The prevention of puerperal sepsis: When considering the causes of puerperal sepsis, and the recognized methods of septic infection of the placental site, it is evident that ante-natal care should be a factor in the prevention of this condition. Not only should ante-natal-clinic work be directed to protect the prospective mother against the intrinsic method of septic infection of the placental site, by eliminating all the septic foci in the body before labour—or, if possible, before pregnancy—but also it should safeguard the expectant mother against the extrinsic method of septic infection of the placental site by the prevention of instrumental deliveries, and by instruction of the mother in general hygiene and in the preparation of her maternity outfit and delivery-room.

General ante-natal-clinic treatment to prevent puerperal septicæmia: The ante-natal-clinic treatment is directed to raise the resistance of the body-tissues against all infection from whatsoever menace. Every patient attending the clinics has her general health supervised in addition to the special care exercised in regard to her anticipated confinement. It is manifest that a mother who is suffering from exhaustion, debility, or anæmia is no fit subject to face the trials of labour.

Abolition of intrinsic causes: When considering the intrinsic methods of infection the abolition of all septic foci is the ante-natal treatment indicated—prevention or treatment of such conditions as chronic tonsilitis, sinusitis, gingivitis, pyorrhœa, dental caries, skin-diseases, constipation, and other causes of auto-infection.

Conception obviously carries an increased risk in a woman suffering from vaginitis, and such a patient should receive ante-natal treatment. It is logical that the bacterial content of the vagina of every pregnant woman who suffers from an offensive discharge should be ascertained, and appropriate treatment given. The urine also should be examined for organisms which may be a danger during labour or the puerperium.

Goitre.—Of the patients attending the ante-natal clinics 8·4 per cent. were treated for simple goitre. The incidence of congenital goitre in infants and simple goitre in expectant mothers attending the clinics is shown to be greater in the Canterbury District than in Wellington or Auckland.

Since females are especially prone to develop endemic goitre during pregnancy or lactation, and since children born of goitrous parents are more liable to develop goitre (especially if they reside in an endemic area), prophylactic treatment is advised at the clinics in order to prevent congenital goitre and to safeguard the mother and child against the development of goitre.

As suggested by Professor Hercus, patients suffering from simple goitre take (with their doctor's consent) potassium iodide gr.i. once a week during pregnancy and lactation, and include in their diet food rich in iodine, as fish (salt), certain green vegetables, eggs, and milk. Patients living in endemic regions are also advised to use iodised salt in place of common salt or more refined table-salt now on the market.

Nature provides somewhat similar treatment; and in a recent report on goitre by Dr. Eleanor Baker-McLaglan, attention was drawn to the interesting fact that "In the Great Lakes basin of America, an endemic-goitre area, where goitre threatened the sheep-raising industry, it was noted that sheep free from goitre introduced into this endemic area, as long as they had access to certain salt-licks, remained free from goitre, and so did their lambs. Even goitrous sheep with access to these salt-licks produced lambs which were goitre-free, and remained free as long as they got this salt. The salt when analysed proved to contain a large quantity of iodine as an impurity."

Similar results are obtained when prospective mothers, living in an endemic region, are given exceedingly small doses of iodine in the form of potassium iodide or iodised salt.

It is already proved that there is a marked difference in the excretion of iodine in the urine from patients in endemic and non-endemic areas, and recent research by Professor Hercus has led us to suspect that there is a difference in the iodine content of human milk from typical endemic and non-endemic areas; and in order to compare the iodine content of human milk from the different regions, specimens of milk are collected, when possible, from clinic patients attending the State maternity hospitals in the four centres of New Zealand, and sent to Dunedin for analysis.

Venereal Disease.—Wassermann tests and urethral and cervical swabs are taken from patients attending the clinics, when from their previous history or present condition there is reason to suspect venereal disease. At institutions for the care of the unmarried mother Wassermann tests and urethral and cervical swabs are taken for all patients as a routine, and patients requiring treatment are kept under supervision during pregnancy and lactation.

Dental Treatment.—Thirty per cent. of the patients attending the clinics during the year received dental treatment. All patients are encouraged to visit their dentists regularly, and special dental cards are filled in for all patients requiring treatment. Arrangements are made whereby indigent patients may receive dental treatment at the hospital dental clinics, and in many cases the ante-natal-clinic nurse accompanies expectant mothers to the dentists or dental clinic.

There is a fallacious belief that women ought not to have their teeth attended to during pregnancy. To combat this belief pamphlets on dental hygiene and the development of strong teeth are distributed at the clinics, and posters are designed to show the importance of dental hygiene during pregnancy. No harm but much good will result from the removal of tartar, the treatment of pyorrhœa, and, when necessary, the filling (or temporary filling) of certain teeth, and the extraction of others. A clean mouth and good teeth may be confidently expected to result in greatly improved health and in a diminution of puerperal sepsis.

Diet.

The mother's fare during pregnancy and lactation consists too largely of tea and bread-and-butter; milk and green vegetables are not taken in sufficient quantities, and the dietaries are often badly balanced and lacking in vitamines and mineral salts, so necessary for the growth of the baby and the development of strong teeth and bone. As stated by McCollum (Dietetian, Johns Hopkins University), "It should be thoroughly appreciated that the human mother should have in her diet a liberal amount