

(2.) Unsuitable surroundings are another factor. Private houses are often quite unhealthy places for confinements. Moreover, some private maternity hospitals are not free from conditions which easily lead to septicæmia and allied troubles.

(3.) The medical witnesses were agreed that another reason of septic mortality was the unduly large use of instruments and other operative measures at confinements, and they stated with emphasis that the use of anæsthetics and instruments was urged and pressed on medical men by the patients and their friends. Medical witnesses were agreed that some reduction in instrumental delivery was urgently necessary.

Having in mind the above-mentioned matters, we have carefully considered what remedies and reforms may be necessary to eliminate, or, at least, materially reduce, the evils of an excessive maternal death-rate in this country, and we beg to make the following

RECOMMENDATIONS.

1. That the Health Department should consider the present form of certificate of cause of death with the view of seeing whether it could be amended so as to elicit from the medical man concerned a definite expression of opinion (*a*) as to the cause of death where there are associated diseases, and (*b*) as to associated causes, setting out primary, secondary, &c.

2. That every case of maternal death shall be forthwith personally investigated by the Medical Officer of Health, who shall report to the Director-General of Health.

3. That every case of notified puerperal sepsis shall be forthwith personally investigated by the Medical Officer of Health, who shall report to the Director-General of Health.

4. That all maternity hospitals, public and private, make a quarterly return to the Department of morbidity-rate as well as mortality-rate—a temperature of 100 degrees occurring on two different days between the second and the tenth days of the puerperium shall be included in morbidity conditions. Dr. Jellett's observations on this point are apposite. He says: "It would be very satisfactory if it was made a standard for a hospital to work on what was known as the morbidity-rate rather than the mortality-rate. By the morbidity-rate it was the practice to group the cases according to temperatures during the puerperal period. In an ordinary properly-run hospital they might have a rate of about 8 per cent., and if a hospital had a rate of 6 per cent. it would be considered that the hospital was working satisfactorily. If a hospital had a morbidity-rate of 20 per cent. it would be considered that there was something wrong with the administration of the institution. He might say that the British Medical Association in England had gone into the question, and they had laid down a standard of morbidity by which a temperature occurring in labour was to be regarded as morbid when it reached a height of 100 degrees Fahr. on any two occasions between the second and the tenth day. Such a system was generally recognized as being a proper criterion of a hospital's technique."

5. That, as it is absolutely essential that every mother should be attended during confinement by a reliable and highly trained midwifery nurse, the committee recommends that facilities should be given to all practising maternity nurses to take a refresher or post-graduate course at the various St. Helens Hospitals, or other approved institutions, at regular intervals of, say, two or three years, and that compliance be made compulsory. The Government should subsidize cost of transport and accommodation in the case of nurses taking such course.

6. That the Hospitals and Charitable Institutions Act be amended to prevent the admission of one or more cases of confinement into any house for treatment in consideration of payment made unless such house be licensed for the purpose.

7. That the committee is strongly of opinion that a more strict and regular inspection of private maternity hospitals is necessary, and that for this purpose more Nurse Inspectors of proved competence and experience be obtained. A very careful revision of technique should also take place, and inspection must be directed especially to seeing that recommendations are carried out, and that technique is kept up to date.

8. That the committee considers that efficiently equipped private midwifery wards for paying patients should be established as soon as possible in connection with public midwifery institutions or in other suitable places.

9. That while the committee has reason to believe that the system of training midwives pursued in New Zealand is not inferior to that obtaining in other countries, still the committee is impressed with the necessity of improving the present training, especially with regard to the supreme importance of a thorough knowledge of asepsis. The committee therefore recommends that the syllabus and course of training be revised so as to secure a greater efficiency than at present obtained.

10. That the importance of a sound training in midwifery at the Otago Medical School should be recognized by the creation of a professorship instead of the present lectureship, thus enhancing the status of this subject in the medical curriculum.

11. The committee finds on evidence before it that the use of instruments in midwifery practice is excessive, and suggests that the special attention of the medical profession be called to this fact, and that the co-operation and assistance of the profession be sought in this connection. The committee learns with satisfaction that the medical profession through its organization is alive to its responsibilities in this matter, and has already taken steps to investigate the question, and very shortly is holding a Dominion conference at which methods of technique are to be considered with the view of reducing to the lowest possible limit maternal mortality in this country.

The evidence shows that undue pressure is frequently brought by patients and friends to expedite the course of labour by the use of instruments. In this connection the committee believes that it should be widely known and clearly understood by the public that the great majority of cases of confinement do not require instrumental assistance.