

SECTION 2.—REPORT OF THE INSPECTOR OF HOSPITALS, T. L. PAGET, L.R.C.P. (LOND.),
M.R.C.S. (ENG.).

I have the honour to submit my report on the maternity service and inspection of maternity and private hospitals during the year 1925-26.

Ante-natal Clinics.—These have been developed and extended under the supervision of Dr. Elaine Gurr, whose report on these shows a most satisfactory advance. Clinics have been established and are doing excellent work in Wellington, Christchurch, and Auckland. In these centres the main clinic is in connection with the St. Helens Hospital. In each of these centres subsidiary clinics are established in connection with the Plunket Society and other maternity hospitals, and at Auckland in connection with the St. John Ambulance Society, to which our thanks are due for their assistance and co-operation. I record with satisfaction the hearty co-operation and assistance of the medical practitioners and the different branches of the New Zealand Division of the British Medical Association in these centres. The increase of work in each centre, as shown in Dr. Gurr's very full report, speaks volumes for the need that has been supplied and the popularity of the work with the women and their medical advisers. Figures for Wellington, the district where clinics were first established, show that from October, 1924, to March, 1925, 728 attendances were recorded; from October, 1925, to March, 1926, the number was 1,979. I am pleased that arrangements have been made for the further co-operation of the Plunket and kindred societies in developing these clinics and extending them to the country districts. For economic reasons, any overlapping or want of co-operation with societies already established and receiving Government subsidies to promote the welfare of women and children would be deplorable, and would delay the very necessary extension of this useful work to the country districts.

Maternity Nursing.—The new Midwives and Nurses Registration Act comes into force on the 1st June, 1926. The period of change-over from the system under the old Act to that under the new has, as was to be expected, proved somewhat troublesome, as all extensive changes are. When fully working I have no doubt that it will prove beneficial. The pamphlet setting out a standard aseptic technique for the training of midwives and maternity nurses has already had its effect, and my inspection of maternity hospitals, both public and private, convinces me that already a higher standard of asepsis is maintained. I regret that in certain quarters this effort has met with a good deal of captious criticism, mostly by those who, while they admit—sometimes only under the pressure of irrefutable argument—that improvement in the aseptic technique of labour is required, yet show a marked aversion to any change from their old habits. I regret that I have failed to find in the criticism so far levelled at the standard technique anything showing how improvement without change is to be attained, and if any genius can show me the way to do so I can only assure him or her that their suggestion will be immediately adopted! I have been told that the technique is "expensive," "elaborate," and "complicated." The expense is about 2s. 6d. per sterilizing; it may later be cheapened. The same criticisms were levelled at the aseptic technique of surgery some thirty-five years ago. I regard them as an exhibition of conservatism natural to most of us—a phase in development that passes with time—and I am confident that the same will happen in the case of maternity work. I cannot but regret that some medical men are ready to accept a standard of nursing and aseptic methods in maternity work which in surgery they would utterly refuse to accept on account of their insufficiency and consequent danger to the patients and to their own reputations; yet the fact remains that sepsis in surgical operations has been practically eliminated, but is still a source of dread to practitioners in obstetrical work. May I point out here that no Health Department can obtain the best results without the co-operation of the practitioner. I have had much help from many sources, and do not hesitate to ask for more in the advancement of our common object—safe maternity.

Inspection of Maternity and Private Hospitals.—The Dominion of New Zealand is provided with seven State-owned St. Helens Hospitals, seven maternity hospitals under various charitable organizations, forty-one maternity hospitals or wards under Hospital Boards, and 313 private hospitals, of which 213 are either exclusively maternity hospitals or take maternity and general cases. Since June, 1924, I have completed a personal inspection of nearly all these 378 hospitals, and each one is inspected at least once or twice a year by nurse Inspectors. I am able to report a very considerable improvement in the methods and conduct of those hospitals which most required it, an improvement which would be more rapid if the economic factor was not of so much importance. Improved methods imply better facilities both in the buildings and their equipment, all of which cost money. Certain facilities can be improvised, but there is a limit to efficient improvising, and under stress of a rush of work a breakdown is likely. I am now engaged in a close inquiry as to the best method of standardizing a cheap equipment for small hospitals, and am confident that eventually moderate cost can be made to accompany a reasonably adequate equipment. The adoption of an efficient aseptic technique, both during labour and the puerperium, entails a considerable amount of sterilizing, for which a high-pressure sterilizer that is able to sterilize the necessary bulky equipment in about half an hour is all but essential during busy times. The cost of a sterilizer of this sort was anything from £35 to £100; the "dressing" containers about £3 each. I have had some of the latter made at a cost of about 10s., and a high-pressure sterilizer is now obtainable at about £13, and I hope that an efficient one may be made at a lower cost. Standardization of equipment is the keynote to cheapness with efficiency; on this matter I am engaged at present, and the result promises to be useful.

Statistics.—It is gratifying to note that the maternal mortality for New Zealand has dropped from 5.00 per 1,000 in 1924 to 4.65 per 1,000, the lowest that it has been since 1914; the drop of 0.35 being more than three times the drop of 1923-24. These results are encouraging, and I think justify the hope that a vigorous extension along present lines will have further good results. Figures for 1925