Puerperal Sepsis following Childbirth.

The deaths from this cause as set out in Tables VII, VIIA, and VIIB show that the low rate has been substantially maintained, the number of deaths being 77 per cent. lower than in 1927, prior to which asepsis in obstetrics was not generally practised, nor were hospitals suitably equipped for carrying it out.

Analysis of the 102 cases of puerperal sepsis following childbirth investigated by the Medical Officers of Health shows that 90 cases have occurred in Europeans and 12 in Maoris. Of the former 9 died, giving a case-fatality rate of 10 per cent., and of the latter 2 died, giving a case-fatality rate of 16·5 per cent.

I again call attention to the following facts:—

The chief complication followed by sepsis was manual removal of the placenta, either with or without artificial delivery of the infant. The following figures are significant: The percentage of instrumental deliveries in septic cases was 26·47, as against a general instrumental rate of 9·14 per cent., as shown in Table V. The percentage of patients subjected to manual removal of placenta, either with or without artificial delivery of the infant, was 19·61 per cent., as against a rate for this operation of 0·71 per cent. shown in the same table.

As pointed out in my last year's report, these figures prove that artificial delivery of the infant increases risk of sepsis about $2\frac{3}{4}$ times, while the risk of sepsis if manual removal of the placenta is performed increases the risk of sepsis about 27 times. The fact that of the 20 manual removals followed by sepsis 7 were performed on the 18·25 per cent. of patients attended in domiciliary practice, shows that under those conditions the risk of sepsis is almost twice the risk when hospital facilities are available.

Cæsarean Section.

A review of the reports of cases delivered by Cæsarean Section for 1936 shows that 162 patients out of 25,298 confinements were delivered by this method, giving a rate of 0·64 per 1,000 compared with 0·59, 0·53, and 0·44 for 1935, 1934, and 1933 respectively. In Table VIII the cases have been divided into seven groups according to the reason given in the reports for selecting this method of delivery. Comparison with the table given in last year's report shows little variation in results and the only comment that I have to make is that the degree of contraction of the pelvis having been given in only a few cases it is probable that Groups I and II might have been well combined under the heading "Disproportion."

Table VIII.

Group.	Reason given for Operations and Parity.	Number of Cases.	Number of Deaths.		Cause of Deaths of Mother, and Notes on Special Cases.
			Mothers.	Infants.	
I	Contracted pelvis—				
	1 para	87	1	2	Paralytic ileus.
	2 para	15	1	2	Repeat operation—post partum hæmorrhage.
	3 para	7	..	1	..
	4 para	1	..	..	..
	Not stated	4	..	..	..
	Total	54	2	5	..
II	Obstructed labour—				
	1 para	31	1	..	Maori—Four days in labour. Cause of death, sepsis.
	2 para	7	..	..	..
	3 para	5	..	1	In one case the complication was ruptured uterus; two previous confinements very difficult, with dead infants; hysterectomy performed; mother recovered, baby died.
	4 para	2	..	..	..
	5 para	2	..	1	..
	6 para	1	..	1	..
	Not stated	3	..	..	..
	Total	51	1	3	..