So far there has been no attempt made in New Zealand to provide medical practitioners with the assistance in difficult cases which obstetrical specialists can give; and, indeed, there does not seem to be any great recognition of the need for such specialists, either by the medical profession or the public. This is apparently contrary to the view held in Great Britain, where there is a demand for the provision of specialists who will come to the help of the general practitioner. There are few conditions in medicine or in surgery which both call for, and can be so much benefited by, special skill as can some of the grave complications of midwifery. For this reason it is, to my mind, imperative that facilities should be created for the education of obstetrical specialists in this country. Such facilities can be provided by the larger St. Helens Hospitals and by the general hospitals of the main centres. I therefore very much regret to find that neither in the Wellington nor the Auckland General Hospital is there any provision for the appointment of an obstetrician or a gynæcologist on the honorary staff. The absence of such an officer means that obstetrical patients admitted to these hospitals drift under the care of the surgeon on duty, irrespective of whether he has either obstetrical leanings or any special obstetrical knowledge. In this way not only is there a tendency for the treatment of the individual patient to be conducted on surgical as opposed to obstetrical lines, but the opportunity of training an obstetrical specialist is lost, as is the opportunity of teaching the students of the hospital. I very much hope, therefore, that the system which at present prevails at the Christchurch and Dunedin Hospitals, whereby a gynæcologist is appointed under whose care all obstetrical patients are admitted, will become universal through the Dominion.

There is another matter whose consideration I should like to include with the above. The proper environment of lying-in women, whether in hospitals or in private houses, is a matter of great importance, inasmuch as without it it is impossible to ensure asepsis and the satisfactory management of obstetrical emergencies. The environment of the patient in private maternity hospitals has been enormously improved by the efforts and inspections of Dr. Paget and the officials of the different Health Offices of the country. There is, however, one point to which I am not sure that sufficient attention has been paid. The great majority of private hospitals are, owing to their original construction, structurally unsuited for the purpose to which they are put, and I do not know that it is possible to make them suitable. It is, however, impossible to change them by a stroke of the pen. The economic conditions under which they are worked are such that money is not available to rebuild them. I think, therefore, that we must regard their continuance as inevitable until they are gradually eliminated by the establishment of hospitals of a better type. On the other hand, I do not think that the continuance of the type should be encouraged by the licensing of *new* hospitals of a similar type. I think that, unless the special circumstances of the case forbid it, new maternity hospitals should only be licensed if they comply with the structural needs of a maternity hospital. The Christchurch St. Helens was originally placed in an old hotel, and circumstances have compelled it to remain there until the new hospital is built. No one would at the present time sanction the creation of a large maternity hospital under similar conditions, and I think that the creation of private maternity hospitals in houses with similar defects should equally be regarded as improper.

Earlier in my report I suggested that the examination of the differences between the present conditions under which obstetrics are practised in Holland and the Scandinavian countries and in the greater part, if not the whole, of the British Empire would lead us towards certain conclusions. I now suggest that these conclusions are as follows :—

(1) That it is difficult for this country to provide an *adequate* training in obstetrics for maternity nurses, midwives, medical students, or obstetric specialists, and that, hence, every opportunity of improving or providing such training must be taken.

(2) That proper ante-natal care and diagnosis must be regarded as one of the great essentials of modern obstetrical practice.

(3) That the suitable environment of the patient during and after labour, both in maternity hospitals and in private houses, is essential. In the former such improvement is being carried out; in the latter, I fear, we are still only skirting the edge of the improvement necessary.

(4) That the time is coming, if it has not already come, to consider if the interests of the public and of the medical profession will not be best served by handing over the management of normal labour to midwives. By so doing it may be possible to ensure that the wholly underpaid obstetrical work of the medical profession will, at any rate, be directed into the channels in which it is essential to the exclusion of those in which it is not.

In conclusion, I wish to thank you, sir, Dr. Watt (the Deputy Director-General), and the different officers of the Health Offices throughout the country for the kindness and assistance I have received throughout the past year.

ST. HELENS HOSPITALS.—GENERAL STATISTICS SUBMITTED BY THE CONSULTING OBSTETRICIAN.

The work of these hospitals has continued in a most satisfactory manner through the past year. The accompanying statistics, which are published for the first time, show its nature and the excellence of its results. It is obvious that such results can only be the result of the closest relations between the medical and the nursing staff and of the recognition by the former that they are responsible for the treatment and general management of every patient who comes into the hospital.

It is only right to call attention to the very low rate of mortality amongst the patients of the St. Helens Hospitals. Five deaths occurred during the year amongst 2,378 patients, a rate of 2·1 per 1,000 births. This rate contrasts very favourably with that of last year, when nine deaths occurred amongst an approximately similar number of patients. Such a low rate of mortality testifies eloquently to the care which is exercised by the Medical Officers, Matrons, and all others concerned in the care of the patients.