

Table VII.—*Puerperal Mortality, 1938, Showing Number of Deaths and their relation to Live Births.*

	Number of Deaths.	Death Rate per 1,000 Live Births.
Puerperal sepsis following childbirth	21	0·77
Accidents of labour—		
Placenta prævia	3	
Post-partum hæmorrhage	8	
Puerperal embolism	8	
Other accidents of childbirth—		
Shock or syncope following—		
Cæsarean Section	2	
Obstetric shock and heart-failure	6	
Ruptured uterus	1	
Lobar pneumonia (non-septic)	1	
	10	
	29	1·06
Toxæmias of pregnancy—		
Eclampsia	10	
Puerperal toxæmia	9	
Hyperemesis gravidarum	5	
Acute yellow atrophy of liver	5	
	29	1·06
Accidents of pregnancy—		
(a) Abortion (non-septic)	2	
(b) Ectopic gestation	
	2	0·07
Total maternal deaths (excluding septic abortion)	81	2·96
Septic abortion—		
(a) Married women	20	..
(b) Single women	10	..
	30	1·10

Reference to the graph and tables show that the rise is due to increases in the number of deaths from puerperal sepsis from 14 to 21, and in those cases classed as "Accidents of labour" from 14 to 29. Deaths due to the various manifestations of puerperal toxæmias fell from 35 to 29, while the deaths classed as accidents of pregnancy fell from 9 to 2, both of which were due to non-septic abortion. Deaths under this heading last year included six abortions and three ectopic gestations. Deaths from septic abortion increased from 23, rate 0·88, to 30, rate 1·10.

ACCIDENTS OF PREGNANCY.

A comparison of the returns of 1937 with those of 1938 show a somewhat remarkable and inexplicable rise from 1 to 8 in deaths certified as pulmonary embolism (non-septic). One of the cases classed as "embolism" which occurred before delivery in the sixth month of pregnancy was the subject of a Coroner's inquest, it was certified as a case of air embolism. Deaths from "shock" rose from 4 to 8, 2 of them following delivery by Cæsarean Section. There was again 1 death from ruptured uterus and 1 from lobar pneumonia, classed by the Government Statistician as a puerperal death. The pneumonia was preceded by influenza and death occurred on the fourth day of the puerperium and was not complicated by sepsis.

TOXÆMIAS OF PREGNANCY.

A slight decrease in the deaths from this condition, the cause of which we are as far away as ever from knowing, was due to a reduction in the deaths from eclampsia which were, one hopes, the result of early detection and treatment of the antecedent toxæmia. The Committee of Obstetrical Research recently appointed is concentrating its efforts in an attempt to gain further knowledge as to the cause of this condition, which is the subject of so many theories, most of which are based on inaccurate knowledge.

SEPSIS FOLLOWING CHILDBIRTH.

The rise in deaths in the last four consecutive years from 8 in 1935, rate 0·33, to 21 in 1938, rate 0·77, which followed an uninterrupted decline from 56, rate 2·01, in 1927, to the low rate in 1935, is a matter for the concern of the Department, medical practitioners, and nurses practising obstetrics. The decline in the years 1927 to 1935 was undoubtedly due to the introduction of aseptic technique to the practice of obstetrics.