I have particularly to thank Dr. Watt, the Deputy Director-General, for the manner in which he has invited and received my suggestions and has tried to bring them into general adoption. I must also thank Dr. Paget, Inspector of Hospitals, for the practical support he has given me in the course of his official duties. I am also deeply indebted to the Medical Officers of Health through the country, without whose assistance much of the work I have tried to do would have been impossible.

Lastly, perhaps I may be allowed to congratulate you, sir, on the success of your efforts to obtain the new St. Helens Hospital which has been so badly wanted at Christchurch for so many years. If later a similar course is found possible at Dunedin it will prove to be of inestimable value to the cause of medical education.

ADDENDUM.

In my report for 1927 I wrote as follows: "From 1896 to 1910 the gross mortality of the Rotunda Hospital was 3·4 per cent.; from 1910 to 1925 it was 6 per cent." The words "per cent." were accidentally used instead of "per thousand" and escaped correction in the proofs.

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 fourth annual report on the licensed hospitals and maternity hospitals of the Dominion for the year ended 31st March, 1928.

Inspection of Hospitals.—There are 387 which it is part of my duties to inspect. Of these, seven are St. Helens Hospitals, fifty-three public maternity hospitals, sixty-three licensed private medical and surgical hospitals, forty-eight licensed private medical, surgical, and maternity hospitals, and 216 licensed private maternity hospitals.

Since my last report I have inspected all the public and State maternity hospitals, and the private hospitals in the South Island and the majority of those in the North Island. Considerable improvements have been made in most of these hospitals with regard to equipment, and in the majority the buildings, equipment, and conduct are such that a reasonable standard is maintained. A small number still fall short of a desirable standard, and in most instances this is due to economic conditions which are gradually being overcome. It has been found necessary to close one hospital, which no efforts on the part of the Department were able to bring up to the requisite standard, and others have closed voluntarily. The increase in the number of small public maternity hospitals established by Hospital Boards is tending to improve the general standard of maternity work, as they are in many instances replacing institutions which, owing to lack of funds, were not maintained in such a way as to give satisfactory services. There is room for many more of these hospitals in New Zealand, and the gradual extension of Hospital Board activities in maternity work will prove of great benefit.

My efforts to make cheap and efficient equipment available for hospitals, so that sterilizing can be carried out completely, have, I think, been successful. A comparison with the cost of the necessary equipment a few years ago and the cost to-day shows that it has been about halved. Even in these circumstances it is difficult to get sufficient equipment provided in some instances, due to the low scale of payment for hospital attendance on maternity cases as compared with the much higher scale of payment in medical and surgical hospitals.

I wish to repeat what I said last year with regard to this: that the majority of licensed hospitals, both as to buildings and equipment, supply those essentials necessary for efficient work, but not, I regret to say, those conveniences which are so desirable, in that they turn irksome effort into pleasurable work.

Summary of Returns of Work in Maternity Hospitals.—The number of women confined in 1927 was 28,419. Of these, 16,656 were confined in either State, public, or licensed private hospitals—an increase of 255 over last year. The remaining 11,763 were confined in their own homes or in one-bed maternity homes, which, though not licensed, are kept under supervision by the Nurse Inspectors and must be conducted by registered maternity nurses or midwives.

Table I gives some of the results of this work in hospitals which are grouped according to the number of cases confined per annum. The percentage of morbidities is not shown as, for reasons explained last year, I consider them valueless for statistical purposes. This also applies to the maternal mortality occurring in connection with these hospitals, as, almost without exception, death from sepsis does not occur in the hospital where the patient was confined, but in the public or private surgical hospital to which the patient has been removed for isolation. Measures will be taken next year to get these returns.

Table I.

Hospitals.	Number of Confinements.	Instrumental Deliveries.		Post-partum Hæmorrhages.		Puerperal Pyrexias and Sepsis.		Deaths of Infant in First Few Weeks of Life.		Still-births.	
		Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.
Group 1 (up to 50 cases per annum)	3,794	571	15·06	62	1·63	47	1·24	84	2·21	136	3·5
Group 2 (51–100 cases per annum)	5,589	706	12·63	70	1·25	61	1·09	109	1·95	152	2·12
Group 3 (101–150 cases per annum)	3,044	496	16·29	32	1·05	34	1·12	75	2·46	93	2·06
Group 4 (151 cases and over per annum)	4,229	311	7·35	70	1·66	67	1·58	67	1·58	111	2·62