*Table V*A.—*Puerperal Mortality, 1937, showing the Number of Deaths and their relation to Live Births.*

			Number of Deaths.	Death Rate per 1,000 Live Births.
Puerperal sepsis following childbirth			14	0·54
Accidents of labour—				
(*a*) Placenta prævia	1	0·04		
(*b*) Other puerperal hæmorrhages	5	0·19		
(*c*) Puerperal embolism (non-septic)	1	0·04		
(*d*) Other accidents of childbirth—				
Contracted pelvis—Shock	1			
Inversion of uterus	1			
Cæsarean Section—Obstructed labour	1	5 0·19		
Breech presentation—Obstetrical shock	1			
Obstetrical shock—P.O.P. forceps	1			
			12	0·46
Toxæmias of pregnancy—				
(*a*) Puerperal eclampsia	16	0·62		
(*b*) Other toxæmias of pregnancy	19	0·73		
			35	1·35
Accidents of pregnancy—				
(*a*) Abortion (non-septic)	6	0·23		
(*b*) Ectopic gestation	3	0·11		
			9	0·34
Total maternal deaths (excluding septic abortion)			70	2·69
Septic abortion—				
(*a*) Married women			16	..
(*b*) Single women			7	..
			23	0·88

Accidents of Labour.

The most satisfactory feature shown in these tables is the reduction in deaths under this heading. The total deaths in this group was 12, giving a rate of 0·46, as compared with 25, a rate of 1·01 in 1936. The greatest saving was made in cases of deaths from placenta prævia, which fell from 12, rate 0·48, in 1936, to 1 in 1937, rate 0·04. The hospital returns, Tables I and II, show that 116 patients suffered from this dangerous complication, of whom 14 were delivered by Cæsarean Section without a maternal death.

Of the remaining 11 deaths classed under the heading "Accidents of labour" 7 were delivered by Cæsarean Section.

The marked fall in the rate from this group of causes must be ascribed to an improvement in the obstetrical practice of those responsible for attending New Zealand's mothers, and the Obstetrical Society particularly must feel that they have been rewarded for their efforts to make childbirth safer.

I take this opportunity of expressing my very sincere thanks to the Obstetrical Society and to the Obstetrical Branch of the Trained Nurses' Association for their helpful co-operation in the Department's endeavour to promote maternal welfare. No one is more aware than myself of the fact that without the helpful co-operation of the medical practitioners and nurses practising obstetrics the pleasing results afforded could not have been obtained. To the members of these two professions the greatest credit is due.

Toxæmia and Eclampsia.

The number of deaths from these causes rose from 30 to 35, and the rate from 1·20 to 1·35. Until research reveals the cause of this condition, there appears to be little hope of improvement, which the more extensive provision of ante-natal care and the greater interest in it by the majority of medical practitioners and nurses throughout New Zealand has failed to effect.

Sepsis following Childbirth.

The number of deaths from sepsis following childbirth rose from 9 to 14, 3 of these following Cæsarean Section.

One hundred and fifteen cases of puerperal sepsis following childbirth were inquired into by means of a questionnaire and personal investigation by Medical Officers of Health and their officers, and a few cases by myself. An analysis of the returns made shows that 100 cases occurred in Europeans and 15 in Maoris: of the former, 14 died, 3 after Cæsarean Section, and of the latter 2 deaths were recorded.

The returns again show that artificial delivery of the placenta, with or without artificial delivery of the infant, was the most constant factor in causing sepsis, and in connection with this I quote the following from Dr. Hewitt's review of the Liverpool Maternity Hospital (*Journal of Obstetrics and Gynæcology*, February, 1937, page 132):—

> "A series of cases reflecting great credit upon the staff is the group of thirteen patients in whom the placenta was removed manually. There were no maternal deaths, and only one patient developed pyrexia. It is instructive to note how long the placenta was allowed to remain in the uterus before extraction. In one instance the interval was fifty-four hours."