Table II.—Maternity Cases admitted to General Hospitals.

	1937.		1936.	
	Cases.	Deaths.	Cases.	Deaths.
Admitted before delivery—				
For ante-natal treatment only	21	..	24	..
For ante-natal treatment and delivery	13	..	29	..
For emergency cases without complications	37	..	20	..
For obstructed labour	117	7	109	3
For accidental hæmorrhage	28	2	27	4
For placenta prævia	23	1	23	2
For eclampsia	25	2	29	3
For puerperal toxæmia without eclampsia	57	4	41	4
For other conditions	65	14	37	3
Totals	365	30	315	19
Method of delivery—				
Natural (1 death from eclampsia, 10 non-puerperal causes)	146	11	133	7
Instrumental	23	..	16	..
Version	4	1	4	..
Cæsarean Section—				
Primary	151	10	127	4
Secondary to failed forceps	3	2	1	..
Induction of labour	34	3	17	1
Other operations (laporotomy for ovarian cyst)	1	..	..	..
Undelivered	3	3	7	7
Totals	365	30	315	19
Admitted after delivery—				
For eclampsia and toxæmia	9	6	7	1
For post-partum hæmorrhage, shock, and embolism	7	7	6	..
For puerperal sepsis	112	9	72	9
For other conditions associated with parturition (Deaths: Tuberculosis, 5; pneumonia, 1; anæmia, 1)	133	7	112	5
Totals	261	29	197	15

The dangerous nature of these cases is shown by the number of deaths for the different classes of cases.

Twenty of the mothers admitted before delivery, and 22 of those admitted after delivery, died from puerperal causes, giving a death-rate from these causes for all admissions of 6·47. The still-birth and neo-natal death-rate also emphasizes the gravity of the conditions treated. It was 25·8 per cent., as compared with 2·86 per cent. for maternity hospitals.

Consideration of these facts shows the necessity of providing the very best possible obstetrical facilities both as regards building, equipment, and medical and nursing services for the patients admitted for these grave conditions.

The majority of the larger general hospitals having to admit these cases have at least made special obstetrical appointments to the staff in order that the necessary skilled attendance should be provided. They have had difficulty in providing the other desirable facilities as, apart from those hospitals having maternity annexes, there are no special wards for such patients, which is a serious drawback.

Auckland, having a population of 213,159, is specially lacking in adequate facilities for the care of poorer patients, the Board having no maternity hospital in the urban area.

More maternity hospital accommodation is urgently required, and until that is available I hope that the Auckland Hospital Board will at least appoint one or more obstetrical specialists to the staff of their hospital and, if possible, set aside a suitable ward for the accommodation of the serious complications of labour, of which 50 were admitted prior to delivery, 27 being delivered by Cæsarean Section, there being 5 deaths in the 50 cases admitted.

There are one or two smaller Hospital Boards with only general hospitals for maternity patients to which the same remarks apply to a lesser degree, but the majority of the public hospitals have either