General Hospitals (Medical and Surgical).

These hospitals take practically all the cases of puerperal pyrexia requiring isolation from patients in maternity hospitals, most of which are returned as cases of sepsis, however mild the infection may prove to be.

Besides admitting 24 patients for ante-natal treatment and 20 for the conduct of labour in emergencies, arising out of neglect on the part of the patient to make adequate arrangements, 296 cases were admitted to these hospitals for unforeseen complications arising during labour, and requiring surgical intervention or attendance by an obstetrical specialist. Of necessity the death-rate for the patients admitted to these hospitals for complications of labour is exceptionally high, and in 1936 was 5·69 per hundred, there having been 18 deaths in the total of 316 cases admitted for delivery. An analysis of the maternity cases treated in medical and surgical hospitals is given in Table III.

Table III.—Analysis of Maternity Cases treated in Surgical Hospitals, 1936.

Condition on Admission.	Number of Cases.	Result.	
		Recovered.	Died.
Ante-partum toxæmia	24	24	..
Post-partum sepsis	74	64	10
Post-partum eclampsia and toxæmia ..	8	7	1
Post-partum hæmorrhage	6	6	..
Emergency labours (normal cases)	20	20	..
Abnormal labours—			
Obstructed labour	110	107	3
Accidental hæmorrhage	27	23	4
Placenta prævia	23	21	2
Eclampsia and pre-eclampsia	98	92	6
Other conditions associated with pregnancy or parturition	148	137	11

The nature of the cases and the high death-rate show the severity of the conditions which these hospitals have to admit. The fatal cases enumerated under "Other Conditions" include two cases of empyæmia, one of typhoid, one of bronchiectasis, one of leukæmia (died undelivered), and one appendicitis.

Though it would be preferable if these patients, other than septic cases, could be treated in obstetrical hospitals, New Zealand's sparse and widely scattered population makes it impossible to provide a sufficient number of purely obstetrical hospitals with sufficient medical and nursing staff to take all such cases, but providing experienced obstetricians and midwives are available in the general hospitals the severe emergencies can and do receive adequate treatment therein, though at considerable inconvenience to the staff, due to lack of special wards. The most essential point with regard to the staffing of these hospitals from the obstetrical point of view is that the patient shall not depend upon the general staff of the hospital, but that an experienced obstetrical staff both medical and nursing shall be available for all severe emergencies.

Supervision of Maternity Services.

An inspection of maternity hospitals, both with regard to their equipment and to the obstetrical nursing, has been efficiently conducted by the Medical Officers of Health and the nurse inspectors, with a limited amount of supervision by myself. The number of inspections I have been able to make during the past year has been limited, owing to other urgent work which I have had to undertake.

I am, however, satisfied that in nearly all instances the hospitals fulfil their function by providing reasonable facilities for the work of the medical attendants and midwives, and a very valuable service without which the improved results, particularly with regard to puerperal sepsis, could not have been obtained. I am, moreover, satisfied that domiciliary service could not give the same quality of attention at anything approaching the moderate cost of attendance in these hospitals. It must, however, be recognized that the financial returns to the nurses establishing and conducting the smaller hospitals, of which there are over 100, are quite inadequate. This is recognized by some of the Hospital Boards who contribute towards the cost in the form of a subsidy. Unless this help is further extended Hospital Boards will be faced with the necessity of replacing many of these hospitals by public institutions, the capital cost of which would probably amount to not less than an average of £1,200 per hospital.

As a special committee has been set up by the Minister to undertake an extensive survey of the maternity services in New Zealand, I feel it better to await that report before making any suggestions with regard to the improvement of the services, except to say that it is obvious that some sparsely populated districts which are not at present well served will have to be provided with more adequate services, and in some instances the Boards will have to undertake to provide small public maternity hospitals where in the past they have depended upon private enterprise.

Tables IV and V give a numerical analysis of the cases attended in the St. Helens Hospitals and the private and public maternity hospitals of New Zealand.