

Taking the above facts into consideration it is obvious that our maternity hospitals are rapidly approaching the saturation point and that if the European births continue to increase by approximately one thousand a year, as has been the case in the past two years, and the percentage rates of those confined in hospitals also increases, a considerable increase in the maternity hospital accommodation will be required in the near future. Furthermore, the Maori women are now showing their appreciation of the advantages of hospital attendance, and as the number of deliveries was considerably over four thousand last year and has been increasing for the last four years at 250 a year, allowance will also have to be made for these women.

INSPECTION OF MATERNITY HOSPITALS.

Routine and special inspection of all maternity hospitals have been made during the past year by the Medical Officers of Health and Nurse Inspectors, and their reports and my own inspections, together with the results to the patients, show that a good average standard is maintained. The main difficulty, as has been the case in general hospitals, has been keeping sufficient nurses to give mothers and infants the requisite attention and at the same time give the nurses reasonable hours and reasonable days off. Both these, together with adequate payment, are necessary, otherwise the position will deteriorate.

There is no more trying work to nurses than maternity work, with its necessarily irregular hours and disturbed nights. This particularly applies to small maternity hospitals in which it is economically impossible to keep a night nurse on duty. Unless these somewhat trying conditions are compensated for by reasonable payment, comfortable living-conditions, and economic security on retirement, there will certainly be increasing difficulty in attracting sufficient numbers of suitable girls to be trained as maternity nurses and midwives.

Reference to the report of the Director of the Nursing Division shows that no effort is being spared to overcome this difficulty, and particular attention has been given to these points when inspecting hospitals.

Every hospital, particularly maternity hospitals, depends for its efficiency upon its nursing staff, which must not only be well trained, but sufficient in numbers. With such a staff a hospital can be kept up to the requisite standard, even if its building is inconvenient or unattractive. The staff is of more importance than elaborate equipment, which must, however, provide for efficient sterilization of dressings and utensils and other essentials.

I am satisfied that practically all the maternity hospitals are conducted efficiently, and the results to the mothers of New Zealand, 86 per cent. of whom are confined in maternity hospitals, is convincing proof that, in spite of the many unattractive features of these hospitals and their many inconveniences, they supply all that is required for an efficient maternity service. Eleven licenses were surrendered, one license was revoked for inefficiency, and eleven new licenses were granted.

Table I shows in detail the results obtained in the maternity hospitals referred to above. They are satisfactory and reflect credit on the management.

The deaths from puerperal causes total 33, giving a rate of 1.44 per 1,000 confinements. The deaths from associated causes total 15, rate 0.66. Details of the causes of deaths are given at the foot of the table.

As has been pointed out previously, this rate is not comparable with New Zealand's puerperal-mortality rate of 2.69 for the reasons that the hospital rate is taken at per 1,000 confinements, and does not include ectopic gestations or abortions which are not normally admitted to maternity hospitals.

MATERNITY PATIENTS IN GENERAL HOSPITALS (MEDICAL AND SURGICAL).

Public and private medical and surgical hospitals play an important part in the organized maternity services of New Zealand. In the general wards of these hospitals practically all cases of puerperal sepsis and many cases of puerperal pyrexia are transferred from the maternity hospitals or from their own homes. This practice ensures the isolation of patients suffering from sepsis from other maternity patients to whom they are a danger. Its adoption has been effective in preventing the spread of sepsis in maternity hospitals, no outbreaks of this nature having occurred for many years.

In addition to the cases taken into these hospitals for isolation, a number of emergencies occurring in district cases, many of which are suffering from severe complications, are sent to the general wards of the public hospitals, special obstetrical wards being lacking.

In the year under review the general hospitals received 647 maternity cases. Most of these were of extreme gravity, details being shown in Table II.