

to be commended for the very considerable part they are playing in bringing the maternity services in New Zealand up to a satisfactory standard.

The maternity services of New Zealand are distributed so evenly over the country that, in spite of the population of about a million and a half being scattered over an area of 103,285 square miles—approximately the same area as Great Britain—there are few if any women so far removed from essential maternity services that they are unable to get skilled attendance in time of need.

OBSTETRICAL SOCIETIES.

This report would be incomplete without mention of the New Zealand Obstetrical and Gynaecological Society (N.Z. Branch, B.M.A.) and the more recently formed Obstetrical Branch of the New Zealand Registered Nurses' Association.

The former has already had a very great influence upon the practice of obstetrics in New Zealand, providing keen and enlightened criticism of the Health Department's activities and the general methods of obstetrical practice amongst their confrères. Enlightened criticism is educative in the best sense of the term, and representing as it does the best obstetrical opinion in New Zealand its value cannot be over-estimated.

The sister association representing the Obstetrical Branch of the Registered Nurses Association, though in existence less than a year, is already doing excellent work in providing exceedingly valuable information to midwives in practice. It will undoubtedly have a great influence in promoting maternal welfare.

INSPECTION OF MATERNITY HOSPITALS.

The inspection of the whole of the maternity hospitals has been efficiently conducted by the Medical Officers of Health and Nurse Inspectors, and in a large number of cases I have been able to personally inspect them. It is satisfactory to note that with a few exceptions the standard of equipment, nursing, and general conduct is satisfactory. In the case of those who do not maintain their hospitals in a manner considered satisfactory, the policy of the Department is to make every attempt to have the deficiencies remedied, failing which the license is revoked, or other measures taken to safeguard the patients admitted to it. In two cases this year it was found necessary to take such action, and though there used to be considerable difficulty in the past in ensuring a satisfactory standard the tactful and helpful efforts of the Medical Officers of Health and Nurse Inspectors have succeeded in improving the efficiency of the hospitals, while at the same time establishing an atmosphere of good will and co-operation between Matrons, licensees, and managers and the departmental officers.

In most cases where there has been inefficiency due to lack of knowledge of modern methods the licensees have taken advantage of the obstetrical refresher course available to them. The Obstetrical Branch of the Registered Nurses' Association is doing valuable work in this direction by arranging meetings of midwives and maternity nurses to discuss the various problems that they meet with and to arrange for lectures on these subjects.

Up to the present, though the hours of work in the public hospitals have been to a certain extent standardized, the terms of employment of the staffs of private hospitals have not been regarded as coming within the Department's work, except inasmuch as that if understaffing lead to inefficiency the Act and regulations were, if necessary, invoked to bring the staff up to the required number. One must, however, recognize that the welfare of patients often necessitates exceptional demands upon those attending them, and that whatever hours are accepted as a standard, departure from them is on occasion unavoidable. If a spirit of give and take on both sides is not observed, no hospital, particularly a small one, can be conducted in such a way as to give satisfactory service to the patients and maintain satisfactory conditions of work for the nursing and domestic staff.

With a view to acquiring accurate information of the hours for which the staffs of hospitals are required to work, the inspection forms have been amended to ensure as far as possible that it is obtained. There can be no question that, in certain instances, the hours of work are unduly long, and though this is impossible to avoid in hospitals on occasions, the effect upon the staff can, and should be, remedied by allowing extra time off during slack periods; this is not always done. It will be the duty of the Department to give this matter very careful attention.

The economical and efficient management of small maternity hospitals established by Hospital Boards to serve the needs of districts more or less remote from the central institutions has presented considerable difficulties. Eleven hospitals of this nature have been leased to nurses under agreement to conduct them as private hospitals, licensed by the Department. It has been possible to compare the costs before they were leased and the cost to the Hospital Board after leasing in the case of the following hospitals: McHardy Maternity Hospital, Napier, 14 beds; Motueka Cottage Hospital, 3 medical and surgical and 4 maternity beds; Rakaia Maternity Hospital, 4 maternity beds and 1 medical and surgical bed; Methven Hospital, 4 maternity beds and 2 medical and surgical beds; Huntly Cottage Hospital, 5 maternity beds and 4 medical and surgical beds; Opunake, 8 maternity beds. The saving in the net cost to the Boards per annum—i.e., the gross maintenance cost, less recoveries per patient, before leasing and amount of the subsidy plus cost of building maintenance—has averaged £3,056 per annum over three years, representing a saving of 61·7 per cent. In no case has the service deteriorated, and in many cases it has improved.

On the whole, New Zealand can feel proud of its maternity services.