What has been Done:

The BRITISH MEDICAL ASSOCIATION *and the* MATERNAL MORTALITY PROBLEM

In our issue of July we published an article criticising a resolution passed by the Council of the British Medical Association on the subject of maternal mortality. In that article we stated that the B.M.A. as such, had taken no action in connection with maternal mortality until forced to do so as the result of strong public feeling aroused by the findings of the Commission set up to inquire into the cause of the outbreak at the Kelvin Hospital. Further inquiry has shown that this statement was not correct, and in consequence the criticisms based on the assumption that it was true are obviously unfair to the Medical Association, which we now find has given the matter its most earnest attention for more than three years. Under these circumstances we are only too glad to publish an article giving a summary of the activities of the Association in this connection. It is the policy of our paper to do justice at all times, and we welcome this opportunity of bringing the facts to the notice of our readers. Needless to say, these columns are always at the service of the Medical Association to assist them to carry out their humanitarian work, as THE LADIES' MIRROR, *which is rightly called the Home Journal of New Zealand, exists solely in the interests of the motherhood of this our Dominion.*

As it has been assumed in some quarters that the N.Z. Branch of the British Medical Association has been supine in the matter of dealing with maternal mortality, the Executive considers that the public should be made aware of what actually has been done. The question was first raised in May, 1921, by the publication of certain statistics by the Children's Bureau of the United States Department of Labour.

It was at once discussed by the Council of the B.M.A. in New Zealand, and it was considered of such importance that a special section should be devoted to it at the Annual Conference of members of the Branch due to be held in Wellington in February, 1922. It was accordingly referred to all the Divisions of the Branch and was discussed by them as a preliminary to final consideration by the general Conference in February. The following is an extract from a notification to members which appeared in the N.Z. Medical Journal (the official organ of the B.M.A.) of August, 1921:—

"One important feature of the Annual Meeting will be a discussion on the mortality and morbidity resulting from childbirth. The whole of Wednesday morning will be devoted to this, and the opening paper will be given by Dr. Henry Jellett, of Christchurch, formerly master of the Rotunda Hospital, Dublin. He will be followed by others closely connected with the subject, and Dr. D. S. Wylie, C.M.G., who will present the public health aspect."

In the meantime the Director-General of Health advised that the matter should be referred for the consideration of the Board of Health, of which the Minister of Health is chairman and on which the B.M.A. is represented—a Board which works in close co-operation with the B.M.A. The report of the Board of Health appeared towards the end of the year 1921, and was referred to a meeting of the Council of the B.M.A. on 13th December, 1921. As, however, the whole question was then under consideration by the Divisions of the B.M.A. and members had been asked to prepare for the full discussion at the Annual Conference in February, 1922, it was decided to defer consideration by the Branch as a whole until the Conference, at which all members in New Zealand would be represented. During all this time the question was being actively discussed by the Divisions throughout New Zealand and by members generally, in order that some definite data might be forthcoming in view of the general discussion at the Annual Conference, and the editorial of the February (1922) journal was devoted to the subject of Maternal Mortality. At the Annual Conference, which was held in Wellington in February, 1922, papers were read by Drs. Jellett, Wylie, and Tracy Inglis (Medical Officer of St. Helen's Hospital, Auckland). A discussion followed, which was continued throughout the second day of the Conference, and late into the evening. Reference to the N.Z. Medical Journal of April, 1922, will show that the greater part of that issue was devoted to the subject. A sub-committee, consisting of Drs. Tracy Inglis, Jellett, Agnes Bennett, E. Rawson, and Pottinger, was set up by the Conference to go further into the subject; and the report of the sub-committee, having been unanimously adopted by the Conference, was by resolution referred to the Board of Health, and a copy was sent to every member of the Branch. The following is a copy of the report:—

1. This meeting of the B.M.A., while it recognises that maternal mortality in New Zealand and elsewhere is greater than it should be, deplores the undue publicity which has been given to the subject in the lay press, and expresses the opinion that more harm than good has been done by creating a feeling of apprehension among prospective mothers and the women of the country generally.

2. In view of the statements recently made in Parliament, steps should be taken to restore confidence in the State Maternity Hospitals, in which the maternal mortality, despite the many serious cases they admit, compares very favourably with that of New Zealand as a whole.

3. In the statistics of the country there appear to be two possible sources of error tending to reflect unjustly on the medical profession:—

(*a*) The inclusion of deaths from criminal abortion. In this respect it should be noted that many abortions are criminal in origin, that the number of these that prove septic is considerable, and that the death rate amongst these is very high. The medical profession has no responsibility for such cases.

(*b*) The inclusion under the head of maternal mortality of deaths due to inter-current diseases in pregnancy, labour or the puerperium. If these deaths are included with the international standard, then they do not prejudice the statistics, but if they are not included in other countries, then it is unjust to the profession to include them in New Zealand.

4. The practical teaching of midwifery in New Zealand as regards both nurses and students, requires to be placed on a more satisfactory basis. Further, the provision of post graduate courses for medical practitioners and nurses is also very badly needed.

5. That greater facility be given for hospital nurses receiving training in midwifery, either at their own hospitals or at the various St. Helen's Hospitals in New Zealand.

6. The causation of puerperal sepsis remains largely obscure and rests probably on the varying resistance of individual patients.

There is no doubt as to the contributing causes; for instance, lack of antenatal hygiene and treatment, excessive vaginal manipulations, careless asepsis and antisepsis, and unfavourable surroundings; and the meeting is alive to the necessity of avoiding or removing these conditions, and recommends that a circular embodying this should be sent to all medical men in the Dominion.

7. Facilities should be provided whereby sterilised maternity outfits should be easily obtainable.

8. In the event of puerperal sepsis, a confidential report should be asked for from the medical man before any further steps are taken by the Health Department.

9. Private hospitals which are too small to be run efficiently and profitably are a danger to the welfare of parturient women and should be replaced, as is found possible, by private maternity hospitals attached to public hospitals, or to the St. Helen's hospitals or by properly equipped hospitals built for the purpose, and State-aided where necessary.

The above report was acknowledged by the secretary of the Board of Health in the following communication, dated 11th July, 1922:—

"In March last your Association was good enough to forward to the Board of Health a number of copies of the report of the sub-committee which was set up to consider the question of Maternal Mortality in New Zealand. I am now directed to thank you for forwarding the report and to say that the various recommendations therein have had the consideration of the Board, which is negotiating with the Department of Health in respect thereto."

In February, 1923, at the request of the Board of Health, the N.Z. Branch of the B.M.A. sent a copy of the following resolution to all its members:—

"That, with a view to the reduction of maternal mortality, the Board recommends medical practitioners to use every endeavour to ensure that their midwifery cases shall be attended by registered midwives wherever practicable."

Since that time greater prominence has been given to the subject of maternal mortality by the regrettable outbreak at the Kelvin Maternity Hospital, Auckland. The Royal Commission appointed to inquire and report upon the circumstances surrounding the Kelvin outbreak included in its personnel two members of the B.M.A.

Prior to the Kelvin Commission the N.Z. Board of Health appointed a Select Committee to advise on regulations for private maternity hospitals, etc. All the nurse-inspectors appeared before the Committee, and a very important report on the regulations necessary for private maternity hospitals was submitted to the Health Department; and when regulations were published later they were approved by the N.Z. Branch of the B.M.A. The members of this special Committee of the Board of Health are all members of the B.M.A. The N.Z. Branch of the B.M.A., in addition to its own Journal, supplies to every member the British Medical Journal, which in nearly every number contains reports and discussions on midwifery. The regulation now to be enforced in New Zealand of submitting morbidity returns of maternity hospitals to the Health Department was first suggested by the B.M.A. To show that the B.M.A. acts in a public-spirited way when the interests of its individual members are implicated, recently the Executive of the B.M.A. approved a proposal of the Director-General of Health to suspend from practice for a suitable period any doctor who had a septic puerperal case in his practice, if there was a reasonable suspicion that the doctor was likely to spread the infection.

This statement might be further extended and amplified, and is not by any means a complete record of the work of the B.M.A. in the last few years in the direction of lessening maternal mortality and morbidity. The Inspector of Maternity Hospitals, the Director-General of Health, the Director of Child Welfare, the medical advisers of the Plunket Society, etc., are all members of the B.M.A.