

Table II.—*St. Helens Hospitals Statistics—continued.*

	Auckland.	Wellington.	Christchurch.	Invercargill.	Totals.	Percentage to Total Deliveries.
A. INTERN DEPARTMENT— <i>continued.</i>						
Infant statistics— <i>continued.</i>						
Full term—						
Alive	694	510	361	269	1,834	93·38
Dead—						
Recent	12	10	2	2	26	1·32
Macerated	8	..	6	2	16	0·81
Putrid .. .. .	..	..	..	..	..	..
Children born alive who died in hospital	8	12	12	1	33	1·68
Total born dead or died in hospital	30	28	26	10	94	4·79
B. EXTERN DEPARTMENT.						
Total attended	38	9	52	11	110	..
Primiparæ .. .. .	..	..	..	..	..	..
Multiparæ	38	9	52	11	110	100·00
Forceps .. .. .	..	..	3	..	3	2·73
Morbidity .. .. .	..	..	..	..	..	..
Mortality .. .. .	..	..	..	..	..	..
C. ANTE-NATAL CLINIC.						
First visits—						
Primiparæ	286	195	113	76	670	..
Multiparæ	548	413	328	221	1,510	..
Return visits	4,312	2,841	2,662	1,061	10,876	..
Outside visits	125	490	676	3	1,294	..

ANTE-NATAL CLINICS.

Table III gives the returns from 50 free ante-natal clinics, 4 of which are connected to St. Helens Hospitals, 31 with other public maternity hospitals, 10 conducted by nurses of the Plunket Society, and 5 by licensees of the large private hospitals. The system of attendance at these clinics in most cases is that all normal cases are examined twice during pregnancy by a medical officer and monthly, or more often if necessary, by the nurses in charge of the clinic, most of whom are specially experienced in this work. All cases of abnormality suspected or diagnosed by the nurses are referred for medical examination, either by the medical officers of the hospital or, in the case of Plunket or private clinics, by their own medical attendants. There has been difficulty in some of the hospitals in ensuring that the patients shall all receive medical attention, irrespective of whether they show abnormalities or not. Arrangements that this should be done have been made in most cases. From every point of view this is necessary, particularly in those cases where the patient is attended during labour by a midwife only, who is authorized to administer anaesthetics to the obstetrical degree. It is obviously necessary that no patient should have an anaesthetic so administered who has not been examined by a doctor and certified as fit for it. Such an act by a nurse is a breach of the Nurses and Midwives Regulations.

The majority of patients receive ante-natal attention from their own doctors, with or without the additional service given by clinics. This service is part of the usual medical service in relation to maternity benefits under the Social Security Act, and may or may not be supplemented by attendance at the clinics. It is hoped that complete co-operation between the clinics and the private practitioners will be obtained. Such a combination should provide an ideal service.

Table III.—*Ante-natal Clinics.*

Year.	Number of Clinics supplying Returns.	New Cases.	Return Visits.	Total Attendances.	Average Number of Attendances per Patient.
1925	16	2,289	7,816	10,105	4·41
1926	20	3,238	12,554	15,792	4·88
1927	20	3,919	15,406	19,325	4·93
1928	21	5,050	20,740	25,790	5·11
1929	24	5,177	17,555	22,732	4·39
1930	25	6,027	22,078	28,105	4·66
1931	29	6,306	22,869	29,175	4·63
1932	31	5,882	22,594	28,476	4·84
1933	33	5,978	25,794	29,772	4·98
1934	34	6,191	24,929	31,120	5·03
1935	37	6,725	26,662	33,389	4·96
1936	39	7,069	29,103	36,272	5·13
1937	38	6,746	28,769	35,515	5·28
1938	48	8,221	33,808	42,029	5·11
1939	50	8,728	34,618	43,400	4·94