

In the above report one very important aspect of the maternity services of Christchurch has, however, not been discussed—the need for modern “intermediate” hospital facilities for people of moderate means who wish to have their own doctor. The possible ways in which this need might be met will be discussed in the general section of this report.

It is contemplated that the new obstetric hospital will supersede the married women's section, at least, of the Essex Home as well as the present St. Helens Hospital. The future of the Essex Home and its work amongst the unmarried mothers will then come under consideration.

If the Essex Home continues to fulfil the functions of both home and hospital for unmarried women only, it is feared that, with the smaller numbers, it would be difficult to maintain the same standard of hospital efficiency.

One alternative is to maintain the Essex Home as a home only, and to transfer the women to the new hospital for the confinement period. It has occurred to the Committee that it might be possible as a second alternative, to arrange with the Salvation Army to take over the whole of this work in Christchurch and at the same time assist them to build a modern maternity hospital in which their married women's section could be considerably extended.

(2) NORTH CANTERBURY RURAL DISTRICT.

The Committee was very favourably impressed with the maternity hospital service in the North Canterbury rural district. It recommends, however, that the Rangiora Hospital be reopened as a training school for maternity nurses.

It is also of opinion that the reappointment of a district nurse to Natives to give ante-natal service as well as general supervision to the Maoris, is advisable.

40. ASHBURTON HOSPITAL BOARD DISTRICT.

The area served by this Board extends north to the Rakaia River, south to the Rangitata River, twenty miles westwards to the mountain-ranges and eastwards to the sea. The population is approximately 13,000. Ashburton (5,683), Rakaia (1,015), and Methven (1,228) are the principal towns. The whole area has shown a population increase of 7.66 per cent. in the 1926–36 period, and Ashburton itself has developed to the extent of 11.89 per cent. Wheatgrowing is fairly extensive on the flat land and sheep-raising on the higher levels. The district is well roaded, and there appear to be no transport or telephone difficulties.

ASHBURTON.

The maternity facilities consist of the Malvern Maternity Hospital, an auxiliary of the Ashburton Hospital, and two private hospitals. The Malvern Hospital has ten beds; the average number of occupied beds last year was 5.1, and the total number of patients confined was 136. Until a year ago this hospital was a training school for maternity nurses. The staff now comprises a Matron, two maternity nurses, a hospital aid, a maid, and a cook. Patients come from distances as far as thirty miles both north and south.

The hospital is of the “open” type, and practically all patients are attended by their own doctors. During the last year only two patients were attended by a midwife alone. The Medical Superintendent of the Ashburton Hospital does not attend indigent patients; any patient who has not engaged a doctor must nominate one to be called on in case of complications, but the Hospital Board takes no responsibility for medical fees in such cases.

The hospital fees are £4 4s. per week. Sedatives are generally used, and in “mid wife” cases chloroform is given by medium of the Murphy inhaler.

A few abnormal cases are sent to the public hospital to be attended by the Medical Superintendent. The Sister in charge of the women's ward has her midwifery certificate.

Both the building and facilities at Malvern Hospital are much below the requirements of modern standards.

Ante-natal Care.—The doctors in Ashburton prefer to do their own ante-natal work. The few patients who have not engaged a doctor receive ante-natal supervision at Malvern Hospital, and the Plunket nurse resident in Ashburton gives some assistance mainly in the direction of mother-craft instruction. It was the opinion of several witnesses that the benefits of ante-natal care were not fully appreciated by the women of the district and that some education on these matters would be helpful.

Home Help.—Shortage of home helps was stressed by representatives of the Women's Division of the Farmers' Union.

METHVEN.

There is a fairly modern cottage hospital at Methven, owned by the Ashburton Hospital Board and leased to a registered midwife. This hospital has four maternity beds and two beds for medical and non-septic surgical cases. A subsidy of £250 per