

PRIVATE HOSPITALS.

There have been 58 new private hospitals licensed during the year; 21 have changed hands. There are now 249 private hospitals, 51 for medical and surgical cases, 138 for maternity cases, and 60 for both classes. It is not considered desirable to issue licenses for medical, surgical, and maternity patients in one house. They cannot be sufficiently separate and apart from the risk to a lying-in woman of being in proximity to certain surgical cases. There is also for women expecting confinement a need of the privacy that cannot be obtained in a small hospital with no separate department.

In country places, however, it is not expedient to restrict a private hospital to one class of case, as with the small fees charged in the country a nurse would not make a living. The practice of taking enteric cases under the heading of medical cases in a hospital not licensed for fever cases (there are none licensed for infectious cases) is not approved, though in view of the lack of accommodation at times in public hospitals in towns such as Gisborne, where for several years there has been each summer an epidemic of enteric, it has been allowed. With the erection of the new public hospital, with its fine wards, this will be no longer necessary. In the ordinary private hospital it is scarcely possible to take satisfactorily the necessary precautions against infection.

Several times it has been necessary to take action against persons committing a breach of the Hospital Act in regard to private hospitals. Where no ill intention but ignorance has caused this only a warning has been given, and many persons have been so warned.

Legal proceedings were taken against one woman who persistently carried on an unlicensed hospital. The licenses of two midwives were cancelled, they being suspected of carrying on illegal practices.

THE MIDWIVES ACT.

During the last year were held two examinations of midwives, trained in the State Maternity Hospitals, the Medical School Maternity Hospital, the Linwood Refuge, the Alexandra Home, and the Townley Maternity Hospital. Sixty-two candidates came up for examination and 59 passed, and are now registered as midwives.

There are no changes to report in this branch of nurse-training. So far none of the country hospitals with maternity wards attached have been able to turn out pupils, though every encouragement is given them to do so. While private tuition by medical practitioners and private midwives is not allowed as qualification for examination, the teaching of a trained midwife in a hospital with even a small number of midwifery beds, where she can make good use of the cases and personally instruct her pupils, is, in conjunction with lectures and practical teaching from a doctor, considered sufficient. It is hoped, now that many Hospital Boards have either erected maternity wards or are contemplating doing so, that it may be possible to add considerably to the trained midwives each year. It must be clearly understood, however, that in a hospital with both general and midwifery cases the midwifery training must be either a post-graduate course of six months or a twelve-months course alone. It cannot be run concurrently with the general training, as is done in some English and American hospitals.

The regulations under the Midwives Act have been amended. The 2s. renewal of license-to-practise fee, for non-payment of which no penalty was imposed, has been abandoned, and annual notification by practising midwives only has been made compulsory, with the penalty of removal from the register for neglect for two years in succession. The large number of midwives holding Government or hospital positions are absolved from the obligation, their occupation and whereabouts being known, while the object of notification is simply in order to keep in touch with the registered midwives.

Thirty-two midwives from Home and from the Commonwealth have been registered. The number of trained midwives on the 31st March was 595, while 683 untrained still remain on the register in Class B, or those registered when the Act was passed. There has been one prosecution under the Act. Women have been warned for committing a breach of the Act. A woman untrained but registered when the Act was first passed was removed from the register for taking into her house and attending a case while under suspension by the District Health Officer after attending a septic case.

STATE MATERNITY HOSPITALS.

St. Helens Hospital, Wellington.

During the year 212 cases were confined, 204 children born alive and 4 still-births. There were 3 maternal deaths, 3 deaths of infants. The causes are given in the adjoined table. There were 113 outside cases, 49 for private doctors. No deaths of mothers, but one of those reported as inside was brought in after delivery to the isolation ward.

The outside work of the hospitals has increased. There have been 6 fewer indoor cases and 25 more outdoor cases than last year. With regard to the former, the number greatly increased during the last half of the year. Many of the outdoor cases have engaged their own doctors and arranged to have a St. Helens Hospital nurse to carry on the nursing treatment, and find the great advantage of receiving this treatment for the ten days following confinement at a very small fee.

The work of the Hospital has gone on very satisfactorily under Dr. Bennett, Miss Inglis, and Miss Vida Maclean as Sub-Matron. The larger number of maternal deaths is accounted for in the report of the Medical Officer as 1 placenta prævia, 1 sepsis, 1 insanity.

Fifteen pupils have been trained, and 15 are now in training.

Note by Medical Officer.—The satisfactory statistics as regards albuminuria cases is undoubtedly largely due to increased accommodation, enabling patients to be taken into hospital for a few days during pregnancy. A mild epidemic of pemphigus gave a good deal of trouble