H.—31.

Table I sets out the number of cases admitted to, work undertaken by, and the puerperal and maternal mortality figures of these hospitals, also the maternal mortality-rate of all cases admitted elsewhere, after correcting the statistics by the exclusion of abortion and ectopic gestation which are not admitted to maternity hospitals.

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I must explain that the deaths entered under the heading "maternal mortality" are deaths of pregnant or parturient women dying from non-puerperal causes. The cases entered under this heading include two cases of advanced phthisis, three cases of old-standing heart-disease, one ruptured aorta, and one hæmorrhage from a gastric ulcer. It is probable that the detection of some of these conditions early in pregnancy might have prevented some of these deaths. This emphasizes the necessity for skilled ante-natal care and prompt treatment.

The death-rate for the mixed hospitals is approximately half what it was prior to the restrictions imposed regarding the admission of septic surgical cases in 1930. It is, however, above the average for other hespitals.

The statistical returns confirm my opinion that the majority of maternity hospitals are conducted in a satisfactory manner, are well equipped, and are playing an important part in promoting maternal welfare.

The outstanding need in regard to all public maternity hospitals is more extensive, more systematic, and a higher quality of ante-natal care, particularly with regard to closer supervision by well qualified obstetricians.

The importance of maintaining a high standard of efficiency in our maternity hospitals is shown by the fact that 18,291 out of 27,431 confinements were conducted in them.

ST. HELENS HOSPITALS.

INTERNAL DEPARTMENT:-

Table II.—St. Helens Hospitals, General Statistics, 1931.

<u></u>		Auckland.	Christchurch.	Dunedin.	Gisborne.	Invercargill.	Wanganui.	Wellington.	Total.	Percentage to Total Confinements.
A.—Intern Departments.										
Total deliveries	• •	572	325	179	206	239	195	546	2,262	
Primiparæ	• •	202	101	36	48	44	50	169	650	• •
_ Multiparæ	• •	370	224	143	158	195	145	377	1,612	• •
Presentations—			0.00	1.00	101	004	100	~ 4 0	0.100	
Vertex	• •	547	308	162	191	234	183	513	2,138	94.52
Occipito posterior		$\frac{6}{2}$	7	11	10	2	9	21	66	2.92
$\underline{\mathrm{Face}}$		3	3	2			• :	• •	7	0.31
Brow		2	• •		· :		1		3	0.13
$egin{array}{cccccccccccccccccccccccccccccccccccc$		23	10	5	4	9	3	9	63	2.79
$_{_}$ Transverse	• •	1	• • •	٠:	2		1 .:		3	0.13
Twins		8	3	1	3	3	1	4	23	1.01
Complications of pregnancy—										
Hyperemesis			• •	• •	2			2	4	0.18
$\operatorname{Hydramnios} \ldots \ldots$			6	8	7		3	1	25	1.11
Pre-eclamptic toxæmia	••	22					3	24	49	2.17
Eclampsia		1				1 -:		4	5	0.22
Nephritic toxæmia		$1 \mid$		1	6	1	3	1	13	0.57
Hæmorrhages—							1			
$ \text{Unavoidable} \dots \qquad \dots$	• •	4	3	1	1	1	1	1	12	0.53
Accidental, external		4		1	2		3	1	10	0.44
Accidental, internal			1	2					3	0.13
Post-partum, atonic		9	2	1	3	1	2	14	32	1.41
Lacerations of genital tract—										
Perinæum		156	32	4	8	19	24	118	361	15.96
Cervix		10			1				11	0.49
Uterus								••		
Contracted pelvis, inlet		16			2			6	24	1.06
Contracted pelvis, outlet		3	2		1	4	2		12	0.53
Prolapse of cord		2	2				١		4	0.18
Complications of puerperium—									1	
Sepsis, local		4				3	1		8	0.35
Sepsis, general		2							2	0.09
Pulmonary embolism		1							1	0.04
Insanity		·						1	1	0.04
Crural phlegmasia, venous								1	1	0.04
Crural phlegmasia, lymphatic				i •••				1	1	0.04
Mastitis		2		٠	٠	1	3	3	9	0.40