INGLEWOOD.

Inglewood has one small private maternity hospital, registered for four beds, working under the conditions usual in similar small country towns. The number of cases for the year was sixty-two and the average number of occupied beds was 2·3.

There is an arrangement with the New Plymouth Hospital Board for the treatment of indigent cases in this hospital; this works satisfactorily, but is not often called for.

OPUNAKE.

There is in Opunake a very satisfactory six-bedded maternity hospital which serves the needs of the district well. Some eighty to ninety cases are conducted there each year, the average number of occupied beds being about 3·5. There is very little domiciliary midwifery.

Originally built by the New Plymouth Hospital Board as a "mixed" cottage hospital, it was run for a number of years at a considerable loss.

It is now leased to a midwife, who receives a subsidy of £250 per year from the Board, in return for which she must accept all cases seeking admission. Private fees are charged by her to those able to pay.

The midwife is competent to take, and does take, patients on her own, but the majority of the patients are attended by either of the two local doctors.

In the case of indigent patients, if medical assistance is required, the midwife in charge of the hospital calls in one of the local doctors and is responsible for his fee (fixed by the Board under these circumstances at £3 3s.).

A small ante-natal clinic is associated with the hospital and it appears to be reasonably well attended. The doctors do most of the ante-natal supervision of their private patients at their surgeries.

Pain-relief measures appear to be used to the average extent; in the case of "no-doctor" patients chloroform is given by the Murphy inhaler method.

In general, the service works well. There is, however, one difficulty in this subsidy system—the onus of deciding who can pay and who cannot is left entirely to the midwife in charge.

In this particular instance there is another point about the administration which the Committee regards as unsatisfactory; the midwife is responsible for the doctor's fee when his assistance is called for in indigent cases.

It is stated that allowance has been made in the subsidy to cover such cases, but the Committee considers that it is unfair and objectionable to place this responsibility on the nurse, and it is recommended that in such cases the fee should be paid directly by the Board as is the usual practice elsewhere.

Summary and Recommendations.

(1) *New Plymouth.*—It is the opinion of the Committee that a very strong case can be made for the establishment of a maternity annexe at the New Plymouth Hospital on the lines already indicated.

It seems anomalous that, while in the much smaller adjacent district of Stratford good, modern maternity facilities are available at low cost, in New Plymouth there are no such advantages.

The plan of subsidizing the private hospital for attention to indigent patients serves a useful purpose under certain circumstances, but has definite disadvantages. The necessity for application beforehand for this relief is repugnant to many women. There are also in all communities a considerable number of women who, though not actually indigent, find considerable difficulty in making private-hospital provision and in meeting private doctors' fees.

In other districts the St. Helens Hospital or the public hospital annexe meets this need; adjustment of fees can be made without any hardship to private persons and without embarrassment to the patient.

The Committee therefore considers that the maternity services of the New Plymouth district would be greatly improved by the provision of a maternity annexe of ten to twelve beds, with an associated ante-natal clinic. In conformity with the general policy recommended by the Committee, it is advised that an obstetrician be appointed to this annexe for attendance on Board cases, but that the annexe be open to the medical practitioners of the town.

(2) *Waitara.*—It is recommended that a public maternity hospital with a separate ward for Maoris be erected at Waitara.

(3) *Opunake.*—An adjustment of the arrangement for medical treatment of indigent cases is considered necessary.

26. STRATFORD HOSPITAL BOARD DISTRICT.

STRATFORD.

Stratford Hospital Board serves the dairying and sheep farming district of central Taranaki, with Stratford (3,753) as the only large centre of population. Some of the back-country settlements are thirty or forty miles out.