

Some clinics attached to the St. Helens and to the larger public hospitals have arranged classes for maternity exercises. The beneficial effect of the practice of these exercises is again shown by Dr. Sylvia Chapman in her report on St. Helens Hospital, Wellington. The forceps rate of the patients attending these classes as compared with those not attending was for the last two years as follows:—

1939: 1·8 per cent. for 322 patients taking the classes. 9·76 per cent. for 215 not attending.
1940: 3 per cent. for 424 patients taking the classes. 10·7 per cent. for 196 not attending.

Dr. J. B. Dawson, Professor of Obstetrics and Gynæcology at the University of Otago, has published his results observed in Queen Mary Hospital, Dunedin, of the deliveries of 296 patients trained in the exercises in 1940 and 502 patients not trained in them in 1938. His results were as follows, and are entirely different to those obtained by Dr. Chapman:—

Forceps Deliveries.

	Primiparæ.	Multiparæ.
1938: Not exercised ..	26, or 17·3 per cent.	16, or 4·3 per cent.
1940: Exercised ..	26, or 18 per cent.	11, or 8 per cent.

He comments on them thus—

“It may properly be asked if the trouble entailed in teaching the ante-natal exercises is justified by the results as set out above. The answer is emphatically ‘Yes.’ The exercises have a psychological value of great importance, and there is no doubt the woman’s whole approach to the ordeals of pregnancy and labour is improved. The patient is reassured by the interest that is being taken in her welfare; she becomes accustomed to the institution and its staff; she is in constant touch with those who will superintend her delivery, and it is impressed upon her that labour should be a natural physical function in which the exercises will assist. Further, there is no doubt that the general health and well-being of the women is improved by this regular physiotherapy.”

PART III.—PRIVATE MEDICAL AND SURGICAL HOSPITALS.

The following table shows for 1939 and 1940 the number of licensed medical and surgical hospitals, mixed medical and surgical and maternity hospitals, and licensed chronic medical and convalescent hospitals. It should be noted that in the past year there was a reduction of over 100 beds in the licensed medical and surgical hospitals and a decrease of 25 in the medical and surgical beds in mixed hospitals. One of the largest private medical and surgical hospitals has, since the period covered by this report, transferred more than 40 of their beds from medical and surgical to maternity services. Last year it was noted that the operation of the hospital benefits provided by the Social Security Act gave rise to an increase of the medical and convalescent hospitals from 18 to 34, and of the beds available from 130 to 262. There has been a further increase this year of 9 hospitals and 42 more beds in this class of hospital.

Table IX.—Private Medical and Surgical Hospitals.

Classification by Number of Beds.	1939.		1940.	
	Number of Hospitals.	Number of Beds.	Number of Hospitals.	Number of Beds.
<i>Private Medical and Surgical Hospitals.</i>				
50 to 118 beds	4	398	4	378
20 to 35 beds	16	395	15	376
10 to 19 beds	31	425	32	341
5 to 9 beds	19	140	22	164
Under 5 beds	4	13	7	22
	74	1,367	80	1,281
<i>Private Mixed Medical, Surgical, and Maternity Hospitals (Maternity Beds shown in Table VI).</i>				
	35	148	34	123
	109	1,515	114	1,404
<i>Medical and Convalescent Hospitals.</i>				
	34	262	43	310

ACKNOWLEDGMENT.

I again wish to express my thanks to the many members of the New Zealand Obstetrical Society for the help afforded me; also to the many voluntary associations too numerous to mention who have been of the greatest assistance in providing various amenities to the Department’s St. Helens Hospitals. It is also a pleasure to record that in the majority of cases an excellent spirit of co-operation governs the relationship of the Department’s inspecting officers with the licensees and staffs of hospitals.

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