

Table III (page 41) gives a summary of maternity cases in the above hospitals, in which 17,548, or 69 per cent., of the confinements during 1932 took place. As before, these hospitals have been grouped into four classes. With the gradual improvement of the smaller maternity hospitals (Group I), and the precautions taken to exclude septic and suppurating cases from the maternity hospitals licensed to admit surgical cases (Group IV, mixed hospitals), satisfactory and fairly even results are shown in each of the four groups. Group V includes the results of all patients (7,919, 31 per cent.) confined in their own homes and/or in the general wards of public hospitals, to the latter of which the cases admitted were mostly unforeseen emergencies occurring during the course of labour commenced elsewhere. The gravity of these emergency cases when admitted may be estimated from the fact that the maternal-death rate in the general wards of public hospitals was 11·19 per cent. It is obviously desirable that such emergency cases should be admitted to obstetric hospitals instead of to surgical or medical wards of public hospitals, in which the facilities for special obstetrical work are seldom available. It is still more desirable that as many emergencies as possible should be avoided by more complete ante-natal care under skilled obstetricians and midwives. The maternal mortality of the whole of Group V is 2·5 per 1,000 confinements, a rate identical with the total of the maternity-hospital cases. The rates have been made comparable by excluding cases of abortion and ectopic gestation from Group V, since such cases are not admitted to maternity hospitals.

ST. HELENS HOSPITALS.

Table IV gives detailed results of patients attended in the internal and external departments of all St. Helens Hospitals and the attendances in the ante-natal clinics attached to these hospitals. It is interesting to note that an increase in the number of maternity outfits sterilized at these clinics for the use of midwives in private practice has corresponded with the decrease in the puerperal-sepsis rate. This is a valuable service given at a cost of 1s. to 1s. 6d. per outfit.

The forceps rate for the St. Helens Hospitals is 5·91 per cent., as compared with the rate of 9·76 per cent. for all other maternity hospitals. This low forceps rate can be attributed mainly to the fact that in all these hospitals normal deliveries are attended entirely by midwives, medical officers only being called in if abnormality is foreseen or arises during labour.

Table IV.—*St. Helens Hospitals, General Statistics, 1932.*

	Auckland.	Christchurch.	Dunedin.	Gisborne.	Invercargill.	Wanganui.	Wellington.	Total.	Percentage to Total Confinements.	
A.—INTERN DEPARTMENTS.										
Total deliveries	617	308	138	141	277	165	545	2,191	..	
Primiparae	214	88	39	31	68	36	149	625	28·53	
Multiparae	403	220	99	110	209	129	396	1,566	71·47	
Presentations—										
Vertex normal rotation ..	595	283	129	139	265	155	489	2,056	93·84	
Occipito-posterior (persistent) ..	11	7	7	2	4	6	19	56	2·56	
Face	4	2	1	1	..	1	3	12	0·55	
Brow	1	..	..	..	..	..	1	2	0·09
Breech	15	20	2	5	8	3	20	73	3·33	
Transverse .. ..	..	1	..	..	..	..	1	2	0·09
Twins	9	5	1	3	..	..	2	20	0·91
Complications of pregnancy—										
Hyperemesis .. ..	..	..	..	..	..	..	1	1	0·05
Hydramnios .. ..	..	..	8	..	..	1	3	12	0·55
Pre-eclamptic toxæmia	12	6	1	2	..	5	37	63	2·88	
Eclampsia	2	..	..	..	..	..	1	3	0·14
Nephritic toxæmia	3	1	2	..	4	..	4	14	0·64	
Hæmorrhages—										
Unavoidable .. ..	..	..	..	1	1	..	1	3	0·14
Accidental, external	3	2	1	..	1	2	4	13	0·59	
Accidental, internal .. ..	..	..	1	..	1	..	..	2	0·09
Post-partum, atonic	15	4	9	1	4	5	7	45	2·05	
Post-partum, traumatic	1	..	..	..	..	..	..	1	0·05
Lacerations of genital tract—										
Perinæum	155	29	11	15	34	17	..	261	11·91	
Cervix .. ..	..	..	..	..	..	..	..	..	..
Uterus .. ..	..	..	..	..	..	..	..	..	..
Contracted pelvis, inlet .. ..	..	2	6	4	..	..	..	12	0·55
Contracted pelvis, outlet .. ..	..	5	..	..	4	..	..	9	0·41
Prolapse of cord	2	1	..	..	..	..	2	5	0·23