H.—31a.

The question of opening the hospital to the local medical practitioners was discussed, but the Medical Superintendent and the visiting obstetricians were not in favour of this course, considering that it would interfere with the training of nurses and introduce different standards of maternity care.

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Private Hospitals.—There are three private maternity hospitals—one of eleven beds, one of three beds, and one of two beds. The medical practitioners of Timaru were

apparently satisfied that the private facilities available were adequate.

Ante-natal Care.—An ante-natal clinic is conducted by the Sister in charge of the maternity block, supervised by the visiting obstetrician, who sees all patients on one or more occasions. In private cases the doctors prefer to do their own ante-natal supe rvisionand, although the Plunket Nurse gives some advice, there appears to be little co-operation between the nurse and the doctors in this branch of the work.

### COUNTRY DISTRICTS.

An excellent feature of the South Canterbury Board's policy is the provision of small hospitals to serve the needs of the outlying areas. The details concerning these hospitals are given in the accompanying table.

	Township.				Average Number of Occupied Beds.	Number of Cases per Year.
Fairlie Geraldine Temuka				4 6 6	$1 \cdot 2 \\ 1 \cdot 9 \\ 2 \cdot 7$	39 54 83

Every case in these hospitals is attended by a doctor, and the fees are £4 4s. per week, plus medical fees.

Fairlie has one medical practitioner, Geraldine has two medical practitioners and a district nurse who does general work, Temuka has two medical practitioners, and in

addition to the public hospital there is one private maternity hospital.

Maoris.—There are about three hundred Maoris living in the Temuka district, some of whom enter the Temuka Hospital for confinement. The Committee had no opportunity of inspecting Maori living-conditions, but evidence was given that many Maoris were confined in their own homes under unsatisfactory conditions. In order to encourage hospitalization, the Committee is of the opinion that a district nurse should be made available to carry on educational work, to give ante-natal care, and to arrange for admission to hospital.

#### WAIMATE.

There is no public maternity hospital in Waimate, but the Board subsidizes the lessee of the Waimate private maternity hospital to the extent of £3 3s. per week for all indigent cases. Board patients have averaged eighteen per year during the last three years.

All cases are attended by the local doctors, but no medical fees are paid by the Board for attendance on indigent cases. This hospital appears to be adequate for the needs of the district.

#### Kurow.

The South Canterbury Board pays one-sixth of the annual cost of maintaining the Kurow Hospital, which is controlled by the Waitaki Hospital Board, but which admits South Canterbury patients from the Hakataramea district.

# Summary and Recommendations.

The Committee was impressed with the very satisfactory maternity services provided by the South Canterbury Hospital Board, and is of the opinion that, with the new maternity annexe, the local requirements will be very adequately met.

The Committee endorses the principle of appointing an obstetrician to the Timaru

Hospital.

In conformity with its general policy, however, the Committee recommends that the maternity ward be open to the medical practitioners for the treatment of private patients.

## 42. WAITAKI HOSPITAL BOARD DISTRICT.

The Waitaki Hospital Board area is irregularly triangular in shape with its apex in the Alps at the back of Lake Ohau, about seventy miles from the sea. Its northern boundary is the Waitaki River, and its southern boundary is at Shag Point, forty-five miles distant.

Along the coast the area is gently rolling, well roaded, and the people are engaged in mixed farming, poultry-keeping, and cropping. Inland the country is mountainous, sparsely settled, and satisfactorily roaded, the people being engaged in sheep-farming.

The population inland consists largely of runholders, their employees and those engaged in village occupations.