the British Medical Association at its Wellington meeting, the local branch of the Obstetrical Society at Christchurch, and the Auckland, Taranaki, Wellington, and Hawke's Bay Branches of the British Medical Association. I am glad to be able to say that after I had explained to each meeting the actual facts of the case I received every encouragement to continue as I was doing. I hope later to address other branches of the Association.

I referred last year to two matters of clinical interest. The first was eclampsia—its notification, treatment, and mortality rate; and the second was the excessive use of the midwifery forceps.

The position in regard to eclampsia is improving in all three respects, as is shown by the following table:—

Table A.—Eclampsia.

	Lived.		Died.		Total.	
	1927.	1928.	1927.	1928.	1927.	1928.
Ante-partum eclampsia—						
(*a*) Conservative treatment	27	42	1	7	28	49
(*b*) Accouchement force	1	..	2	..	3	..
(*c*) Cæsarean section	5	3	2	3	7	6
(*d*) Induction of labour	5	5	4	2	9	7
Post-partum eclampsia	10	21	5	3	15	24
Total notifications	..	..	..	..	62	86

Death-rate: 1927, 22·9 per cent.; 1928, 17·2 per cent.

The position regarding the excessive use of the forceps in maternity hospitals has also improved, as can be seen from the following table:—

Table B.—The Rate of Forceps Application.

Hospitals of	Number of Full-term Labours.		Percentage of Forceps Deliveries.	
	1927.	1928.	1927.	1928.
(1) 50 confinements and under ..	3,794	3,912	15·06	12·35
(2) From 51 to 100	5,589	4,750	12·63	10·78
(3) From 101 to 150	3,044	2,566	16·29	12·70
(4) Over 150	4,229	6,750	7·35	7·85
Dominion totals.. ..	16,656	17,978	12·51	10·30

It is to be noted that the percentage rates are calculated on the number of full-term labours, and not on the number of total deliveries. As I said last year, I think that 6 per cent. may not unfairly be regarded as the average rate which ante-natal care and the proper management of the first and second stages of labour should render possible without causing unnecessary suffering or injury to mother or child. If this view is right, there is still room for improvement. At the same time, if the rate of forceps application in private houses has also been reduced to approximately 10 per cent., I do not regard the position as unsatisfactory. I fear, however, that this is very far from being the case; but I have no reliable information on the subject before me.

There are still some fifteen hospitals in the Dominion in which the forceps rate is 30 per cent. or over. I propose to approach these hospitals on the matter, through the respective Medical Officers of Health, in a similar manner to that in which I last year approached hospitals with a rate of 40 per cent. or over. It is not without interest to note that, of these fifteen hospitals, eleven are to be found in Group 1, two in Group 2, and only one in each of the other groups respectively. I propose next year to approach hospitals in which the rate of application exceeds 25 per cent.

I have recently undertaken the compilation of a short work on "The Cause and Prevention of Maternal Mortality." During its preparation certain matters relating to the manner in which this mortality is reduced in other countries have impressed me so much that I should like to take the present opportunity of referring to them.

The more I see of the results of the present system of obstetrical care, the more I am inclined to believe that a permanent reduction in the present rate of maternal mortality can only be obtained by the radical change of such system. Radical changes, even if they are recognized as reforms, are notoriously difficult to effect. Still, there is no reason that some of these changes should not come within a comparatively short period. For others, however, so complete a re-education of the public in obstetrical matters is necessary that time for such re-education is essential.