Distribution of Maternal Deaths.—It is now possible to obtain separate statistics for the fourteen principal urban areas of the Dominion, which include roughly half the total population, and for the rest of the Dominion, which we may term rural. Correction has been made by the Census and Statistics Office for rural women who have died in urban areas.

The following table (E) shows that the maternal-death rate (all causes) is higher for rural women than for urban :—

Table E.—Deaths from Puerperal Causes, Urban Areas and Rest of Dominion, 1922–25.

Cause.	Urban Areas.					Rest of Dominion.				
	1922.	1923.	1924.	1925.	Total.	1922.	1923.	1924.	1925.	Total.
Accidents of pregnancy	9	8	9	1	27	4	9	6	9	28
Puerperal hæmorrhage	6	8	8	15	37	16	18	11	9	54
Other accidents of labour	3	1	1	1	6	10	3	5	6	24
Puerperal septicæmia	26	25	13	18	82	26	27	39	24	116
Puerperal phlegmosia alba-dolens, embolis, sudden death	2	4	5	1	12	10	4	6	13	33
Puerperal albuminuria and convulsions	18	9	12	13	52	17	25	24	19	85
Following childbirth (not otherwise defined)	..	..	1	2	3	2	2	..	..	4
Totals	64	55	49	51	219	85	88	91	80	344

Table E shows that the death-rate of rural women is considerably higher than that of urban as regards not only puerperal septicæmia but also puerperal albuminuria and convulsions and puerperal hæmorrhage, the two causes of death next in magnitude to puerperal septicæmia.

Table C shows that for the decennium 1916–25 these three causes accounted for 108 deaths of an average annual total of 149.

From Table B we have deduced that not puerperal septicæmia but other puerperal causes of death account mainly for New Zealand's unsatisfactory maternal-death rate in relation to certain other countries. Of these others puerperal albuminuria and convulsions and puerperal hæmorrhage cause most deaths, and apparently it is mainly to our rural areas that we must devote our attention in order to reduce this death-rate.

During the coming year local inquiry is to be made into the circumstances surrounding the deaths which occurred last year. We should learn, for example, why the death-rate from puerperal albuminuria and convulsions, puerperal hæmorrhage, and other accidents of labour is considerably higher with rural women than with those residing in the fourteen urban areas, and, if possible, effect a remedy.

Table B.—The Department is corresponding with the Health and Statistical Offices of Denmark, Holland, England, Belgium, Scotland, Canada, and the United States on the question of maternal mortality and the statistics relating thereto. Meantime it is of interest to note that the United States, Scotland, Canada, Australia, and New Zealand all have relatively high maternal-death rates from causes other than puerperal septicæmia, and all have considerable areas with scattered population. Other points of interest are that in New Zealand during the last five years over one-third of the births (annual average) were of first-born children, and in 1924 (the last year available) the ages of the mothers at the time of each birth was—

Table F.—Ages of Mothers.

Age of Mother in Years.	Number of Births.
Under 20	709
20 and under 25	5,379
25 ,, 30	7,840
30 ,, 35	6,378
35 ,, 40	4,058
40 ,, 45	1,614
45 ,, 50	127

SECTION 2.—NOTIFIABLE DISEASES.

Scarlet Fever.

The course of scarlet fever in New Zealand during the last five years is briefly shown in the tables below. The notifications for 1925 reveal a satisfactory decline as compared with previous years, and the death-rate is extraordinarily low.