PART II.—MATERNAL MORTALITY AND MORBIDITY.

The total number of maternal deaths from puerperal causes, excluding septic abortion, is the same this year as last—namely, 78—with a reduction of the death-rate from 3·25 to 3·14.

The graph and Tables VIIA and VIIB show the maternal-mortality rates from different puerperal causes. Reference to these show that the low death-rate from puerperal sepsis following childbirth, which was reached by successive drops since 1927 and attained its lowest rate in 1935, has suffered a slight rise, the number of deaths being 9 for the last year, with a rate of 0·36 as against 8 for the previous year, with a rate of 0·33. The rate is, however, still notably low, and is one-third to one-half of that of comparable countries. Deaths from hæmorrhages and accidents of labour show that the death-rate from this group is also substantially the same, there being a rise from 1·00 to 1·01. This is mainly due to the increase from 6 to 12 in the number of deaths attributable to placenta prævia. The other causes of deaths under this group all show a reduction.

Eclampsia and other Toxæmias of Pregnancy.

The number of deaths from this cause in the year under review contributed over 38 per cent. of the causes of maternal deaths.

Reviewing the past twelve years, in which great efforts have been made by the establishment of ante-natal clinics and better and greater effort on the part of the medical profession to reduce the frequency of this condition, one can only feel disappointed that so little has been achieved.

This condition not only contributes to our maternal death-rate, but is one of the principal causes of still-births and neo-natal deaths. Table VI shows that since 1925, when more intensive ante-natal work was undertaken in St. Helens and other hospitals, there has been a considerable drop in the number of eclampsia cases and neo-natal deaths in the St. Helens Hospitals, which are the only ones from which I can get records over a sufficient length of time to make comparisons.

Were the same returns available from many of the public hospitals, I have no doubt similar results could be shown.

Table VI.

Period.	Total Confinements.	Eclampsia.		Still-births.		Deaths of Infants of under Fourteen Days.	
		Number.	Rate per 100 Confinements.	Number.	Rate per 100 Confinements.	Number.	Rate per 100 Confinements.
1918–1924 ..	10,264	70	0·68	357	3·48	213	2·08
1925–1931 ..	16,020	49	0·31	439	2·74	239	1·49
1932–1936 ..	10,266	40	0·39	357	3·48	145	1·41

While the failure to get the same results over the whole Dominion may be attributed to deficient ante-natal attention given to patients, some of which is due to the lack of co-operation of the patients with their medical adviser and some due to insufficient supervision, I am definitely of the opinion that the important factor in preventing further reduction is lack of knowledge of the causes of the toxæmias of pregnancy, a lack of knowledge which is world-wide, and which has caused failure and disappointment in other countries as well as New Zealand.

This condition has been aptly called a "Disease of theories," and unless facts replace "theories" little advance is possible.

New Zealand, together with Canada and Australia, has, according to statistics, the highest death-rate from this condition of any known comparable countries, and has a rate approximately 50 per cent. higher than England, and three times that of Holland. Much might be done by systematic research into the causes of eclampsia, and no country seems to me to be likely to benefit more by such research or to be better fitted for undertaking a clinical research than New Zealand.

I hope that means will be made available to carry it out.

Accidents of Pregnancy.

Deaths from accidents of pregnancy, which include ectopic gestation and non-septic abortion, show a slight increase, the number of deaths having been 14, as against 12 for the previous year.