

It is to be regretted that such a large number of cases for ante-natal care only and uncomplicated emergency cases are being admitted as they would be better in maternity hospitals. When the maternity hospitals in the larger centres provide sufficient beds the general hospital will be relieved of such cases to their own and the patient's advantage.

The following table shows the increasing use of these hospitals and decreasing, though still high, death-rate :—

Year.	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Number of cases	11·19	193	277	269	316	365	510
Death-rate, per cent.		8·28	5·78	8·18	5·69	6·47	3·92

The decrease in the death-rate may probably be ascribed to two main factors—greater obstetrical skill available, and the admission of cases in a sufficiently early stage. In other words, the general practitioners are to their credit recognizing the advantages to their patients and themselves of the help of the obstetrical specialist in a hospital staffed and equipped to deal with the graver emergencies.

ANTE-NATAL.

The following Table (No. IV) gives the returns from forty-eight public ante-natal clinics. Four of these are connected with St. Helens Hospitals, twenty-nine with other public maternity hospitals, ten conducted by nurses of the Plunket Society, and five by the licensees of larger private hospitals.

Table IV.

Year.	Number of Clinics supplying Returns.	New Cases.	Return Visits.	Total Attendances.	Average Number of Attendances per Patient.
1925	16	2,289	7,816	10,105	4·41
1926	20	3,238	12,554	15,792	4·88
1927	20	3,919	15,406	19,325	4·93
1928	21	5,050	20,740	25,790	5·11
1929	24	5,177	17,555	22,732	4·39
1930	25	6,027	22,078	28,105	4·66
1931	28	6,306	22,869	29,175	4·63
1932	31	5,882	22,594	28,476	4·84
1933	33	5,978	25,794	29,772	4·98
1934	34	6,191	24,929	31,120	5·03
1935	37	6,725	26,662	33,389	4·96
1936	39	7,069	29,103	36,272	5·13
1937	38	6,746	28,769	35,515	5·28
1938	48	8,221	33,808	42,029	5·11

In the St. Helens Hospitals and most of the public hospitals the work of the nurses is supplemented by examination of every patient by a medical officer, while patients attending Plunket clinics are referred to their own doctor.

I would again draw attention of those hospitals that do not provide such medical attention to the fact that they are not giving efficient ante-natal care and are subjecting the patients to grave risks by permitting a patient who has not been certified as suitable by a medical practitioner to have an anæsthetic or analgæsic drug administered during labour by a nurse; furthermore, in allowing their nurses to administer anæsthetic or analgæscs they are conniving at a breach of the Nurses and Midwives Regulations. I have had to call the attention of several hospitals to this, and do so again.

SECTION III.—CÆSAREAN SECTION.

Reports on 202 cases delivered by Cæsarean Section are summarized in Table V. The reports show that 0·73 per 1,000 total confinements were delivered by this method, as compared with 0·59, 0·64, 0·59, 0·53, and 0·44 in the five preceding years. The case-mortality rate for the mothers was