St. Helens Hospitals.—Mortality Statistics, 1928.

Hospital.	Patient's Initial.	Place of Death.	Cause of Death.	Remarks.
Christchurch	A	General Hospital	Eclampsia ..	Cæsarean section adopted as other means had proved unavailing.
Dunedin ..	L	St. Helens ..	Septic infection ..	Associated with lobar pneumonia.
Wellington	S	,, ..	Eclampsia.. ..	Admitted in a comatose condition after delivery.
Invercargill	E	Southland Hospital	Septic infection and pulmonary embolus	..
,,	C	,,	Septic infection ..	Following rupture of uterus and hysterectomy.

SECTION 2.—REPORT OF THE INSPECTOR OF PRIVATE AND MATERNITY HOSPITALS.

T. L. Paget, L.R.C.P. (Lond.), M.R.C.S. (Eng.).

I have the honour to submit my annual report on licensed hospitals, maternity hospitals, and ante-natal clinics, with certain remarks on their influence upon maternal welfare, for the year ending 31st March, 1929.

From personal inspection and from the reports of the Medical Officers of Health of the different districts, I have to report that the 371 hospitals which it is my duty to inspect have, on the whole, been maintained in a satisfactory condition. These hospitals consist of seven St. Helens Hospitals; fifty-nine maternity hospitals or maternity wards attached to hospitals; ninety-three private medical and surgical hospitals; forty-five mixed medical, surgical, and maternity hospitals; and 167 private maternity hospitals. This shows an increase of six public maternity hospitals since my last report. During the past year twenty-six licensed hospitals were voluntarily closed—some because they were superfluous, or for other reasons did not meet with sufficient support, and some because they were not being conducted satisfactorily.

The comparatively low charges for obstetrical nursing and hospital services as compared with those for medical and surgical services continues to create a difficulty when the question of establishing new private maternity hospitals is being considered. The economic factor makes it impossible for private enterprises, which must look to a reasonable financial return, to build more than is just necessary for the purposes for which it is intended; and in most instances only necessary conveniences can be afforded, and others that I regard as desirable, but not essential, have to be omitted.

The same economic condition is a considerable factor in making it difficult to get private maternity hospitals equipped in such a way that sterilization can be carried out with ordinary facility. While the standard of sepsis has undoubtedly been considerably improved, there are still a number of instances where the licensees prefer to adopt methods of sterilization which are cumbersome and costly in fuel, time, and trouble sooner than spend a small sum on a high-pressure dressing-sterilizer, even though that can be now obtained for £10 or £12. Though it is indisputable that sterilization of dressings can be carried out by means of boiling, steaming, and baking to dryness, in practice it is found that such methods are so cumbersome that the amount of sterilized articles necessary for use in emergency are seldom on hand. It will be a very great advance when not only all hospitals but all obstetrical practitioners consider a high-pressure dressing-sterilizer an essential part of their equipment. The economic factor is not the only one working against the provisions of this equipment, as, in spite of indisputable evidence of the value of efficient asepsis in obstetrics having great influence in reducing the number of septic cases, this fact is not universally admitted by the medical profession or recognized as essential by the public. That it is being more generally accepted by the profession both in New Zealand and elsewhere is evident by a statement made by Sir John Bland Sutton, who says: "Science has given us a new commandment," and in impressive terms states, "that the obstetrician who conducts a labour without wearing sterilized gloves cannot be held guiltless if the woman develops puerperal sepsis." Whilst this is perhaps a rather extreme statement, as there are cases when departure from this rule may be necessary, I give it to show the trend of opinion towards insisting upon full aseptic precautions being taken in all obstetric cases. Also the opinion expressed by Sir George Newman, of the British Ministry of Health, in the following words: "It is equally certain that the application of the principles of aseptic surgery to midwifery practice is the only sure preventive of puerperal infection." I also quote from the *New Zealand Medical Journal* the following publicly expressed opinion by a member of the New Zealand Obstetrical Society who, after severely criticizing some figures I published last year which I considered emphasized the necessity of a further extension of asepsis to private practice, states: "Despite all of which comments, I habitually use sterile guards myself, and hope the day is close at hand when every New Zealand practitioner will carry a small drum of sterile guards, gowns, and dressings to every confinement conducted in private houses."

In view of the changing attitude of the profession towards the practice of aseptic midwifery in New Zealand and elsewhere, I look forward to the near future when the demands of the profession will afford me the necessary support to the action I am anxious to take towards the provision of more up-to-date and convenient methods of carrying out asepsis in private maternity hospitals than are at present provided. Continued effort along these lines is one of the greatest needs at the present time, and by its continuation, together with the support of the medical profession and the creation of an educated public opinion on the question, I look forward to a marked diminution in the incidence of sepsis.

Dr. Jellett, Consulting Obstetrician, publishes elsewhere a report and tables showing some of the influences of well equipped and conducted hospitals upon the clinical work done therein.