

St. Helens Hospitals.—Mortality Statistics, 1929.

Hospital.	Patient's Initial.	Place of Death.	Cause of Death.	Remarks.
Auckland ..	C.H.	District hospital ..	Ruptured pelvic abscess	..
.. ..	E.B.	.. ..	Septicæmia ; general peritonitis	..
Wellington ..	E.McC	.. ..	Pleurisy with effusion	This death is apparently not due to puerperal causes.
Invercargill	C.C.	.. ..	Uræmia	Acute nephritic toxæmia-Cæsarean section.
.. ..	L.M.	.. ..	Cerebral cedema ..	Induction of labour in District Hospital.

Ante-natal Work, 1929.

	Auckland.	Cristchurch.	Dunedin.	Gisborne.	Invercargil.	Wanganui.	Wellington.	Total.
First visits—primiparæ ..	241	155	41	39	65	36	150	727
First visits—multiparæ ..	544	373	128	105	171	115	342	1,778
Return visits	2,772	1,435	282	173	514	375	1,851	7,402
Outside visits	29	59	24	5	..	35	113	265
Obstetrical outfits sterilized ..	93	289	2	5	6	?	72	467
Total deliveries—								
Primiparæ	223	87	40	42	63	40	177	672
Multiparæ	439	265	131	158	192	132	409	1,726

SECTION 2.—REPORT OF THE INSPECTOR OF PRIVATE AND MATERNITY HOSPITALS.

T. L. PAGET, L.R.C.P. (LOND.), M.R.C.S. (ENG.).

I have the honour to submit my annual report for the year ending 31st March, 1930.

The 358 hospitals which it is my duty to inspect consist of the seven St. Helens Hospitals, providing 128 beds; seventy-six public maternity hospitals or wards attached to public hospitals; 146 licensed private maternity hospitals; forty private hospitals licensed for maternity and medical and surgical cases, the two together providing 884 maternity beds; also eighty-nine medical and surgical hospitals, providing 1,407 beds. From personal inspection and from reports by Medical Officers of Health and Nurse Inspectors, I have to report that a reasonably high standard of efficiency is maintained in the majority of these hospitals, and that the standard of efficiency in the smaller maternity hospital is improving. The mixed medical, surgical, and maternity hospital continues to cause me much anxious thought. I deal specially with this question elsewhere.

During the past year four medical and surgical, five mixed hospitals, and twenty-one maternity hospitals of the smaller class have been closed. The closure of these has been due, in most instances, either to economic conditions or their failure to maintain a reasonable standard of efficiency. Owing to the demands for a high standard of efficiency by medical practitioners using medical and surgical hospitals and to the better economic conditions under which these institutions work, it is comparatively easy to ensure that they are conducted satisfactorily. On the other hand, in the case of maternity hospitals there is considerable difficulty in many instances in ensuring a desirable standard. This difficulty is due partly to the fact that the economic conditions are unsatisfactory, and, I regret to say, is considerably influenced by the willingness of a certain minority of practitioners to accept, and in a few isolated instances even to encourage, the practice of a very low standard of efficiency in maternity hospitals, particularly in regard to the practice of asepsis.

The economic conditions governing the small private maternity hospitals are in many instances, as far as I can see, unalterable, and their influence upon the quality of these hospitals can only be relieved by their replacement with small public maternity hospitals supported partly by the fees from the patients and partly from public funds.