

organization that the Department of Health will welcome their and the other societies' co-operation and assistance. It may be noted that the same problem has engaged the attention of the National Council of Women, England.

TABLE VI.—MAORI MATERNAL MORTALITY.
Table VI shows the Maori maternal mortality by causes for the six years 1930–35:

Cause of Death.	1930.		1931.		1932.		1933.		1934.		1935.	
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
Puerperal sepsis following childbirth ..	5	2·35	5	2·16	5	1·82	7	2·37	3	1·01	7	2·15
Hæmorrhage, accidents of labour, thrombosis, phlegmasia, embolism, and following childbirth not otherwise defined	12	5·65	9	3·89	14	5·10	14	4·75	8	2·68	10	3·07
Toxæmia, albuminuria, and eclampsia ..	..	..	..	..	1	0·36	1	0·34	..	..	1	0·30
Puerperal sepsis following abortion ..	..	..	..	..	..	..	..	..	..	..	..	..
Accidents of pregnancy ..	3	1·41	2	0·87	1	0·36	..	..	4	1·34	3	0·92
Total maternal causes (excluding septic abortion)	20	9·42	16	6·92	21	7·65	22	7·46	15	5·03	21	6·46
Septic abortion ..	..	..	..	..	..	..	2	0·68	3	1·01	3	0·92

Owing to the extreme difficulty in getting accurate information regarding deaths of Maoris it is doubtful whether the tabulated causes of death can be compared with that of the Europeans. The total deaths are, however, probably substantially accurate, and at any rate are not likely to be overstated. Excluding deaths from septic abortion the total death-rate is practically double that of the Europeans. It is also very difficult to obtain accurate information upon the obstetrical methods practised among Maoris, which probably vary considerably in different tribes. The difficulty is shown by a report from Dr. Cook, Medical Officer of Health, Whangarei, who has been for some time investigating this matter. He says that the midwife in Native settlements nowadays is an old lady who considers herself to be endowed with magical properties, and who believes that this magic will be lost if the information is imparted to any one else, particularly to a European. A recent interesting report from a nurse in Aitutaki, a neighbouring island to Rarotonga, from which the Maoris are supposed to have come to New Zealand, states that the Natives ascribe magical properties to her to such an extent that they believe if she makes an abdominal examination in a pregnant women the infant is likely to be white and to be like the nurse, and that she has magical power to cause a twin pregnancy. In spite of the difficulties mentioned above, inquiries are proceeding with the hope of getting more accurate information. As far as our information goes at present, Maori obstetrical methods consist generally in the application of extreme violence by pressure in cases in which they estimate the delivery is being delayed. This is undoubtedly frequently used, and if one considers that it is impossible for the average Maori to know anything of modern obstetrics one cannot conceive that they know of any other methods. As the younger women escape from the domination of their elders and become aware of the advantages of European methods they are seeking more and more the skilled attention obtainable in maternity hospitals and from district nurses. There can be little doubt that whatever the “magical” methods of the old Maori midwife are, it will not be many years before they are abandoned to the great advantage of those who at present suffer from them.

PART III.—PRIVATE MEDICAL AND SURGICAL HOSPITALS.

One hundred and one hospitals, providing 1,393 beds, are licensed for medical and surgical cases only. All these hospitals are efficiently equipped for the class of patients for which they are designed. The larger of them, which are mostly under the control of different religious orders, have from 40 to 108 beds each, and include well-equipped X-ray and pathological departments. They compare favourably with the facilities given in public hospitals of a similar capacity, and provide an excellent service for those who are able and wish to pay for the full cost of treatment with the advantage of single wards.

The difficulty with regard to the establishment of these hospitals other than those established by various religious bodies is the difficulty of finance. I notice with satisfaction that the medical profession appear to be taking a more active part in establishing these hospitals, which in the past have been largely left to the enterprise of nurses. Modern hospital design and equipment have so greatly increased in cost that it is rare for a nurse to be able to arrange the necessary finance for a well-equipped hospital.

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