Owing to the number of patients seeking ante-natal care, it has been necessary to enlarge six clinics and add to their nursing staffs during the year. The attendances at the clinics when compared with those of 1925 show a most satisfactory increase, as follows :—

—	New Cases attending Ante-natal Clinic, 1925.	New Cases attending Ante-natal Clinic, 1926.	Increase of New Cases attending the Clinics.	Total Attendances, 1925.	Total Attendances, 1926.	Increased Attendances for Twelve Months.
Wellington	975	1,257	282	3,531	5,152	1,621
Auckland	517	1,105	588	1,603	4,295	2,692
Christchurch	797	876	79	2,682	3,107	425
Dunedin	..	128	128	Not given	348	..
Rotorua	28	56	28	78	155	77
Opunake	11	39	28	18	118	100
	2,328	3,461	1,133	7,912	13,175	4,915

As shown above, the chief conditions diagnosed and requiring prompt treatment are—(1) Albuminuria ; (2) toxæmias of pregnancy ; (3) malpositions ; (4) septic infection, including etitis media, tonsilitis, pharyngitis, pyorrhœa, dental caries, septic vaginal discharge, skin-diseases ; (5) goitre ; (6) Diabetes ; (7) venereal disease.

Reduction of Maternal Mortality, Eclampsia, and Still-births.—Comparative Study made.

During the two years and a half that the clinics have been established they have demonstrated their value not only in reducing maternal mortality, but as necessary adjuncts to the public-health service.

In order to show the benefit to the community resulting from ante-natal care on the reduction of maternal mortality, eclampsia, and still-births, the following table is compiled. Maternal deaths due to childbirth in New Zealand are compared with deaths from the same causes among women who have attended New Zealand ante-natal clinics.

—	For the whole of New Zealand, 1926.	For Public Ante-natal Clinics, 1926.	Difference per Cent.
	Per 1,000 Live Births.	Per 1,000 Live Births.	
Maternal mortality	4·25	2·94	31
Still-births	31·1	22·64	27
Eclampsia	2·6	1·7	35

It will be seen that maternal deaths from all puerperal causes following confinement in New Zealand were 4·25 per 1,000 live births for 1926, while among women who attended the clinics it was 2·94 per 1,000, showing a reduction of 1·37 per 1,000 in the maternal death-rate.

The table shows a lessened incidence of still-births by 8·5 per 1,000 live births among mothers who attended the public clinics as tabulated above. Owing to the personal supervision given to all patients attending the ante-natal clinics, I think it is certain no cases of the conditions given above have been missed, while it is certain that many cases of eclampsia have not been recorded when making up the returns for the whole of New Zealand. Miscarriages showed a low rate of 3·2 per 1,000 live births in the public ante-natal clinics.

A point that should not be overlooked is that first births are always more dangerous both to mother and child than subsequent births, while that of all births occurring in the Dominion in 1926 35 per cent. were first births, in comparison with a percentage of 45 for such attendances at the ante-natal clinics.

It is hoped that a greater diminution in maternal and infant mortality in toxæmia and in the accidents of pregnancy and labour may be obtained by further extension of the work, especially to rural districts, which will be possible when more nurses specially trained in ante-natal work are available.

Still-births.—The ante-natal-clinics still-birth rate of 22·64 per 1,000 births is still high, and investigations as to the causes of seventy-five cases of still-births reported by the clinics during the last year are as follows : Albuminuria and toxæmias of pregnancy, 17 ; monsters and hydrocephalics, 3 ; birth-injuries, forceps deliveries, and malpresentations, 17 ; syphilis, 1 ; cause unknown, 37.

Since albuminuria and toxæmias of pregnancy are one of the chief causes of still-births, early diagnosis and early treatment of the toxæmias of pregnancy is necessary before any further appreciable diminution of the still-birth rate can be obtained. In clinical work it is our custom to place any given case of albuminuria into one of the two distinct groups—(1) that with albuminuria as the sole unusual feature, and (2) that with signs indicative of renal or possibly hepatic involvement. This section must be further subdivided according to whether there is evidence of chronic nephritis, which during pregnancy is termed nephritic toxæmia, or whether the condition is due to a special type of nephritis usually referred to under the heading of " Pregnancy kidney " or " Pre-eclamptic toxæmia."

It is in order to secure precision in diagnosis and as a valuable guide to treatment and prognosis that, in addition to a careful clinical examination, laboratory tests for urine and blood are employed. By studying the chemistry of the blood during pregnancy it is possible to arrive at conclusions concerning diagnosis and treatment of the utmost value to the obstetrician. According to Comyns,