It is agreed that separate wards should be provided for Maoris.

It has been shown that in quite a number of cases under proper management a maternity hospital can deal satisfactorily with both Maoris and Europeans without offending the susceptibilities of the patients of either race.

As far as Taranaki is concerned, the Committee is certainly of the opinion that Waitara, being such an important Maori centre, a public maternity hospital should be established there; it is considered that provision should also be made in the maternity annexes which have been recommended in New Plymouth and Hawera; it is recommended that if necessary the accommodation at Opunake be extended to meet the increasing needs of the Maoris; and it is thought that the Maoris of the Patea district could be encouraged to use that annexe to a greater extent than is the present practice.

30. WANGANUI HOSPITAL BOARD DISTRICT.

The Wanganui Hospital Board is responsible for a very extensive area in the north of the Wellington Province, including the closely settled pastoral districts nearer the coast and reaching back some eighty or ninety miles into the hilly central North Island country.

Wanganui urban area has a population of 25,312.

The chief inland centres of population are distributed along the line of the Main Trunk Railway and the adjacent main highway, and include Marton (2,680), Hunterville (586), Mangaweka (376), Taihape (2,131), Ohakune (1,320), and Raetihi (1,023).

There are smaller townships along the alternative highway to Raetihi.

The main roads have been greatly improved in the past ten years, but access to some of the back-country settlements is not easy.

There has been no great change in the population of this district in the last ten-year period.

Wanganui.

Public maternity-hospital facilities are provided in the Jessie Hope-Gibbons Maternity Hospital, now under the control of the Wanganui Hospital Board, though originally a St. Helens Hospital. It is conducted as a "closed" annexe to the Wanganui Hospital, and is run on St. Helens lines under the supervision of a part-time stipendiary Medical Superintendent. After a lapse of some years it is once again a training school for maternity nurses. The fees are £2 2s. per week. The number of beds is nominally eleven, but this is frequently exceeded. The number of confinements last year was 243, giving an average of 7·5 occupied beds.

The building itself is an old one, and shows many of the defects of an adapted private residence. With increasing demands for accommodation the point is being rapidly reached at which it will be necessary either to make extensive alterations or to build a new annexe—the latter course would seem to be the wiser one.

In the event of such a new hospital being built the Committee strongly recommends that "intermediate" accommodation be provided by making the hospital an "open" one.

The possibility of retaining the existing building as a rest-home under these circumstances was discussed with the Board.

The hospital ante-natal clinic is working on the usual lines. The difficulties of distance appear to interfere with full attendance in a number of cases.

The Murphy inhaler method of anæsthesia is used, but analgesics are not generally given.

There is no public domiciliary nursing service in Wanganui itself, and although certain representations for the re-establishment of such a service were made by one of the women's organizations, chiefly on the score of lesser expense, it is doubtful if the other considerations in this matter were fully realized.

There are three private maternity hospitals which, with a total of twenty-three beds, provide reasonably for the needs of the district.

The annexe being a "closed" one, there are no intermediate hospital facilities.

Public ante-natal service is also given by the Plunket Ante-natal Clinic, but most of the supervision of private patients is given by the medical practitioners themselves.

Marton.

In Marton, situated thirty-five miles from Wanganui, there are no public maternity hospital facilities, nor is there any arrangement by the Board with the private maternity home for the treatment of poorer patients.

As a result, Marton is one of the few districts in which the district nurse appointed by the Hospital Board does a considerable amount of domiciliary confinement work, partly by herself and partly in conjunction with the local doctors.

One doctor indicated that over a period of nine years rather more than one-third of his maternity cases had been conducted in private homes, mostly with the assistance of the district nurse. Although he spoke highly of her work, he did not consider this an ideal service. There were distinct disadvantages in this type of maternity work, and the opinion was expressed that some publicly assisted hospital provision was definitely to be preferred.