Margaret Morris Exercises.

In 1937 classes for the teaching and practice of the system of Margaret Morris exercises were introduced and conducted at St. Helens Hospital, Wellington. During the past year these have been continued, and have also been introduced at St. Helens Hospital, Christchurch. The Medical Superintendent of Wellington St. Helens Hospital states that the forceps rate for 200 patients who attended the classes was 1·5 per cent., as against 4·4 per cent. for other patients.

As stated by Dr. Chapman, while too much stress must not be laid on figures representing a small number of cases it would seem that the claim that the exercises promote easier and more natural delivery is supported by the figures as well as by the opinion of those attending the patients. Further results will be awaited with interest.

The Medical Superintendent at Christchurch, whose experience of them in the hospital under his charge is over a period of six months only, says of these exercises :—

> " It is perhaps too early to comment on their value, but out of those patients who have taken up the exercises conscientiously we have had several surprisingly easy primiparous deliveries."

Acknowledgments.

Acknowledgment is due to the many organizations which have assisted the officers of the different St. Helens Hospitals to provide various amenities which greatly increased the comfort, physical and mental, of the patients. In this connection I mention the Mayor's Relief Funds ; Rotary Clubs ; St. John Ambulance Associations ; Friends of St. Helens, Christchurch ; Girl Guides ; St. Vincent de Paul Societies ; St. Thomas's Guild ; the Seatoun League of Mothers ; Welfare Circle, Lyceum Club, Auckland ; Auckland Hospital Auxiliary ; and the various church organizations and old girls' societies.

MATERNITY SERVICES IN GENERAL MEDICAL AND SURGICAL HOSPITALS.

The number of small maternity hospitals necessary for the small and scattered population of New Zealand prevents their use for the graver obstetrical emergencies that occur and for the isolation of septic and other infectious conditions. The only provision for such cases are general hospitals, either public or private, in which facilities for surgical treatment are available, and in which cases of puerperal sepsis cease to be a menace to others. To provide full facilities they should have a small obstetrical unit specially staffed and equipped for the purpose.

The following table shows the nature of the cases admitted to these hospitals :—

Table III.—Maternity Cases admitted to General Hospitals.

	1938.		1937.		1936.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
For ante-natal treatment only	62	1	21	..	24	..
Admitted before delivery—						
For ante-natal treatment and delivery	10	1	13	..	29	..
For emergency cases without complications	52	1	27	..	20	..
For obstructed labour	131	4	117	7	109	3
Failed forceps	7	1	..	..	..	..
For accidental hæmorrhage	25	..	28	2	27	4
For placenta prævia	41	4	23	1	23	2
For eclampsia	19	..	25	2	29	3
For puerperal toxæmia without eclampsia	59	3	57	4	41	4
For other conditions	76	5	65	14	37	3
Totals	510	20	365	30	315	19
Method of delivery—						
Natural	173	10	146	11	133	7
Instrumental	24	..	23	..	16	..
Version	2	..	4	1	4	..
Cæsarean Section—						
Primary	181	6	151	10	127	4
Secondary to failed forceps	3	1	3	2	1	..
Induction of labour	35	..	34	3	17	1
Other operations	..	..	1	..	..	..
Undelivered	2	2	3	3	7	7
Totals	510	20	365	30	315	19
Admitted after delivery—						
For eclampsia and toxæmia	12	2	9	6	7	1
For post-partum hæmorrhage, shock, and embolism	14	3	7	7	6	..
For puerperal sepsis	141	9	112	9	72	9
For other conditions associated with parturition	169	5	133	7	112	5
Totals	336	19	261	29	197	15