other mistakes, be led to fall back on radical surgical procedures because of his ignorance of the milder obstetrical procedures which would have better served his purpose. The effect of this on the rate of maternal mortality is obvious. I think it may be taken as a fact that, in at least 80 per cent. of confinements, the attendance of a medical practitioner is not essential, and that in the remaining 20 per cent. it is either desirable or essential. On the other hand, it is also a fact that it is not always possible to distinguish beforehand into which group a patient will fall. Therefore it is advisable—or, at all events, customary—that wherever possible a medical practitioner is present in all cases, lest a need for his services should arise. If his education is insufficient to enable him to satisfy this need, then the principal reason for his presence is lost, and, in fact, it would probably be better that he should not be present. The removal of the difficulties under which the Medical Faculty at Dunedin works in obstetrical matters is consequently very closely bound up with the whole problem of the lowering of the rate of maternal mortality in this country.

The Plunket Society has received support and encouragement both from the Government and from the general public. Scholarships have been founded, and hospitals and other institutions have been provided to help it to carry out its most worthy and necessary work. It helps and advises the mother during pregnancy; it cares for the infant during its first year of life. It deserves and receives the greatest credit for so doing. On the other hand, the obstetrical department of the Medical School at Dunedin, which trains those who will later be responsible for the care of the mother when she most needs it, and without whose skill there would often be no infant for the Plunket Society to tend, is left in the same financial position that it occupied many years ago. This department plays one of the most important parts in medical education, and yet it has no professor at its head, no suitable hospital at which to educate its students, and insufficient funds adequately to remunerate its teachers. I suggest that the general public are in ignorance of the needs of the University in this respect, and I think it is probable that they are also in ignorance of the very close connection that exists between the fulfilment of these needs and the reduction of maternal mortality. It is impossible to lower the latter without improved medical education. It is impossible to provide that education with the resources at present available in the national Medical School of the country. It is impossible materially to improve these resources without considerable financial assistance from without. Presumably, the provision of such assistance is primarily a matter for the Government, and in the present financial position of the country it may be a difficult matter. There must, however, be many wealthy individuals or corporations who are both willing and able to assist in such matters if the necessity for assistance was brought home to them. Up to the present I fancy this has not been done. It does not become a University to hang out the reversed flag of financial distress. It is more suitable that would-be benefactors should go to her and learn her needs. Here is one of them. Mainly by private benefactions the Faculty of Medicine has available annually for the payment of its staff the sum of £1,600. From similar sources the Faculty of Surgery has a similar sum. The corresponding sum available for the Faculty of Obstetrics is £530, which it is proposed to reduce by £75 at the end of this year; and yet midwifery is one of the most urgently important subjects of the medical curriculum.

During the past twenty years benefactions to the extent of £16,000 have been received by the departments of medicine and surgery. During the same period the department of obstetrics has received nothing, but a little more than twenty years ago it received a benefaction of £425 13s. 6d. as a special donation towards the foundation of the Batchelor Hospital. I suggest, sir, that this Department can help to remedy this state of affairs in an indirect but none the less effective manner, and that manner is by making a public demonstration of the needs of the obstetrical department of the Medical School at Dunedin a part of its propaganda for the reduction of maternal mortality. The Department can give the present situation the necessary publicity, and, if this is done, I think the needs of the University would receive the same relief that the needs of the Plunket Society have received in the past.

Eclampsia.

There are next a couple of subjects of clinical interest on which I should like to say a few words. The first is eclampsia. I have gone carefully over the notifications for the past year with the following result: Total notifications returned, 63. Ante-partum eclampsia (conservative treatment): 28 patients lived; one died of meningitis on the twentieth day. *Accouchement forcé:* 1 lived, 2 died. Induction of labour: 5 lived, 2 died. Cæsarean section: 5 lived, 4 died. Post-partum eclampsia (*i.e.*, cases in which the convulsions began after the birth of the infant): 10 lived, 5 died.

These figures do not offer any help to those who regard the emptying of the uterus as an effective method of stopping the attack. It will be noted that out of thirty-four cases in which the uterus was already empty (*i.e.*, cases of post-partum eclampsia), or in which it was emptied by operation, fourteen women died.

The new report form which was adopted last year, when properly filled up, gives valuable information which was wholly lacking in the older form. It would, however, be a great advantage if medical practitioners would not notify deaths as due to "toxæmia," as such a term is obviously too loose to be of any value.

I also hope that in future the notification of eclampsia which, it will be remembered, was suggested by the British Medical Association will be carried out in every case. That this is not done at present is very obvious in view of the fact that the total notifications for 1927 numbered sixty-three plus four cases of pre-eclamptic toxæmia, while in the public and private maternity hospitals alone seventy-one cases of eclampsia occurred.

I hope these figures taken in conjunction with the considered opinion of practically all obstetricians of importance will finally stop the adoption of *accouchement forcé* as a mode of treatment of eclampsia by New Zealand practitioners. I further hope that the operation of Cæsarean section will be reserved for the small proportion of cases in which its use is undoubtedly justified.