

PART VII.—MATERNAL WELFARE.

SECTION I.—REPORT OF THE CONSULTING OBSTETRICIAN, HENRY JELLETT, M.D. (DUBL.).

I have the honour to submit my annual report as Consulting Obstetrician to the Department. I think that when the statistics of the year become available it will probably be found that they are satisfactory, and such as to bear testimony to the work of the Department, and especially to the work of Dr. Paget and of Dr. Elaine Gurr. I am very glad to know that the ante-natal clinics which have been started by the latter are to be extended, and are in future to form an essential part of every hospital recognized for the training of midwives. I hope that these institutions will also undertake the duty of providing sterilized maternity outfits for the use of patients in the districts which they serve. I am also, personally, very glad that I have been entrusted with the duty of inspecting the training given at these hospitals.

Forceps Application.—I have examined carefully the collected returns of the maternity hospitals of the country for the last two years with a view to determining the rate of forceps application in these institutions, and I may say at once that the rate is considerably lower than I had anticipated. As a result of what I had heard of the difficulty of, and delay in, labour in New Zealand women, I was disposed to regard a forceps rate of below 30 per cent. as one which must not be criticized too stringently. The statistics before me show that this is an entirely exaggerated view. Out of 148 hospitals with 50 or less admissions annually the forceps rate in 1925 was 12 per cent., and in 1926 14.5 per cent. Out of eighty-one hospitals with from 51 to 100 admissions annually the average rate in 1925 was 17.2 per cent., and 1926 14.9 per cent. Out of twenty-one hospitals with from 101 to 150 admissions annually the average rate in 1925 was 19.1 per cent., and 1926 18.8 per cent. Out of fourteen hospitals with 151 or more admissions annually the average rate in 1925 was 8.7 per cent., and in 1926 8.02 per cent. The average rate of forceps application for all the hospitals was in 1925 14.3 per cent., and 1926 13.7 per cent. Further, out of 264 hospitals in 1925 there were only thirty-two, and in 1926 only twenty-nine, in which the forceps rate exceeded 30 per cent. Moreover, these percentages are calculated not on the total number of births, but on the number of full-term births, because premature children should very seldom require the use of the forceps. If the average rate I have given is not exceeded in the case of patients confined in their own homes, then it cannot be regarded as showing that "meddlesome midwifery" is carried to an extreme in this respect. This is satisfactory; but, on the other hand, it throws into stronger relief the practice of those hospitals whose rate exceeds the 30-per-cent. limit which I have arbitrarily adopted. Taking the two years together, I find that in forty hospitals the annual rate was between 30 and 40 per cent., in ten hospitals between 40 and 50 per cent., in five hospitals between 50 and 60 per cent., in five hospitals between 60 and 70 per cent., and in one hospital over 70 per cent.

The exigencies of general practice are sometimes brought forward to account for these figures, and, although this cannot be adopted as a reason, it may possibly be regarded as an excuse. Still, is the excuse always warranted? Is a medical practitioner in a small country town so busy that out of one hundred labours which occur in his hospital in a year he must apply the forceps in forty-eight, or out of forty-five labours in twenty-nine, or out of ten labours in six?

Management of Midwifery Cases.—It is impossible for the officers of the Health Department to tell a qualified medical man that he conducts his midwifery cases improperly; but if a medical man runs counter to accepted opinion, then it is open to him to come forward and justify his practices. To do this he must establish four points: First, that he has a low mortality; secondly, that he has a low morbidity; thirdly, that the examination of the pelvic organs some weeks after labour, as carried out by a competent examiner, reveals as normal a condition as is found after spontaneous delivery; fourthly, that the result to the infants so delivered is good. If he can do all these things, then it is possible to say to him that in his hands the forceps has not as yet done harm; but it is necessary to add that he is setting a bad example to his less-skilled neighbour, and that he is running increased risks of being associated with an epidemic of sepsis in his own hospital.

While it is only right that credit should be given for the reduced rate of forceps application, it is necessary to remember that an average rate of 14 per cent. is still considerably higher than a normal female population should require. For example, it is more than twice that of the Queen Victoria Jubilee Institute in Great Britain (6.4 per cent.), in about fifty thousand confinements annually, and it is nearly six times that of the East End Mothers' Home in London (2.38 per cent.), where most of the arguments I have heard brought forward to account for a high forceps rate must be far stronger than in New Zealand. Yet the gross mortality of the Institute is 2.4 per 1,000, and the net mortality of the Home—*i.e.*, without the inclusion of "associated" deaths—is 0.67 per 1,000.

Dr. Fairbairn, in a paper to which I shall refer later, testifies to the value of sedatives in reducing the rate of forceps application. Perhaps I may recall that I advised some time ago the introduction of Murphy's inhaler as a means of inducing obstetrical anaesthesia, with the same object. It is very gratifying to learn from Dr. Paget that in hospitals where it is used the apparatus has so reduced the suffering of the patients as to make the forceps very seldom necessary. I think it is a pertinent question to ask why this same apparatus should not be more widely used in general practice and in hospitals which are not under the direct control of the Department.

Maternity Hospitals.—It is unfortunately impossible to draw any deductions from the death-rate in maternity hospitals as given in the statistics before me. These show that in 1925 the death-rate in the hospitals, excluding the statistics of extern maternities, was 0.23 per cent. of the total admissions, and in 1926 0.14 per cent. On the other hand, 175 and 216 patients have been transferred to other institutions in each year respectively. These are the cases amongst which a high mortality-rate may be expected, and, as I have no record of what happened to them, it is impossible to form any idea of what the total mortality-rate amongst patients confined in maternity hospitals and homes actually is. I think it would be well if this information was before the Department.