It is gratifying to note the increase in the number of sterilized labour outfits since this method of promoting asepsis in maternity work in non-hospital cases was instituted in connection with these clinics in 1925. It shows an increasing appreciation, on the part of doctors, nurses, and patients, of the value of this safeguard against the introduction of sepsis.

The average attendance of each patient at the clinics varies considerably, but on the whole is fairly satisfactory. It will, I hope, increase, though the introduction of clinics in some of the more isolated country districts will always tend to lower the general average, owing to the difficulty of frequent attendance due to the distances of many patients from the centres.

Ante-natal Clinics.

Year.	New Cases.	Total Attendances.	Outfits sterilized.
1929	5,177	17,555	924
1928	5,050	20,740	728
1927	3,919	15,406	515
1926	3,238	12,554	401
1925	2,289	7,816	..

Puerperal Sepsis.

Following up an inquiry into the causal conditions and consequences of 174 cases of puerperal sepsis which was made in 1928, a similar inquiry was instituted into 143 cases reported to the Medical Officers of Health during 1929. Of these, forty-three occurred in private houses, ninety-nine in hospitals, and one undetermined. The total number of days illness caused up to twenty-eight days was 2,609. The final results returned were 109 cases recovered and twenty died, while the results of fourteen cases remained undetermined at the expiration of the twenty-eight days over which the inquiry into these cases extended. This by no means represents the full economic loss, as in many cases the illness extended to more than twenty-eight days to which it was found necessary to limit the investigation.

The investigation into the contributing causes shows that pregnancy was normal in ninety-three, abnormal in thirty-five, and unclassed in fifteen, while labour was normal in eighty-three, abnormal in fifty-six, and unclassed in four. In fifty-one out of 143 cases the delivery of the infant or the placenta or both was artificial, and consequently more than one-third of the cases were subject to internal manipulation during labour. It is possible that the internal manipulations that took place in these fifty-one cases were unavoidable. If, however, they are taken in conjunction with the returns of forceps cases in hospitals, in some of which the percentage was as high as 30 per cent., 32 per cent., and 47 per cent., there is certainly a suggested conclusion that in a certain number of these fifty-one cases internal manipulations might have been avoided. With these figures before them, I feel confident that all practising obstetricians, midwives, and maternity nurses will recognize the necessity for still further inculcating the practice of extreme patience on themselves, as well as on patients and their relatives; by so doing it is possible to avoid the unnecessary risks attributable to avoidable interference.

The results also show that further provision must be made for practising asepsis both in and out of hospitals, and that the risk of infection from environment, due to including septic surgical and maternity cases in the same hospital, must be eliminated as has been indicated elsewhere in my report.

In conclusion, I find, while New Zealand can on the whole congratulate itself upon the condition and conduct of the majority of its maternity hospitals as indicated by the results, that the mixed hospitals under present conditions must be regarded as introducing an avoidable danger to maternity cases. This matter as I have said before requires very great consideration, and, if necessary, drastic action. Unfortunately, I cannot find in other countries any returns for a similar number of small country maternity hospitals such as I am able to include in this report. My figures, however, compare more than favourably with some recent returns that have appeared in medical publications for certain other hospitals.

It is only recently that a medical practitioner wrote stating that he was sure that our hospital returns were as bad as those recently published for some Aberdeen maternity hospitals which gave the maternal-mortality rate of 14·9 per 1,000, and "that he was sure of his facts and willing to wager a considerable sum to back his opinion." The tables published here will, I hope, satisfy him, and others who may hold a similar view, that such an opinion is not justified by facts.

I wish to extend my thanks to many medical confreres, to the licensees and nursing staff of many hospitals, and to my fellow officers who have most courteously co-operated with me in my efforts to improve hospital conditions in New Zealand particularly with regard to maternity hospitals.

I trust that the publication of the facts in this report may prove a useful and reliable guide to the direction in which the greatest and most immediate improvement in the condition of these hospitals may be accomplished. I again anticipate with confidence the co-operation of all the members of the medical and nursing professions able to hasten that accomplishment.