In 10 the operations followed a trial labour: extending over three days in one patient; 48 hours in two cases, one patient being 42 years of age; 24 hours and "failed forceps" one case and four patients in whom the period of trial labour was not stated.

Eight of the multiparæ had been delivered previously by Cæsarean section, one in two previous pregnancies; six others had indications for this operation because of extreme difficulty in previous confinements.

*Group II.—Obstructed or Delayed Labour.*

Of the 42 cases delivered by Cæsarean section in this group 17 were primigravida; 9 two para; 3 three para; 5 four para; 3 five para; 1 seven para; and 4 para not stated.

The nature of the obstruction was given as follows: Dystocia 5; post maturity 4; twins with malpresentation 4; breech presentation 3; inertia 2; uterine adhesions 2; cervical atresia 2; ovarian cyst, hydatid cyst, persistent occipito-posterior; double uterus; bicornate uterus with epigynthus monster; hand presentation; brow presentation; infantile vagina; contracted pelvis, 1 each. One of the patients also suffered from albuminuria. Four patients had been delivered previously by Cæsarean section, and in two cases the operation was indicated by a history of previous difficult labours and still-born children. Twenty-one of the patients underwent a trial labour of 60 hours in one case; 48 hours, 3 cases; 18 to 36 hours, 4 cases; 16 hours or under and time not stated, 13 cases.

*Group III.—Placenta Prævia and Ante-partum Hæmorrhage.*

Seventeen patients are included in this group in thirteen of whom the condition was one of placenta prævia, five central, four marginal, four not stated. All the mothers recovered, three infants were still-born, two of which were non-viable, and five died shortly after birth. The period of pregnancy at which the operation was performed was full time in seven cases, between the 7th and 9th month in seven cases, and between the 6th and 7th month in three cases; not stated, one.

*Group IV.—Eclampsia.*

Twelve patients are included in this group, all of them being operated on for the actual occurrence of eclampsia. The only mother that died had had no ante-natal care, and was operated on as a last resort after having thirty fits and being comatose with a blood pressure of 200 and a temperature of 107°. Five infants were still-born or died shortly after delivery, one being non-viable, the mother of this infant being an elderly primipara in whom pregnancy had not been suspected, and consequently no ante-natal care given. The degree of ante-natal care given to these patients was not stated in two cases. In the two mentioned above there was none. One patient had been examined four times by a nurse, but had not been seen by a doctor. The remaining seven had received fairly constant ante-natal care; though in one case seen several times by a doctor there was no record of any blood pressure having been taken. The period of eclampsia was full time in three cases; from the 7th to 8½ months in eight cases; and in one case 5 to 6 months. The condition of the patients prior to operation, other than the fatal case mentioned above, was status epilepticus, one patient; 12 fits in one patient; and from 1 to 7 fits in the remainder.

*Group V.—Pre-eclamptic Toxæmia and Hyperemesis Gravidarum.*

Of the ten cases operated on for pre-eclamptic toxæmia, six were primigravida, two 2 para, one 10 para, and one para not stated. One mother died, nine infants were born alive, and one of twins died.

The period of pregnancy at which operation was undertaken was full time in four cases and between 7½ months and full time in the remaining cases. The reasons for operation given were as follows: Toxæmia of unknown origin with rise of temperature, rapid œdema, ten days treatment for toxæmia, attempted medical induction failed; twin pregnancy medical induction for albuminuria ten days prior to operation failed; hyperemesis gravidarum four days, attempted induction by catheter failed; albuminuria, vomiting and headache in patient who had a healed spinal caries and on whom it was the second operation; in one patient serious toxæmia, chronic nephritis (this patient's tubes were tied). In another high blood pressure and toxæmia and albuminuria, and in the fatal case, pre-eclampsia, plus disproportion. This operation was undertaken at full time and the cause of death was uremia.

*Group VI.—Heart Disease and other Pathological Conditions not directly attributed to Labour.*

The reasons for operating and the results in this group are given in Table V. Obviously some of the cases were of such a serious nature that a fatal result was almost certain.

*Summary.*

It is to be hoped that the above details will be of interest to those members of the profession practising obstetrics. The reports show that the resort to Cæsarean section is increasing. Compared with 1934 operations for contracted pelvis were more than double those of the previous year and for obstructed labour approximately one-third more. In the case of the deaths following Cæsarean section upon two women suffering respectively from carcinoma of the spine and meningitis, the mothers' deaths were probably inevitable; one infant survived.