The fees in the country towns are usually £4 4s. to £5 5s. per week; in the cities, owing to higher capital costs, the average fees are a little higher, and in a few instances where the hospitals are more expensively equipped and staffed the charges for single rooms are up to £8 8s. per week.

Since the reorganization of the private maternity hospital system under the direction of the Inspector of Maternity Hospitals the equipment essential for safe maternity care has been insisted on and the standard of nursing has been greatly improved. The results have been very satisfactory, and the Committee is satisfied that, in general, the work of these private hospitals is very creditable.

With very few exceptions, however, these private hospitals are converted private houses and, as hospitals, show many structural defects. The impression gained by the Committee was that individual private enterprise was finding it increasingly difficult to provide hospital accommodation of the standard which a modern maternity service demands, and it was felt that the future of the private maternity hospital lay in a combination of interests financially strong enough to provide up-to-date facilities. The Committee is of the opinion that the private maternity hospital has a very valuable place in the maternity service and that every encouragement should be given to its development on modern lines.

It is considered that in determining maternity benefits under any health-insurance scheme provision should be made so that average payments will ensure a reasonable remuneration for the services rendered; also that the payments should be safeguarded so that they are definitely applied to improving conditions and payment for those who actually render the service.

The Committee was most favourably impressed with the "intermediate" private-hospital facilities which were being provided by certain organizations such as the Salvation Army and the Alexandra Hospital Committee, and is of the opinion that the extension of this type of service would meet the need of those who, while unable to pay full private-hospital fees, desire the services of their own doctor.

5. DISTRICT NURSING SERVICES.

In the cities, as a result of the trend towards hospitalization, attendance at confinement in the home has steadily diminished. Whereas formerly the district work formed a very considerable part of the St. Helens practice, it has now dropped to quite a small proportion, and some other district services, such as that of the Alexandra Hospital in Wellington, have lapsed altogether.

This question of domiciliary treatment has been fully discussed in another section, and the opinion of the Committee was that although the system has the merit of low cost and in some respects offers a good field for practical nursing training, the standard of attendance which can be given under it is inferior, and the advantages of hospitalization are so definite that it would be inadvisable to develop the district services any further for actual confinement work.

The district maternity service which remains in the cities is, of its type, quite satisfactory with the St. Helens Hospital organization behind it. In some country districts the district nurses appointed by the Health Department and by some Hospital Boards are still doing a certain amount of confinement work in the homes, but it is significant that where maternity hospital facilities are available this service has disappeared. Here, again, the Committee is in favour of the provision of maternity hospitals in those districts where they are lacking rather than the extension of the domiciliary service given by midwives.

There is, however, one direction in which it is believed that organized district nursing services could with great advantage be developed both in the cities and in the country districts. The Committee is of the opinion that district nurses with midwifery training could give great assistance in the ante-natal supervision of women residing in localities situated at long distances from the hospitals they intend to enter or from the doctors who are to attend them.

In this way the physical and financial burdens which stand in the way of full ante-natal supervision for these women would be lightened.

The suggestion is that this work should be done in close co-operation with the hospital clinic and doctor, by whom the patient would be seen on one or more occasions, while the intermediate attention would be given by the district nurse. Similarly, midwives from the St. Helens Hospitals might be used to conduct branch clinics in the more distant suburbs of the larger cities.

This service has also been recommended for the Maori population. Work of this type is already being carried out to some extent, and with very great benefit, by a few district nurses, as for instance, those attached to the Palmerston North Hospital Board, and also by a number of the district nurses to Natives. Its extension would call for additions to the district nurse staff.