

the steps so necessary for her own safeguard. The difficulty in this matter is considerable. Though most women approach labour with a certain amount of anxiety, and some with quite an undue dread, there is a general tendency in this, as with all remote dangers, to consider, whatever may happen to others, everything will be all right in her own case. If she could say, "It will be all right because I have co-operated with my attendants to give them the necessary facilities to properly attend me," it would be exceedingly desirable.

The general education of the expectant mother and of the public can best be promoted through the formation of ante-natal clinics, and it is to be regretted that so few clinics have been started outside the four centres and the midwives' training schools. I am still in hopes that the Plunket Society, with its many branches and nurses, its considerable income derived by subscriptions from the public and subsidy from the State through the Health Department, will become as active in its efforts to save the mother from illness and death as it has been to save the baby. There can be no doubt that the greatest safeguard to the baby is a healthy mother, and that the main hope of reducing the number of still-births and deaths of infants in the first few weeks of life, which so far have resisted all efforts, is by the widespread establishment of ante-natal clinics to give instruction and the necessary systematic ante-natal attention to the mother. The excellent results of the Plunket Societies' ante-natal clinics in Auckland, Wellington, and Christchurch are most encouraging, and I cannot help feeling that an inquiry by the Plunket Society would convince them that without detriment to the infant-welfare work, of which they are justly proud, they might devote a still larger portion of their time, energy, and funds to the equally important work, which they have so admirably begun, of helping to save the mothers and reduce that class of infant mortality which up to the present has not been affected.

*Maternal Mortality.*—Maternal-mortality returns for the past year are not pleasing to contemplate. The total maternal mortality per 1,000 live deaths has gone up from 4.25 per 1,000 last year to 4.91 per 1,000 for 1927. Puerperal sepsis is mainly responsible for this increase.

It is probable that some of this increase may be due to the fact that a considerable number of cases of phlegmasia albadolens, formerly reported as such and entered under another heading, are now recorded as puerperal sepsis, to which they properly belong. Taking the notifications of puerperal sepsis (exclusive of septic abortion) for the past three years, Table V shows the percentage of deaths and cases.

*Table V.*

1925-26—Average number of cases of puerperal sepsis, 207; average number of deaths, 29.

1927—Number of cases of puerperal sepsis, 244; percentage of increase of cases, 14.92. Number of deaths, 56; percentage increase of deaths, 48.21.

It will be seen that the percentage of deaths to cases in 1927 is considerably higher than the percentage for the two previous years. The increase of deaths of cases in 1927 over the average for 1925-26 was 48.21 per cent., while the increase in the number of cases reported was only 14.92 per cent. of the average for the two previous years. It therefore appears (presuming that all cases are reported) that either the virulence of the infection in 1927 was greater than usual or that resistance of the subject was lower. A gratifying feature is that there was an absence of any epidemics in licensed maternity hospitals which are subject to the regulations, showing that the regulations, which were redrawn in 1924 and which were specially designed to prevent the occurrence of these distressing epidemics, are effecting their object.

This is confirmed by consideration of the returns of puerperal sepsis from the Auckland District, the only ones at present available, but which may probably be taken as substantially accurate and as representative of the returns for the Dominion for this year.

In the Central and South Auckland Health Districts fifty-eight cases of sepsis occurred. Of these, thirty-four, or 58.6 per cent., occurred in private houses, while twenty-four, or 41.4 per cent. occurred in public or licensed hospitals. The returns for the Dominion show that 41.5 per cent. of confinements occurred in private houses and 58.5 per cent. in hospitals. It therefore appears that for some reasons the risk of puerperal sepsis to women attended in private houses in this district and year was 34 per cent. greater than those attended in hospitals. It will be interesting to note whether next year's figures support it.

It is an accepted fact that the accumulation of a large number of cases in any institution (other conditions being the same) increases the risk of sepsis, on account of the liability of uninfected cases being infected by one septic case which may be admitted. That this risk can be, and in our hospitals has been, greatly reduced is supported by the above figures, and I have no doubt the reason is that the frequent inspection and control of hospitals, and the effective regulations designed particularly to prevent the spread of sepsis if such occurs, have been most effective. It is probable that instrumental deliveries are also more frequent in private practice.

I submit that the lesson to be learnt from this is that if the same standard of asepsis were maintained in private practice as is maintained under the regulations in hospitals puerperal-sepsis rates for the Dominion would greatly diminish. How soon this is accomplished depends mainly upon the insistence of the medical practitioner upon asepsis being carried out by himself and the nurses employed, and, as has been pointed out again and again, but it will bear repetition, this can not be done by the medical practitioner alone, but by the co-operation of the patient and nurses with him. It certainly would not be sound to argue that, owing to the lesser risk under present conditions of sepsis in hospitals, as shown by this year's figures for the Auckland District, all women should be confined in hospital. The correct conclusion is that the standard of nursing and asepsis for private cases should be brought up to the highest possible standard.