47 H.—31.

special experience are required to fill the positions of private midwives, district nurses, district nurses to Natives, Matrons of public and private maternity hospitals, and positions in which they are responsible for training maternity nurses.

Without a sufficiency of well-trained maternity nurses it would not have been possible for New Zealand to have reduced the death-rate from puerperal sepsis to the extent that has been done, and to maintain that low rate it is essential that the practice of these nurses should be kept to a very high standard.

ST. HELENS HOSPITALS.

The tabulated results of the work of the St. Helens Hospitals are shown in Table IV, pages 47 and 48, and consideration of this shows the very excellent results obtained. I would particularly call attention to the low forceps rate, $4\cdot64$, as compared with $9\cdot45$ in the maternity hospitals listed in Table I.

There were three deaths of mothers confined in these hospitals, only one of these being due to a puerperal condition—namely, puerperal septicæmia due to infection with *B. Coli* and *Staphlococcus*—the other two were due to causes associated with pregnancy. One was an emergency case in the second stage of labour who died after transfer to a general hospital from tuberculous peritonitis. The other case was a multiparae, aged 38, 15 para., ten living children, who was suffering from myocarditis and died five hours after delivery.

The puerperal death-rate was, however, 0.50 per 1,000 confinements for puerperal conditions and for non-puerperal conditions 1.01.

Table IV.—St. Helens Hospitals Statistics.

		Auckland.	Wellington.	Christchurch.	Dunedin.	Invercargill.	Totals.	Percentage to Total Deliveries.
1								
A. Intern Department.								
Total deliveries		64.6	521	406	163	247	1,983	1
Primiparae		219	156	122	41	76	614	30.96
Multiparae		427	365	284	122	171	1,379	69.54
Presentations—								
Vertex normal rotation		586	438	373	152	230	1,779	89.71
Occipito posterior (persistent)		30	26	20	6	13	95	4.79
Face		1	5	2		1	9	0.45
Brow			;	1			1	0.05
Breech		29	17	10	8	5	70	$3 \cdot 53$
Transverse		2		1		1	$_4$	0.20
Twins (sets)		9	4	5	2	3	23	1.16
Complications of pregnancy—								
Hyperemesis		1	2			• •	3	0.15
Hydramnios	:	2^{-}	2	:	3	3	10	0.50
Pre-eclamptic toxamia		21	44	5		20	90	$4 \cdot 54$
Eclampsia		4		2		3	9	0.45
Nephritic toxæmia	:			<u> </u>			1	0.05
Hæmorrhages—						;		
Unavoidable (placenta prævia)		1 :	6	4.	2	3	16	0.81
Accidental, external	:	1	3	1	2	2	9	0.45
Accidental, internal	:	1	<i>.</i> .				1	0.05
Post-partum, atonic		9	2	8	1	2	22	1.11
Post-partum, traumatic	:			1	1		2	0.10
Lacerations of genital tract—			-	!				
Perinæum		56	31	59	40	25 .	211	$10 \cdot 64$
Cervix				7	!	• •	7	0.35
Uterus	:			!				
Contracted pelvis, inlet	;	2			2	5	9	0.45
Contracted pelvis, outlet		.,		9		1	10	0.50
Prolapse of cord		3	1				4	0.20
Complications of puerperium—	1		!					
Sepsis, local			6 ;	8	i	4	18	0.91
Sepsis, general					2	1	3	0.15
Pulmonary embolism						İ		
Insanity		2	:	:			2	0.10
Crural phlegmasia, venous	!	.1	:				1	0.05
Crural phlegmasia, lymphatic	;	, .						
Mastitis			2	2 :		1	5	0.25
								_