My solution is the provision of one large maternity hospital in each of the four centres, where proper training could be given and post-graduate courses instituted. I regard it as one of the fundamental conditions necessary to the raising of the standard of obstetrical practice in this country. There were ninety-nine deaths in 1925 from conditions other than sepsis, and if this number is to be reduced general obstetrical knowledge must be improved.

Dr. McKibbin last year drew attention to the fact that a reduced rate of maternal mortality could only be got by lessening the present rate in the rural areas of the country, and this again emphasizes the importance of improved pre and post-graduate teaching. If the Department can help the Otago University to provide greater facilities for practical work in obstetrics, and if the University will accept the help, such improvement should be possible. Perhaps I may be allowed to take this opportunity of again urging that the whole status of the teaching of midwifery at Dunedin requires to be raised by the creation of a Chair in Obstetrics. If lack of funds makes such a course impossible, it seems to me to be an object towards which the great resources of the Plunket Society might very worthily be directed.

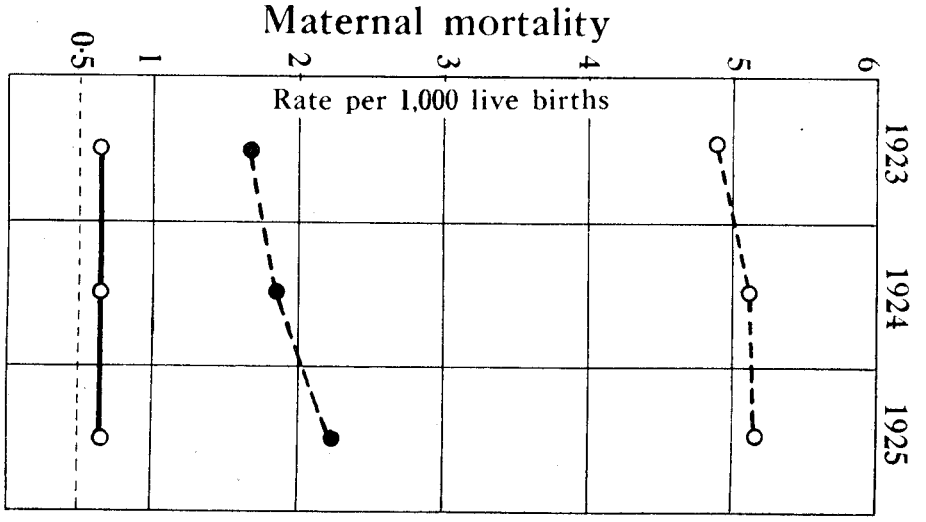
Treatment of Maternity Cases.—I have during the past year tried to obtain information regarding cases of particular interest or of maternal death which have been recorded from time to time in the monthly returns of the maternity hospitals. I am glad to be able to say that in almost every case the medical practitioner concerned has given me the fullest particulars possible. Indeed, in many instances he has done me the compliment of inviting my opinion on the course he had followed. I need not say that it is a great pleasure to me to meet with such requests, and if they had been more frequent I should have been still more pleased. Even an armchair criticism of the management of a particular case can be of service.

This being so, it seems to be ungracious if I in turn here criticize again the treatment which in some cases has been adopted. From what I have learnt I am afraid that there is still a tendency to adopt methods of treatment which have been proved for very many years to be valueless. Perhaps the gravest instance of what I mean is the adoption of *accouchement forcé* in ante-partum hæmorrhage and in eclampsia. I do not think there is an obstetrician of any standing—almost, I might say, throughout the world—who has not condemned such a practice. It has been associated with a mortality of from 50 to 80 per cent. in conditions which, treated in other ways, give a mortality of from 3 to 15 per cent. I am quite sure that those who adopt it consider they are doing their best for their patient, and that is one reason why I welcome every sign of a wish to ask for the opinion of others.

Caesarean Section.—Caesarean section again, though by no means followed by such serious consequences as is *accouchement forcé*, is still, when practised as a routine treatment, followed by a far higher mortality in the complications I have mentioned than is a more conservative treatment. I have dealt with this question very fully in a paper which I had the honour of reading before the recent Australasian Congress. The abuse of Caesarean section in obsetrical practice, and the accompanying neglect of the well-recognized methods of obstetrics, are coming to assume very serious proportions throughout the world generally. The causes are to be found in obstetrical ignorance due to the want of the proper teaching of practical midwifery, and in the ease with which the operation can be performed by any one who has acqiured a general surgical technique. The fact that even in the most skilled hands the operation, in healthy patients, is followed by a mortality of nearly 2 per cent., and that in those who recover the prospects of a future normal delivery are impaired, is overlooked.

Obstetrical Society.—Finally, I should like to express my pleasure at the inauguration of an Obstetrical Society amongst the medical profession of New Zealand. I am sure that such a society will be of great value in raising the standard of obstetrical practice, and that it will support and give added impetus to the work of the Department in the same direction. I need not say that if I, as Consulting Obstetrician to the Department, can be of any assistance, either in theory or in practice, I shall only be too glad to give to the society collectively what I have elsewhere expressed the wish to give to the medical practitioner individually.

CHART showing the Comparison of Maternal Mortality-rates (Registrar-General) in England and Wales in Cases attended by the Queen Victoria Jubilee Institute Midwives, and in Cases attended by or in the East End Mothers' Lying-in Home, London (Fairbairn).



The dotted line with hollow circles shows the rate for England and Wales; the dotted line with solid circles the rate for the Queen Victoria Jubilee Institute Midwives; the continuous line with hollow circles the average rate for the East End Home for three years.