

## ECLAMPSIA AND TOXÆMIA :—

The result of the maternal welfare campaign upon this cause of death is disappointing. Table IV shows a steady increase in the establishment and use of public ante-natal clinics. In 1931, 6,306 patients attended these clinics, with an average attendance of 3·63 per patient, and yet our eclampsia rate is deplorable. The Obstetrical Society's report also records greater attention on the part of their members to this branch of obstetrics, despite which it is recorded that thirty-seven cases of eclampsia occurred in 8,504 confinements. These results are discouraging when compared with the very high standard attained by the East London Maternity Hospital of 20,000 consecutive cases without a death from this disease. However, reasonable hope for better results is provided in Table III, which compares a seven-years record of eclampsia and still-births and neo-natal deaths in St. Helens Hospitals prior to the institution of public ante-natal clinics with a record of the seven years subsequent to their establishment.

This table shows a reduction in the cases of eclampsia of over 50 per cent. in the latter period and a substantial reduction in the still-birth rate and neo-natal death-rate. I have no doubt that similar results are being obtained by other hospitals, though I am unable to record them, as the period during which they have been established is too short to provide sufficient numbers for reliable statistics. The problem of reducing the eclampsia death-rate appears to be one presenting peculiar difficulties in New Zealand. One of the main factors of the high eclampsia rate is possibly the excessive consumption of meat, due principally to it being one of the cheapest articles of diet. I am much indebted to Dr. J. P. S. Jamieson, of Nelson, for a very interesting analysis of one hundred cases of eclampsia notified by their medical attendants during 1930. As, however, it is Dr. Jamieson's intention to publish details in the *New Zealand Medical Journal*, I need only state that his analysis emphasizes the need for more complete and generally better ante-natal care as a means of preventing the occurrence of many of these cases.

## ACCIDENTS OF PREGNANCY :—

The rise in the death-rate from this cause as shown in the graph is due to an increase in the number of deaths from abortion not returned as being septic. It is probable that the increase in practice of criminal abortion has adversely influenced the death-rate under this heading.

## TOTAL MATERNAL DEATH-RATE :—

The variations in this rate as depicted in the upper line of the graph shows little improvement due, as already pointed out, to the increased number of septic abortions. The lower line, which shows the rate uninfluenced by the latter cause, indicates a satisfactory drop from 4·41 per thousand in 1927 to 3·68 per thousand in 1931, and since "nothing succeeds like success" it may be expected that this result will provide a spur to further action with the hope of greater improvement in the future. Our efforts must be maintained or increased if improvement is to continue.

Before closing, I wish to express my appreciation of the valuable advice so readily given me by Dr. Jellett during his term as Consulting Obstetrician to the Health Department. Besides the assistance Dr. Jellett so kindly gave to me personally, his work in revising the methods of the midwives and maternity nurses training-schools and his vigorous campaign to reduce the forceps rate and generally improve obstetric methods, has been of the greatest value, and has had a very great influence on the results recorded. I sincerely regret the loss of his valuable co-operation.