STANDARD OF ACCOMMODATION

For Private Hospitals where good clinical results were obtained it was decided to disregard minor defects occasioned by wear-and-tear on buildings or in architecture. It was found impracticable, because of high costs and labour shortage, to expect licensees to meet heavy outlays, as this would probably have resulted in more licences being surrendered. By operating their smaller institutions to full capacity they were easing the burden on the State hospitals, which could not cope with the demand.

For Public Hospitals.—In the South Island the available accommodation is poorest in Invercargill, Oamaru, and Gore.

In the North Island: The increasing number of Maoris using the State maternity hospitals has created an acute shortage of beds and a clamant need for annexes to be built or enlarged in a number of areas.

At some northern annexes facilities are poor, which makes staffing problems difficult. Staff shortages in turn vitiate the establishment of breast-feeding and too many infants are sent home bottle fed and/or under weight. (These comments are made fully aware of and in deep appreciation of the manner in which existing staffs have worked of recent years to cope with a greatly increased number of deliveries.)

A new low record of European maternal mortality, excluding deaths from septic abortion, has been established in New Zealand with a rate of 0·85 per 1,000 live births, as compared with 1·76 per 1,000 live births for 1946, which was then the lowest rate ever recorded in New Zealand. Including septic abortion, the figures are 2·05 and 1·07 per 1,000 live births respectively for the years 1946 and 1947.

This drop can be attributed to a combination of factors which, while they have been quietly operating for some years, seem to have culminated in 1947. This figure is so low that it issues a challenge for the future.

The accompanying table shows the causes of deaths of all mothers who had reached or passed the twenty-eighth week of pregnancy during the four years, 1944 to 1947.

New Zealand, with a European population showing a relatively high tendency to some degree of toxæmia and a Maori population showing a relative freedom from toxæmic complications, offers unique scope for research into both the incidence and the etiology of eclampsia.

Causes of Maternal Deaths Occurring after Twenty-eighth Week of Gestation, Years 1944 to 1947

——	Toxæmia and Eclampsia.	Hæmorrhage and Placenta Prævia.	Puerperal Sepsis.	Contracted Pelvis.	Embolism.	Ruptured Uterus.	Inversion of Uterus, "Obstetrical Shock," "Collapse," &c.	Total.
1944 ..	26	9	4	..	11	..	8	58
1945 ..	26	9	4	2	10	..	6	57
1946 ..	29	10	5	1	11	5	5	66
1947 ..	12	3	1	1	5	2	6	30
Totals ..	93	31	14	4	37	7	25	211