I wish again to call attention to the fact that patients admitted to any maternity hospital and dying elsewhere from puerperal causes are included in the figures from which the maternal-mortality rate is calculated. In order to make the returns more complete the deaths from non-puerperal causes, such as pneumonia, &c., are shown separately from the deaths from puerperal causes. The two together give the total maternal mortality. The puerperal-mortality rate is, of course, the truer guide to the conditions of the institutions under review.

I have continued to group the hospitals into four classes—Groups 1 and 2, solely maternity hospitals; Group 3, St. Helens Maternity Hospitals; and Group 4, mixed hospitals (this group includes all hospitals normally accepting medical, surgical, and maternity cases, but, as explained above, does not include the larger hospitals accepting maternity cases only as an emergency and puerperal cases from other hospitals).

The conditions and conduct of all these maternity hospitals have a marked effect upon the maternal welfare of New Zealand, as out of an estimated total of 27,355 confinements, representing 26,797 live births, more than 18,600, or more than two-thirds of the confinements, took place in them.

The slightly improved maternal-mortality rate for 1930 of 2·78 for the solely maternity hospitals, and 4·33 (as against 8·23 in 1929) for the mixed hospitals, and 3·01 (as against 3·70 in 1929) for all groups in Table I is satisfactory. I take pleasure in congratulating medical officers, matrons, licensees, nurses, and medical practitioners using these hospitals on the improvement already obtained. To the nurses, who in the majority of cases have had to provide the necessary additional equipment and to carry out the aseptic technique, is due most of the credit. To the medical men using these hospitals I appeal for their active co-operation in further raising the standard of asepsis, which eventually should not fall short of the nearly perfect surgical asepsis which is practised to-day in operating-theatres. Though this is now taken for granted, this degree of perfection has only been achieved by the efforts of each individual concerned, particularly the surgeons. I am convinced it is possible for obstetricians by an equal effort to obtain the same results. While the results of our maternity hospitals do not yet equal those of the best large maternity hospitals in other parts of the world, they are approaching them, and with the further active co-operation of all concerned I feel assured of the necessary improvement. The marked improvement in the rate for mixed hospitals following action taken last year as indicated in my report is largely due to the co-operation of the Hospital Boards controlling so many of these hospitals and to their medical officers in readily accepting suggestions for improvement. Further improvement is still necessary, as the results show they are not yet equally safe for maternity cases with the hospitals not admitting medical and surgical cases.

St. Helens Hospitals.

Table II and Group 2 of Table I show the tabulated results of these seven hospitals.

The number of deaths during the year was nine. In order to calculate the puerperal mortality three must be deducted, as they died from other than puerperal causes. One, two days after admission, from pneumonia; the second, three days after admission, from bronchiectasis; and the third from broncho-pneumonia and pneumococcal bacteræmia. Of the six patients dying from puerperal causes three died from puerperal sepsis, two from embolism, and one from eclampsia.

The maternal-mortality rate per 1,000 confinements, which includes cases dying during pregnancy from other than puerperal causes, is unusually high—namely, 3·64—due to the three cases mentioned above. The puerperal-mortality rate is 2·43, as compared with 2·08 for 1929.

Comparison of several results of the work in the St. Helens Hospitals detailed in Table II with those detailed in a similar table for 1929 calls for a little comment. The forceps rate was 3·84 per cent., as against 4·24 per cent. for 1929—a slight reduction. The extern department for attendance on women in their own homes shows a slight increase. Development of this department is desirable from the point of view of giving more extended services at an economic rate. Extension in Auckland and Wellington depends largely on gaining the co-operation of the Hospital Boards. It is hoped that these Hospital Boards will be able to second the efforts of the Health Department in promoting a better and more extensive out-patient maternity service.

Table II.—St. Helens Hospitals.—General Statistics, 1930.

—	Auckland.	Christchurch.	Dunedin.	Gisborne.	Invercargill.	Wanganui.	Wellington.	Total.	Percentage to Total Confinements.
A.—Intern Departments.									
Total admissions	681	346	206	247	280	175	705	2,640	..
Total deliveries	645	331	191	230	268	166	654	2,485	..
Primiparæ	213	81	42	45	57	40	204	682	..
Multiparæ	432	250	149	186	211	125	450	1,803	..
Presentations—									
Vertex	622	303	179	219	241	152	599	2,315	93·16
Occipito posterior	11	12	8	5	18	8	21	83	3·34
Face	..	..	..	1	1	2	..	4	0·16
Brow	..	..	..	..	..	..	2	2	0·08
Breech	17	12	7	5	9	2	23	75	3·02
Transverse	..	1	..	..	..	2	..	3	0·12
Twins	5	3	3	2	1	3	5	22	0·89