I am glad to report that a considerable number of the profession actively support this view; but I cannot blind myself to the fact that in some few instances it is received with an amused and kindly tolerance, or even actively opposed and regarded as a useless fad. I am thankful to say that this view is gradually passing away, and is certainly only held by a minority of medical practitioners. I am encouraged to proceed along the same lines with the knowledge that some forty years ago the same attitude was prevalent among the majority of surgeons towards the pioneers in aseptic surgery. At that time Mr. Keightley, one of these pioneers, wrote scathingly in his "Index to Surgery" of "those surgeons who regard the cleanliness of a washerwoman as equivalent to asepsis." It probably took quite ten years from that time before asepsis in surgery was accepted as an absolute essential, and the operating surgeons in those days were fewer in number in proportion to the number of the profession than are obstetricians to-day. Further, the surgeon was a specialist, and his opinion carried weight with the general practitioner. The number of obstetricians to-day who can be regarded as specialists are much fewer than were the operating surgeons of thirty years ago, and in New Zealand are very few indeed; consequently the weight of their opinion exercised upon the general practitioner is less than was that of the surgeon of thirty years ago.

It is noticeable that the aseptic methods in private medical and surgical hospitals have been and still are more complete and attain a higher standard than the majority of maternity hospitals. I ascribe this not to unwillingness or want of appreciation of the nursing profession who manage maternity hospitals, but to the economic conditions governing maternity nursing and a lack of demand of a uniformly high standard by the medical profession.

The results and views quoted above support the opinion expressed in my first report to you—that with the adoption of an efficient aseptic technique puerperal sepsis can be very largely prevented.

I shall welcome the assistance of the newly formed Obstetrical Society (New Zealand Branch of the Medical Association) to create a uniform demand for better asepsis and the employment of well-trained maternity nurses to help carry this out.

*Maternity Hospitals.*—In accordance with your policy to promote the provision of more public maternity hospitals and wards in connection with public hospitals for maternity work, the Boards have been urged to provide these conveniences where required. The result has been an increase of public maternity hospitals and wards from thirty-eight in 1924 to fifty at the present time. There are also seven State (St. Helens) maternity hospitals and 222 private maternity hospitals or private hospitals taking maternity cases. I have inspected all these hospitals—many of them twice—and as a result I am able to report considerable improvement in their equipment and general management where such was required. Considering that the majority of the private maternity hospitals are ordinary houses converted to the use of hospitals, there is not much to complain of with regard to the conveniences absolutely necessary to the safe treatment of patients, and in many instances quite minor alterations have been suggested by me in the course of my inspection and generally provided, which have promoted the comfort and well-being of the patients and minimized the inconveniences of the nursing staff in their work. The economic factor bears largely upon this question and always must do so, and my aim has been to ensure essentials only and thus try to maintain a sound economic condition. My experience in this branch of the work confirms my original view that sound methods and sound technique, and the necessary equipment to carry these out, have more influence in promoting the welfare of the patient in the hospital than elaborate and expensive buildings. The equipment of maternity hospitals of five beds or over with efficient high-pressure sterilizers and the necessary dressing-containers, also with the appliances for treating hæmorrhage and shock, is now made compulsory by regulation. Where these have already been provided they have had undoubted influence in improving the conditions necessary for the safety of patients. Prior to bringing these regulations into force for the better equipment of hospitals with sterilizing-appliances efforts were made to overcome the economic difficulties in providing the improved equipment. Efforts have been made, in conjunction with various manufacturers, to provide a cheap and efficient high-pressure sterilizer, and cheaper dressing-containers, in which dressings can not only be sterilized but kept in a sterilized state. Up till recently containers of the required size were costing from £2 10s. to £3. A simple and efficient pattern container has been designed and manufactured at a cost to the user of from 12s. to 15s. I hope by this means to eliminate from the maternity hospitals containers for dressings which are not properly sterilized. In the past I have found that the use of biscuit-boxes and tea-tins which have been attempted to be sterilized by swabbing them with antiseptics, have been a source of danger. They are a class of container which no surgeon would for one moment allow to be used for storing sterilized surgical dressings to be used in an operating-theatre. As has been pointed out before—but it will bear repetition—sterilization to be efficient must be complete. The standard of sterilization for maternity dressings cannot be lower than that standard required for surgical dressings, if it is to be regarded as satisfactory.

*Private Medical and Surgical Hospitals.*—Besides inspecting the maternity hospitals, I have also inspected all private medical and surgical hospitals, and also various public medical and surgical hospitals. Some of these were deficient in equipment necessary for the proper conducting of their work, but I have to report in most instances there is now little to be desired in this direction. About half of the private hospitals I have inspected twice, and have reviewed the reports of the Medical Officers of Health and Nurse Inspectors on all these institutions, and am able to report that the general standard of private hospitals is such that patients and surgeons are supplied with efficient means for carrying out good nursing and treatment.

Private medical, surgical, and maternity hospitals are, I regret to say, occasionally necessary for economic reasons. They are difficult to manage in such a way as not to endanger the well-being of the maternity case, and new ones are only being licensed where local conditions make it unavoidable. The regulations for their conduct and for staffing them, if carried out, can and