has the only hospital in the district. The rural population of the district is 7,000. An increase of 23·38 per cent. during the 1926–36 period is probably accounted for by the activity of the Public Works Department, which has established numerous camps in connection with the power-station at Lake Waikaremoana and with the various railway and road-making enterprises.

Communication is by road, the railway between Napier and Gisborne being as yet incomplete. Roading is in the main satisfactory, excepting in the Mahia Peninsula, where isolated pas and villages can be visited only on horseback. Farming is the principal industry.

Wairoa.

Public-hospital Facilities.—There is no maternity annexe in connection with the public hospital. The erection of an annexe was contemplated some years ago, but financial difficulties consequent on the earthquake and the depression caused the matter to be dropped. The Hospital Board pays fees at the rate of £9 for two weeks to the private hospital for indigent patients, provided they have been sent in by the district midwife. The Board accepts no responsibility for patients for whom previous arrangements have not been made or who have been residents of the district for less than six months. No subsidy is paid by the Board to the private hospital.

Private-hospital Facilities.—The only hospital facilities of any kind in Wairoa are provided by a private hospital of five beds, charging £5 5s. per week, and a private home of one bed. Great difficulty is experienced in recovering fees from Maoris, who are coming to the hospital in increasing numbers. The licensee feels it an injustice that she should be forced to take in cases of skin and venereal infections, the public hospital refusing even cases of this nature. It would seem that difficulties regarding the collecting of fees and admission of patients could be largely solved by a definite agreement between the licensee and the Board. No such agreement appears to exist.

Intermediate Facilities.—No accommodation of this type is available.

Ante-natal Care.—This is given privately by the doctors, and, in indigent cases, by the district midwife. A fee of £1 1s. is paid by the Board to the doctor for each indigent patient to ensure a medical examination being given at least twice during pregnancy.

District Services.—A district midwife works under the control of the Hospital Board, this being regarded as a temporary service pending the erection of a maternity annexe. The charge for her services, which are available for all classes of the community, is £5 5s. whether or not a doctor is also employed. This charge is payable to the Board. A fee of £3 10s. or £4 4s. is paid to the doctor for emergency attendance on indigent cases. The necessary outfit for domiciliary attendance is sterilized at the public hospital.

Provision for Unmarried Mothers.—No special provision is made for the unmarried mother.

Public-works Camps.—Strong representations were made to the Committee by the Secretary of the Public Works Employees' Medical Association regarding the difficulty of providing adequate maternity facilities for the wives of public-works employees. The association covers an area from Woodville to Napier, Napier to Wairoa, Lake Waikaremoana and Kopuawhara. It also includes Wanganui, the Fordell deviation, and the National Park – Wanganui Road. It serves 2,200 men and their dependants, a total of some 5,000 people. On the Wanganui side services are satisfactory and within the means of employees, but in the Wairoa district many major difficulties exist. The camps in this area are situated at Wairoa, Kopuawhara, Tuai, Lake Waikaremoana, Nokau Falls, and Raupunga. The association has appointed a district nurse at Kopuawhara, but her time is fully occupied in giving medical attention to the four hundred men and their families, to the exclusion of maternity services.

The association undertakes to pay £4 4s. for a maternity case. In most districts this is to be paid the Hospital Board to cover nursing and medical attendance, but at Wairoa no such provision is made. The patients have to go to the private hospital, £2 2s. being paid to the hospital and £2 2s. to the doctor. In many cases patients themselves are not in a position to pay the remainder of the fees owing. Those who do not wish to be confined under these conditions are obliged to go either to the Gisborne annexe or to the McHardy Home, Napier, and the long distance to be travelled to either of these centres created serious difficulties. The Wairoa Hospital Board will accept responsibility only in cases of patients who have resided in the Board's district for six months or more, and, as public-works employees are obliged to move about a great deal, they are frequently unable to avail themselves of the Board's provision.

Maori Conditions.—The Maori population of the district is 3,541. An increasing number of patients are seeking admission to the private hospital, a fact which causes dissatisfaction to the licensee, as they often arrive in advanced labour with no warning, and seldom pay even a portion of the fee. The doctors are reluctant to attend Maoris in their homes on account of the bad sanitary conditions, but the Maori district nurses of Nuhaka and Frasertown attend a total of between thirty and forty per year. Cases developing complications are sent to the private hospital. The nurses adopt the principle of, as far as possible, allowing Maori patients to deliver themselves according to Native custom, only assisting when necessity arises. This gives the Maoris greater confidence, and so far no bad results have ensued.