

SANITARY SCHEMES.

One of the most pleasing features of the year has been the ready response (financial circumstances permitting) to the appeal for better and more permanent sanitary services in places where large gatherings are wont to be held. Estimates for these up-to-date sanitary schemes, involving a cost of £1,200, were drawn up, one of these, at Te Kuiti, being completed; the others, at Ngaruawahia and Whakarewarewa, are at present being further discussed with a view to the arrangement of finance.

The Te Kuiti conveniences, completed at a cost of £225, consist of four up-to-date w.c.s with water carriage and urinals housed suitably and connected with the borough sewer.

At Waitara a sanitary block was installed, making provision for two w.c.s, &c., for each sex, with water flushing and septic tank.

At Papawai there is a similar sanitary installation, with water carriage and connections to the borough sewerage.

At Kaiti (Gisborne) and at Waiomatatine (East Coast) two splendid sanitary blocks have been installed, solely at the people's own expense, providing four w.c.s for either sex, urinals, shower-baths, wash-hand basins, &c., housed in buildings with through-and-through ventilation, cement foundations, and iron roofing. The former is connected to the borough sewerage, the latter to septic tanks.

I have again to thank the Directors of the different Divisions and the Medical Officers of Health and their staffs for the valuable assistance rendered in the co-ordination of their services with those of my Division. I wish also to express appreciation to the officers under my control, who have at all times given of their best and assisted materially in bringing about such excellent results.

E. R. ELLISON,
Director, Division of Maori Hygiene.

PART VIII.—MATERNAL WELFARE.

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

I have the honour, once again, to present my annual report on the work done by me as Consulting Obstetrician to the Health Department, and on such matters as seem at the moment to concern the campaign against maternal mortality.

My routine work has continued as heretofore, and has somewhat increased except in one respect. As I mentioned in my report for 1928, I have tried to get in touch with medical practitioners in regard to obstetrical deaths and certain other obstetrical cases of special interest. The necessary correspondence in such cases was at first carried out through the different Medical Officers of Health. An objection, however, was raised by the Obstetrical Society to the practice, on the ground that it entailed unnecessary publicity and the permanent record of their patients' history. Accordingly, it was arranged, with the society's approval, that practitioners should reply directly to me in answer to a request for information on my behalf by the Medical Officer of Health. This change ensured complete privacy, and it was hoped would also lead to a more ready response from practitioners. This hope, however, has not been realized; and, in fact, the proportion of replies is smaller. This is particularly the case in respect to one district, and as this district has been associated during the past year with a high rate of maternal mortality, the failure to get reports, and the consequent inability on my part to be of service to practitioners, is the more unfortunate. At the same time whenever I have explained my objects to meetings of medical practitioners, my efforts have been approved, subject to the condition that all communications were confidential. This condition has been strictly observed.

THE TRAINING OF MATERNITY NURSES AND MIDWIVES.

The Nurses and Midwives Registration Board has recently made certain changes which will, I think, effect considerable improvement in the training of maternity nurses and midwives. The respective courses have been lengthened. It is proposed to limit the hospitals which train midwives to the largest available. A prospect has been opened of improving materially the training of maternity nurses. At the same time, the altered courses have facilitated the work of those responsible for practical and theoretical teaching. I have called attention for several years to the fact that the training of maternity nurses in the smaller hospitals is unsatisfactory, and I propose shortly to suggest to the Board two things which may lead to its improvement. The first is that small and unsatisfactory hospitals shall no longer be recognized as complete training-schools, and that they shall only be entitled to receive pupils for a small proportion of their course, and that these pupils shall come from the nearest main centre for maternity training.

Dame Janet Campbell in her admirable Australian report, to which I shall later refer, writes as follows on this subject in regard to Australian conditions: ". . . in many of the small institutions recognized as training-schools it must be impossible to carry out the requirements fully. Not only may the number of cases be insufficient to produce the 'obstetric atmosphere' needed for efficient teaching, but the variety of experience must necessarily be unduly limited. . . . Further,