

These show a continuous reduction in the maternal-mortality rate since 1927 for all cases excluding septic abortion, the increase of which in 1930 caused a rise in the total rate. The fall in the rate from puerperal sepsis following childbirth has continued. The eclampsia rate has fallen for the first time since the unexplained rise in 1928. Whether this is as inexplicable as this rise or is due to the influence of better and more systematic ante-natal care given to a larger proportion of expectant mothers, time alone will show. I know that there is a greatly increased interest being shown in this work by the members of the medical profession practising obstetrics, and I am in hopes that the drop is an example of cause and effect. Deaths from puerperal sepsis following abortion due mainly to induced abortion have not shown any material reduction, and are not likely to as long as the present economic strain on the reduced domestic budget remains unrelieved, and the victims of induced abortion see no other escape than risking their lives in an attempt to terminate an undesired pregnancy. I can only point out again the very great risk to life of this proceeding, especially when the operation, which is illegal, is performed by the unskilled professional abortionist or the woman herself. Again the majority of the victims (twenty-four out of twenty-six) were married women.

MATERNITY HOSPITALS.

The maternity hospitals of New Zealand comprise seven State (St. Helens) maternity hospitals, providing 121 beds, seventy-four public maternity hospitals under Hospital Boards, providing 491 beds, and 189 private maternity or "mixed" hospitals, providing 884 maternity beds, a total of 1,496 maternity beds, or an average of approximately one bed to each 1,000 of the population. These hospitals, many of which provide only from three to four beds each, are fairly evenly distributed over the country and provide a valuable and essential means of giving good maternity services to the women of New Zealand. Their even distribution avoids any marked disparity in the risks to the rural and urban districts of New Zealand which is in evidence in some countries. Also the distribution of the population of New Zealand with comparatively a few large towns makes it impossible to sufficiently clearly define rural and urban conditions to make comparative statistics for rural and urban areas of special significance.

PRIVATE MEDICAL AND SURGICAL HOSPITALS.

There are ninety-four private hospitals licensed for medical and surgical cases only which, with thirty-three private "mixed" hospitals provide 1,399 beds. In spite of the older ones lacking many desirable conveniences the majority of them maintain a fairly high standard, and on the whole are in a satisfactory condition. Some of the larger hospitals are well equipped units with X-ray and bacteriological departments.
