In last year's report it was mentioned that a new low record of European maternal mortality (excluding septic abortion) had been established in New Zealand with a rate of 0·85 per 1,000 live births. The rate for the current year of 1·06 shows a slight increase over that of last year, but is still remarkably low.

It is to be noted that the decrease in maternal mortality has not been confined to the European population and that a very low rate of maternal mortality from all causes, excluding septic abortion, has also been reached with the Maori population, the rate of 1·82 per 1,000 actually being less than for the European population of 1945.

Undoubtedly there are many factors involved in the reduction of maternal mortality from practically all causes in both races during recent years, among which may be mentioned—

(1) The relatively higher standard of living, particularly with the Maori race, as a result of social security legislation, associated with a better appreciation of the cultural factors involved in health promotion and the prevention of disease.
(2) A greater degree of health consciousness among all classes in the community as a result of specialized and general health education.
(3) Improved nursing, medical, and hospital facilities and increased use of same following the improvements in health consciousness, and the free services provided by social security legislation.
(4) Improvements in medical and nursing techniques in the ante-natal, intra-natal, and post-natal spheres and the continued supervision of techniques by the Department.
(5) The use of sulphonamides and antibiotic drugs, both in the prevention and cure of maternal infection.
(6) And, finally, the special efforts of the Department of Health and the Obstetrical Branch of the British Medical Association in a policy aimed at prevention of maternal morbidity and mortality.

## DIVISION OF DENTAL HYGIENE

### Introduction

The work of the Division has been seriously hampered during the year under review by an acute and increasing shortage of staff at all levels. The Division is seriously understaffed not only in the field clinics, but also in the administrative and teaching departments as well. Although numerically the field staff is a little larger than it was last year, it is not expanding in the same proportion as the child population. Consequently it has become increasingly difficult to maintain the principle of systematic and regular attention which has always been a fundamental feature of the Service and on which its success has been built.

In the administrative sphere it is proving impossible to attract dentists with the necessary qualifications and experience, and the effects of shortage at this level must necessarily be felt throughout the whole Service. A special tribute is due to the field staff, who, faced with excessive numbers of patients, are doing their utmost, often at considerable personal inconvenience, in an endeavour to maintain the same high standard of dental health as has been maintained in the past.

A development of moment during the year has been the appointment of an Orthodontist to the staff of the Division, and the formulation of a policy for the development of orthodontic treatment within the Service.

The school dental nurse system, which has been the basis of the New Zealand School Dental Service since 1921, has always been a source of interest to the dental profession and Health authorities in other countries. Recently, however, with the post-war development of general health services in many countries, interest in the