided. It has a population of 1,733, and showed an increase of 22·56 per cent. during the 1926–36 period. The rural population of the district is 9,667, showing an increase of 54·41 per cent. in the ten-year intercensal period. Inhabitants of scattered farming areas in the back country find the transport problem one of considerable importance. The difficulty of obtaining home help is acute in this district.

WHAKATANE.

Public-hospital Facilities.—The maternity annexe of the general hospital contains thirteen beds, of which on an average only six are occupied. It is controlled by the medical superintendent, and the two local doctors have the right of attending cases there.

Private-hospital Facilities.—There is no private hospital in the town, the facilities provided at the public hospital being sufficient.

Provision for Abnormal Cases.—These are dealt with at the public-hospital annexe.

Provision for Unmarried Mothers.—Unmarried patients are admitted to the annexe on the same terms as the married.

Ante-natal Care.—There is an ante-natal clinic at the hospital and all patients are seen by a doctor at least once during pregnancy, even if no doctor is engaged for the confinement. In addition, a doctor conducts private clinics at Edgecumbe and at Taneatua at specified times. Despite these facilities, an appreciable number of women on isolated farms find it difficult, and in some cases even impossible, to attend a clinic. The case of a woman who lives at a distance of nine miles from both Edgecumbe and Whakatane and has no means of transport but a service car to which she has to walk some distance is illustrative of this difficulty, and according to this witness not a few women find themselves in a similar case. The suggestion that one of the hospital sisters or a district nurse should visit these patients periodically and give both ante-natal service and mothercraft advice would appear to be a practical one.

Maori Conditions.—The district nurse serves an area which contains some 4,153 Maoris. The tendency is still for confinements to take place at home, though hospital treatment is increasing in popularity. Most cases are attended in Maori fashion, the nurse being summoned only in case of difficulty. Maoris are beginning to accept ante-natal services more readily. Opposition to hospital treatment comes more from the older Maoris, the younger women appreciating the pain-relief measures and other amenities afforded by the hospital. Racial superstitions regarding childbirth still persist among the Maoris, rendering proper attention difficult in certain cases.

Summary and Recommendations.

Hospital accommodation is satisfactory and more than sufficient for the needs of the district. Ante-natal services are good, but transport is a major difficulty to residents of outlying areas who do not possess cars. Much still remains to be done in educating the Maoris regarding the necessities of modern maternal welfare, and for this purpose one district nurse is insufficient.

The Committee recommends an extension of district nursing services among the Maoris and suggests that were the benefits of the system afforded to the European residents of outlying districts this would be of assistance in solving the transport problem.

17. OPOTIKI HOSPITAL BOARD DISTRICT.

This district, which is coterminous with the county of the same name, comprises a large but sparsely settled area with a coast-line extending from a point midway between Hick's Bay and Cape Runaway to Waiotahi, a distance of some seventy miles. Its eastern boundary coincides with the western boundary of Waiapu and Cook Districts, and its western boundary is formed by a line running inland due south and south-east for a distance of forty-five miles. Opotiki (1,437 inhabitants; increase in population 18·37 per cent. during the 1926–36 intercensal period) is the only township of importance and the hospital centre for the district. The total rural population of the district is 4,518 and showed an increase of 15·86 per cent. during the intercensal period. The chief industry is farming.

OPOTIKI.

Hospital Facilities.—There is no public maternity hospital, accommodation being afforded by a private hospital of four beds, and a home with one bed. The Hospital Board pays the rent of the private hospital (£1 10s. weekly), together with a subsidy of £75 per annum, making a total payment of £150 per annum. In addition, fees of from £1 10s. to £2 are paid for indigent cases. No arrangement exists for payment of medical attention to these cases, the doctors giving their services voluntarily.

Provision for Abnormal Cases.—These are dealt with mainly in the general hospital.

Ante-natal Care.—As regards the white population of the district, ante-natal services are in the main sufficient, the doctors themselves attending to this work. The main