From this brief survey of the risks of maternity amongst the Maoris it will be seen that any preconceived idea that childbirth is easy and safe and that the Natives can well be left to themselves is not supported by the facts.

The Present Methods of Attendance.

The Committee was informed by those engaged in work amongst the Maoris that the conditions under which the women are confined vary considerably.

(*a*) A large number of Maori women are still confined in the Native fashion with the assistance of their own folk—their relations, or Native "midwives," who are usually men of the tribe with special experience in this work. Crude as the methods may appear when compared with modern European standards, the general opinion amongst the district nurses and doctors was that, in the absence of complications, they were effective and, as a rule, applied with reasonable skill and restraint. It was thought, however, that there were some cases in which gross force was used, and some cases in which the use of forceful methods was mistimed, leading to fatigue and resultant complications. It was stated that a commendable feature was that no examinations of the patient were made and that this, under the circumstances, lessened the risk of infection.

The main criticism of the Native method appeared to be in respect of the very unhygienic environment in which it was now so frequently practised. The impression was given that methods quite suitable under truly Native conditions in a more or less temporary raupo whare, in a clean bush clearing, and near a fresh-running stream were much less satisfactory when used under quasi-European conditions in a dilapidated, often overcrowded, and probably germ-infested wooden house, in an insanitary Native village.

The increase in dental and throat sepsis and in septic skin conditions—all previously rare among the Maoris—has introduced new dangers. To the Committee another serious disadvantage of the method is the inability of the Native attendants to deal with certain grave and sudden emergencies which cannot be predicted by ante-natal supervision. A striking example of this risk has already been recorded. The Committee has also reason to believe that the Native attendants of the present day are less skilled than those of a previous generation.

(*b*) Attendance by the Health Department district nurses to Maoris at the actual confinement in the home is, with few exceptions, limited to assistance in cases where some difficulty has arisen. The limited number of nurses, their large districts, and their manifold duties makes any other course impossible at the present time even were it desirable.

Even when called to these cases it is often the practice of the nurse to allow the Natives to follow their own method under her supervision, and the introduction of the European technique is only attempted in cases where it is considered definitely necessary. The practical difficulties of applying this technique under Native conditions were stressed by all the nurses.

Attendance by doctors is similarly limited almost entirely to abnormal cases. It was stated that the Maori attendants were more ready to-day to call in timely assistance, and that grossly neglected cases were much less frequent than formerly.

(*c*) An increasing number of Maori women are now entering maternity hospitals for their confinements. This is due largely to the advice of the nurses, but in many cases it is the result of their own appreciation of the advantages.

It was found that in certain hospital districts the knowledge of the fact that pain-relief measures were used was proving a strong attraction to the younger generation.

The Committee found that the demand for, and the provision of, hospital facilities varied greatly in different districts.

In North Auckland and Rotorua, for instance, the available accommodation was found to be sufficient for present requirements, but would need to be considerably extended to meet the increasing demands.

In the Bay of Plenty and Taranaki districts, on the other hand, the hospital provision was not considered adequate. It was suggested that disinclination to enter hospital was often due to a conflict with Maori customs which occurred under these circumstances, but the Committee was convinced, from the experience elsewhere, that, where sympathetic consideration, which is essential, was given to the feelings of the Natives, little difficulty was experienced.

It was the general opinion that, in the interests of both Maori and European patients, there were great advantages in having separate wards.

In some hospitals the prevalence of septic-skin conditions amongst the Maoris was regarded as a potential danger to other patients and was certainly a reason why they were less welcome than would otherwise have been the case.

Ante-natal Care.

The Committee was informed by the district nurses that Maori women of the present generation appreciate the value of ante-natal care and are very willing to receive the help even though it is their intention to be confined in Native fashion in their homes.

At the present time the district nurses to Natives, who are provided with motor-cars, endeavour to combine as much of this ante-natal advice as possible with their