It is true that much more might be done if Hospital Boards realized that they were responsible for a school as well as a nursing service, and if the finance of the training-school was adjusted accordingly.

New Zealand should develop along its own lines, and should not necessarily slavishly follow what has been done elsewhere. This is a most important study, therefore I am pleased to be able to report that a committee on nursing education is being set up through the Registered Nurses' Association to study the whole question.

In conclusion, I would again like to express my grateful thanks to my fellow officers in the Department, to the Matrons and hospital authorities through New Zealand, to the voluntary public health organizations, and to the New Zealand Registered Nurses' Association for the ready assistance and co-operation given to me throughout the year.

M. I. Lambie,
Director, Division of Nursing.

PART VII.—MATERNAL WELFARE.

REPORT OF INSPECTOR OF MATERNITY AND PRIVATE HOSPITALS.

T. L. Paget, L.R.C.P. (Lond.), M.R.C.S. (Eng.).

I have the honour to present my annual report for the year ended 31st March, 1936.

PART I.—MATERNITY SERVICES.

Maternity Hospitals.

The maternity services established in New Zealand by public and private enterprise consist of five State (St. Helens) Hospitals, providing 98 beds. These hospitals were established primarily for the training of midwives and at the same time supplementing the public maternity hospitals established and controlled by Hospital Boards in the five centres —namely, Auckland, Wellington, Christchurch, Dunedin, and Invercargill; 1,868 women were confined in these hospitals. Seventy-two public maternity hospitals under the local Hospital Boards provide 535 beds, and 6,609 women were confined in these hospitals. Two hundred and eleven private maternity hospitals provide 1,002 beds; of these hospitals 36 also admit medical and surgical patients, mostly with the restriction that septic surgical cases are excluded. In these hospitals 10,557 women were confined, making a total of 19,034 patients confined in maternity hospitals or over 75 per cent. of the total of 24,395 confinements. Fuller numerical results of the work of these hospitals are given in Tables I and II.

The maternal mortality rate recorded in Table II is in relation to the number of confinements and not to the number of live births. Also, neither abortions nor ectopic gestations are admitted to these hospitals except in extreme emergency. For these reasons the death-rate is not comparable without adjustment to the general maternal mortality rate of the whole country. The necessary adjustment has been made by excluding abortions and ectopic gestations from Group V in calculating the death-rate and a case of Acute Miliary Tuberculosis accompanied by abortion has been excluded from the deaths in Group I. The resulting rate for all hospitals and Group V may therefore be regarded as an indication of the respective risk of maternity cases attended in maternity hospitals and those attended elsewhere.

In connection with Table II, I wish to call attention to the elimination of the special danger of the "mixed" hospitals, Group IV, as shown by the lower death-rate. In 1929 the death-rate in these hospitals was 8·23, in comparison with 3·03 for all other hospitals. This high death-rate was due to puerperal sepsis transferred from septic surgical cases. In the following year septic surgical cases were excluded from all of this group of hospitals with the exception of those having separate nursing staffs and conveniences for the proper separation of the two classes of cases. To this must be ascribed the improvement in this group, the maternal mortality of which is now 2·74 in comparison with 2·78 for all maternity hospitals. There can be no question that this result justifies the precautionary measures that it was found necessary in the first instance to impose upon them, but which are now accepted by the licensees as necessary.