PART III.—COMBINED EUROPEAN AND MAORI MATERNAL MORTALITY.

The separate statistics for Maori and pakeha, whose conditions in obstetrical practice are so entirely different, is necessary for one's own information and for the purpose of comparing our European maternal-mortality rate with that of Europeans and Maoris. For comparison with such countries as the United States of America, which has a large population living under similar conditions to the Maori, I have combined the maternal deaths in both races for which the rate is 3·26 per 1,000 live births.

SECTION V.—STILL BIRTHS AND NEO-NATAL DEATHS.

Under the heading "Infant Mortality," page 22 of the report of the Director, Division of Public Hygiene, the rates are given for the past five years of still births and deaths of infants at varying ages from one day to under one month. I quote from that report the following statement:—

> "Investigation is at present being made into the marked rise in the infant-mortality rate, a rise which makes it higher than in any year since 1928. A few comments are, however, possible.
>
> "There was a fall in the still-birth rate per 1,000 of total births, from 28·42 in 1937 to 26·54 in 1938. There was at the same time a rise in neo-natal deaths—*i.e.*, deaths in the first fourteen days after birth—from 20·24 per 1,000 total births, to 21·44. When these two are considered together the rates for still births and neo-natal deaths were 47·98 per 1,000 total births in 1938 and 48·66 in 1937, a decrease of 0·68. The decrease in the still-birth rate therefore slightly more than balances the increase in neo-natal deaths."

The comment that the decrease in the still-birth rate therefore slightly more than balances the increase in the neo-natal death-rate appears to indicate that better obstetrical practice has led to the birth of live infants which, under less favourable conditions, would have been born dead.

SECTION VI.—PRIVATE MEDICAL AND SURGICAL HOSPITALS.

The following table shows the number of licensed medical and surgical hospitals, mixed medical, surgical and maternity hospitals, and the licensed convalescent hospitals:—

Classification by Number of Beds.	No. of Hospitals.	Total Beds.
Private Medical and Surgical Hospitals.		
50 to 118 beds	4	367
20 to 35 beds	15	379
10 to 19 beds	36	496
5 to 9 beds	21	150
Under 5	5	17
		1,409
Private Mixed Medical, Surgical, and Maternity Hospitals.		
..	32	120
		1,529
Convalescent Hospitals.		
..	18	132

The largest of the medical and surgical hospitals compare favourably in equipment, and facilities for specialization, with the larger public hospitals. Of necessity equipment and facilities for specialization diminish with the number of beds, the smaller hospitals having the necessary staff and equipment for surgical work requiring only the barest essentials for simple operations; nevertheless, they provide all that is required by the general practitioner for the treatment of his patients, who would otherwise have to depend on the already overtaxed public hospitals and be deprived of his services. From the point of view of the surgeon the mixed hospitals are equivalent to the smaller medical and surgical hospitals. The convalescent hospitals are licensed, staffed, and equipped to receive convalescent medical and surgical patients, and aged persons requiring more skilled and constant attention than can be provided in their own homes or boardinghouses. They provide an essential service.