

Table II gives the results in each of the St. Helens Hospitals; also the total results of these institutions and the results of 598 patients attended by the maternity nurses and midwives of St. Helens Hospitals as out-patients, many of these being attended in conjunction with private practitioners.

Table II.

	Number of Confinements.	Instrumental Deliveries.		Post-partum Hæmorrhages.		Puerperal Pyrexias and Sepsis.		Deaths of Infants in First Few Weeks of Life.		Still-births.	
		Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.
Auckland	690	20	2.90	18	2.61	25	3.62	13	1.88	23	3.33
Wellington	554	22	3.97	8	1.44	5	0.90	12	2.17	13	2.35
Christchurch	334	6	1.79	6	1.79	5	1.48	7	2.10	6	1.79
Invercargill	236	9	3.81	1	0.42	2	0.85	2	0.85	5	2.12
Dunedin	174	7	4.02	10	5.74	2	1.15	2	1.15	5	2.87
Gisborne	163	9	5.52	3	1.84	1	0.61	3	1.84	1	0.61
Wanganui	152	7	4.61	7	4.61	2	1.32	4	2.63	2	1.32
All St. Helens Hospitals	2,293	74	3.23	50	2.18	42	1.83	43	1.88	55	2.40
St. Helens out-patients	598	53	9.86	16	2.67	..	0.45	10	1.67	15	2.51

Table III gives the results and percentages of 14,363 cases attended in all hospitals other than St. Helens Hospitals.

Table III.

	Number of Confinements.	Instrumental Deliveries.		Post-partum Hæmorrhages.		Puerperal Pyrexias and Sepsis.		Deaths of Infants in First Few Weeks of Life.		Still-births.	
		Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.
All other hospitals ..	14,363	2,010	13.99	184	1.28	167	1.16	286	1.99	437	3.04

The figures in the above tables can only be regarded as a basis for further inquiry as to the influence of practice upon results—firstly, because the numbers are small, and consequently a few cases of a particular abnormality make a considerable difference one way or another in the percentages; secondly, because the figures from which the percentages are calculated are not always recorded as accurately in one case as another. This particularly applies to cases of puerperal pyrexia, since a reduction of from 100.4 to 100.2 may remove a case from the class of pyrexia to one of morbidity; consequently the better-conducted hospital may, on figures, suffer by comparison with a less-well-conducted institution. Also, there can be no doubt that many cases which are correctly classed as mild cases of puerperal sepsis by one observer are considered to be due to influenza or some other cause by another. It is hoped, however, that these figures will give occasion for serious thought, and, if recorded every year, may lead to useful conclusions as to the bearing of certain practices upon maternal welfare.

Ante-natal Clinics.—Though ante-natal clinics are not inspected by me, I have been asked to report as far as possible upon them.

The returns from all clinics are not available, and in some instances only nine months' work has been given; consequently the figures shown hereunder have had to be corrected as near as possible, but I believe are substantially accurate.

Table IV.—Results of St. Helens Hospital, Alexandra Home, Salvation Army, and Plunket Clinics.

	New Cases attending Ante-natal Clinic.				Total Attendances.				Number of Maternity Outfits Sterilized.		
	1925.	1926.	1927.	Increase per Twelve Months.	1925.	1926.	1927.	Increase per Twelve Months.	1926.	1927.	Increase per Twelve Months.
Wellington Health District	975	1,257	1,615	358	3,531	5,152	6,917	1,765	122	139	17
Auckland City	517	1,105	1,237	132	1,603	4,295	4,971	676	119	202	83
Christchurch City	797	876	1,067	191	2,682	3,107	3,518	411	160	174	14
All the above clinics	2,289	3,238	3,919	681	7,816	12,544	15,406	2,852	401	515	114

It will be noticed that the average number of attendances at each clinic per patient approximately is four. This shows that many patients did not attend sufficiently often to get the best results possible. Many serious symptoms, especially pre-eclamptic, occur with great suddenness, and if women have not sufficient knowledge to observe the warning the abnormality is apt to be detected too late and the best results possible are not obtained.

A new edition of the pamphlet, "Suggestions to Expectant Mothers," containing more detailed information, has been published, and will be supplied to all clinics and maternal-welfare societies for distribution free of cost. It is hoped in this way to gradually educate the expectant mother to take