Table B.—Deaths from Puerperal Causes, Urban Areas and Rest of Dominion, 1922-26.

			Urban Areas.						Rest of Dominion.					
Cause.		,	1922.	1923.	1924.	1925.	1926.	Total.	1922.	1923.	1924.	1925.	1926.	Total.
Puerperal septicæmia			26	25	13	18	17	99	26	27	39	24	22	138
Puerperal albuminuria and con	nvulsions		18	9	12	13	7	59	17	25	24	19	24	109
Puerperal hæmorrhage			6	8	8	15	1	- 38	16	18	11	9	8	62
Accidents of pregnancy		٠	9	8	9	1	11	38	4	9	6	9	9	37
Other accidents of labour			3	1	1	1	4	10	10	3	5	6	5	29
Puerperal white-leg, embolus,	$\operatorname{sudden}\operatorname{d}\epsilon$	eath	2	4	5	1	4	16	10	4	6	13	7	40
Following childbirth, not other					1	2	1	4	2	2			• •	4
Total deaths	••	••	64	55	49	51	45	264	85	88	91	80	75	419

The following table (C) gives the death-rate from puerperal causes in various countries (a quinquennial average). It will be seen from this that New Zealand's puerperal death-rate, unlike her general death-rate, is still relatively high, due less to puerperal septicæmia deaths than to deaths from other puerperal causes, such as puerperal albuminuria and convulsions, puerperal hæmorrhage, and other accidents of labour. It will be seen also that several other countries believed to possess skilled midwifery service which show a relatively high rate also owe their relatively high rate more to these other puerperal causes than to puerperal septicæmia. I instance Northern Ireland, Australia, Canada, Scotland, and the United States of America.

Since, as seen from table (B), these deaths in New Zealand occur less frequently with urban dwellers than with those residing in the country districts and the smaller towns, it is possible that in all these countries the higher rate is due not to lack of skill, but to scattered distribution of population rendering ante-natal care and the procurement of skilled midwifery service more difficult of attainment. That is to say, we in New Zealand can considerably reduce our puerperal death-rate, but the distribution of our population makes that task more difficult.

Table C.—Deaths from Puerperal Causes in various Countries.

Country.			Period.	Death-rate per 1,000 Births from				
				Puerperal Septicæmia.	Other Puerperal Causes.	All Puerperal Causes.		
Denmark			1920–24	1.10	1.16	2.26		
Netherlands			1921-25	0.72	1.72	$2.\overline{44}$		
Sweden			1918–22.	1.21	1.40	2.68		
Italy			1920-24	1.08	1.73	2.81		
Uruguay			1919-23	1.75	1.13	2.88		
Japan			1920-24	1.28	2.11	3.39		
Hungary			1918-22	1.52	1.90	3.42		
England and Wales			1921-25	1.40	2.50	3.90		
Northern Ireland			1921-25	1.55	3.21	4.76		
Spain			1920-24	2.99	1.80	4.79		
New Zealand			1922 – 26	1.67	3.16	4.83		
Irish Free State			1921-25	$2 \cdot 10$	2.88	4.98		
Germany			1920-24	2.77	$2 \cdot 27$	5.04		
Jamaica			1921-25	1.09	4.10	5.19		
Australia			1922 – 26	1.70	3.51	5.21		
Switzerland			1918-22	2.82	2.60	5.42		
Canada*			1921 – 25	1.46	4.09	5.55		
Belgium			1920-24	2.65	3.11	5.76		
Scotland			1921 - 25	1.86	4.41	6.27		
United States†			1920-24	2.54	4.36	6.90		
Chile			1919-23	$2 \cdot 24$	6.00	8.24		
Trinidad			1923-25	3.58	5.68	9.26		
British Guiana			1922 – 25	2.68	11.55	14.23		
Ceylon			1921-25	8.15	11.94	20.09		

^{*} Exclusive of Quebec.