

The total fatality-rate for the five years in the four main hospitals—4·92 per 10,000—and the rate of 4·41 per 10,000 for all public hospitals appears to reveal a satisfactory standard of technique in regard to administration of anæsthetics in public hospitals.

The Royal Prince Alfred Hospital, Sydney, annual reports record the following deaths during anæsthesia :—

					Number of Anæsthetic Administrations.	Deaths.
1923-24	..	..	..	..	6,990	6
1925-26	..	..	..	..	7,512	3
1926-27	..	..	..	..	7,283	2
1927-28	..	..	..	..	7,409	5
1928-29	..	..	..	..	7,629	6
Totals					36,823	22

(Report for 1924-25 missing.)

Fatality-rate per 10,000, 5·98.

Ether, the reports state, is the chief anæsthetic used at this hospital; chloroform infrequently.

The New Zealand public-hospitals rate of 4·41 compares favourably with the rate for this institution, as also does the figure of 4·92 for the four main hospitals. On the other hand, the rates for Christchurch and Wellington Hospitals, of 9·98 and 7·77, are higher. The consistently remarkably low fatality-rate for Auckland Hospital is a feature of this return, besides being a distinct factor in lowering the average rate for the four main hospitals. In reference to Auckland Hospital it may be of interest to quote the nature of the chief anæsthetics used. Out of the total of 29,500 administrations at Auckland Hospital for the five-yearly period, chloroform and ether, then ether, was given 17,782 times; chloroform and ether mixtures, 2,808; ether, 1,835; and nitrous oxide and oxygen, 2,147 times. Ether and oxygen mixture accounted for one death, and chloroform and ether mixture for the other. However, this anæsthetic fatality-rate is one liable to be subject to sudden fluctuations, as even under the most skilful medical supervision a few deaths may occur which would considerably influence the rate. The question of administration of anæsthetics appears a subject for discussion when the Medical Superintendents of the four main hospitals meet in conference.

For statistical purposes it is essential, in reference to deaths during anæsthesia, that Medical Superintendents should submit fuller details when forwarding their annual returns. The details given in some cases are very meagre, the main source of our information being the inquest papers. It might be stated that the majority of these deaths in public hospitals are usually associated with serious conditions in which the risk of operation had to be taken. In others post-mortem examination often revealed abnormal growths, or status lymphaticus difficult of diagnosis prior to operation. The increasing number of serious accident cases admitted to our hospitals often present an added risk of death during operation.

R. A. SHORE, Director, Division of Hospitals.

PART V.—DENTAL HYGIENE.

In connection with the work of my Division, I beg to submit a report for the year ending 31st March, 1930 :—

SECTION 1.—STAFF, CLINICS, ETC.

Staff.—The allocation of the staff of the Division is as follows: Mr. J. L. Saunders, B.D.S., Deputy Director, Division of Dental Hygiene; Mr. R. D. Elliott, Inspecting Dental Officer; Mr. F. B. Rice, B.D.S., Inspecting Dental Officer; Mr. J. B. Bibby, Lecturer and Clinical Instructor; Mr. A. D. Brice, B.D.S., Lecturer and Clinical Instructor; Mr. M. S. Taylor, B.D.S., Lecturer and Clinical Instructor; Miss M. E. Collie, Clinical Demonstrator; Miss E. M. Haines, Matron.

In the field, eight dental officers and ninety-three dental nurses, stationed as follows: Dental officers—One at Christchurch, one at Dunedin, one at Motueka, one at Nelson, one at North Auckland, one at Tikitiki, one at Timaru, one at Te Paro-totara. Dental nurses—One at Avondale, two at Beresford Street, one at Cambridge, one at Dannevirke, one at Dargaville, one at Edendale, one at Eketahuna, one at Eltham, one at Feilding, two at Gisborne, two at Grey Lynn, one at Greytown, two at Hamilton, one at Hastings, one at Hawera, one at Henderson, one at Hornby, one at Huntly, one at Kurow, one at Levin, one at Lower Hutt, one at Marton, two at Masterton, one at Matamata, one at Milton, one at Morrinsville, two at Napier, two at New Plymouth, one at Ohakune, one at Onehunga, one at Otahuhu, one at Paeroa, one at Pahiatua, one at Palmerston North, one at Papakura, one at Petone, two at Ponsonby, one at Pukekohe, one at Southbridge, one at Stratford, one at Takaka, one at Taumarunui, one at Tauranga, one at Te Aroha, one at Te Awamutu, one at Te Kuiti, one at Thames, one at Waihi, one at Waipukurau, one at Wairarapa, one at Wairoa, two at Wanganui, one at Wyndham, one at Alexandra, one at Ashburton, one at Balclutha, one at Beckenham, two at Blenheim, one at Christchurch East, one at Dunedin, one at Greymouth, two at Invercargill, one at Lyttelton, one at Mosgiel, one at Nelson Suburban, two at Oamaru, one at Otautau, one at Palmerston South, one at Reefton, one at St. Albans, one at Sydenham, one at Tapanui, one at Temuka, one at Timaru, one at Waimate, two at Westport, one at Winton, one at Woolston, one at Wyndham.