with ante-partum hæmorrhage and still-births, it is necessary always to make a clinical and laboratory examination, which will give definite data upon which to establish a reasonable diagnosis.

Tests of hepatic function, along with the estimation of the blood urea and non-protein nitrogen, have proved of value as a guide to treatment in conditions of albuminuria.

Blood-pressure is taken as a routine in all the clinics, and is an aid in the diagnosis of this condition.

Masked œdema: Observations are being made regarding the "masked œdema" which occurs with impairment of the renal function. It is stated that by an undue rise in the patient's weight albuminuria may be predicted.

Still-births.—Investigations as to the causes of the fifty-eight cases of still-births reported by the clinics during the last year are as follows: Albuminuria and toxæmias of pregnancy, 15; anancephalic monsters and hydrocephalus, 11; birth injuries, impacted shoulders, cord round neck, forceps deliveries, trauma, 10; unavoidable or accidental hæmorrhage, 7; Malpresentations, 6; venereal disease, 3; cause unknown, 6: total, 58. Details are included in a special report.

Still-births due to albuminuria and toxæmias of pregnancy (which were the chief causes of still-births of A.N.C. patients): Of the 227 cases of albuminuria diagnosed at the clinics, 212 were delivered of live children and made favourable recoveries, and fifteen patients were delivered of still-born children. In each case the condition of albuminuria was diagnosed at the clinic, the patient's medical attendant notified, and treatment recommended. Two patients refused treatment, seven patients received hospital treatment, and five patients were treated by their doctors in their own homes.

It is with difficulty that treatment is carried out, and, owing to the unsatisfactory home conditions, many of the clinic patients are admitted to public hospitals for treatment. This arrangement has proved unsatisfactory, and the results of treatment disappointing; and in order that the still-birth rate due to albuminuria and the toxæmias of pregnancy may be diminished it is necesssary that ante-natal-clinic wards be instituted in the State maternity hospitals, where patients may receive special ante-natal treatment and be kept under strict medical supervision.

Still-births due to birth injuries in ten cases: Primiparity with breech delivery is a predisposing cause of cerebral hæmorrhage and intranatal death. In order that its incidence may be diminished, the doctors in charge of the patients attending the clinics are notified of all malpresentations, as it is considered that certain cases of intranatal death and cerebral hæmorrhage may be prevented by the practice of external cephalic version, especially in cases of breech presentations in primiparæ. Details are included in a special report.

Cases delivered by Forceps.—Of the patients who attended the Wellington, Auckland, and Christchurch ante-natal clinics, seventy-one were delivered by forceps for the following indications:—

Indications.	Number of Cases.	Result.				
		Child.			Mother.	
		Alive.	Still-born.	Dead.	Alive.	Dead.
Contracted pelvis	9	8	1	..	9	..
Prolonged second stage	19	19	..	..	19	..
Exhaustion	7	6	1	..	7	..
Rigid perineum	4	2	2	..	4	..
Primary inertia	8	6	2	..	6	2
Persistent posterior position	13	13	..	..	13	..
Eclampsia	4	2	1*	1	4	..
Albuminuria	2	..	2*	..	2	..
Hydrocephalic head	2	..	2†	..	1	1
Anencephalic head	1	..	1†	..	1	..
Breech presentation	1	..	1‡	..	1	..
Epilepsy	1	1	..	..	1	..
Totals	71	57	13	1	68	3

* Due to toxæmia. † Monster. ‡ Due to malpresentation.

Contracted Pelves and Medicinal Induction.—The type of contracted pelvis most frequently met with at the ante-natal clinic is the generally contracted pervis of a minor degree—a so-called borderline case. The rachitic flattened pelvis, though seldom found when examining New Zealand women, is common in those from certain parts of England and Scotland, especially Glasgow. It is chiefly amongst immigrants visiting the clinics that cases of contracted pelves are diagnosed.

All cases of contracted pelves are measured, and the patient examined frequently after the thirty sixth week, at which period the relative size of the fœtal head and pelvis is estimated. When it is possible to avoid forceps delivery, and the commencement of labour would be beneficial to mother and child, induction of labour is advised. In the treatment of ante-natal-clinic patients medicinal induction is employed, since methods of induction involving interference per vaginam are of more danger and attended by greater risk. The period of pregnancy during which induction was performed on the advice of the ante-natal clinic Medical Officer varied from the thirty-sixth week to post-maturity.

Puerperal Sepsis.—Three cases of puerperal sepsis in patients who had attended at the ante-natal clinics were reported during the last year.