I abstain from other comment than that some might have been safely delivered by obstetrical methods, and that it is apparent that in many cases the time of "trial labour" was unduly long. In one case the report states that it was contrary to instructions, and one must not lose sight of the fact that in many cases delay in undertaking the operation may have been due to refusal on the part of the patient or friends to give an early consent. Every obstetrician knows that in many cases he is hampered by the well-meant but harmful advice of the patient's lay advisers.

That nature occasionally asserts herself for the benefit of the patient is shown in the account of the following case, without which this record would be incomplete: A patient was sent in to a general hospital by a surgeon labelled "for Cæsarean section." There was no obstetrical specialist on the staff. She was inconsiderate enough to disregard the surgical traditions of the hospital by giving birth to an infant on the trolley in the anæsthetic room while the operating theatre was being made ready for her. The record of the above case may convince those Hospital Boards that have neglected to appoint an obstetrician to their staff of the necessity of doing so.

I must express my thanks to the many medical men who have at considerable trouble given me reports on many interesting cases and regret that the necessary limitation of space prevents me from dealing with them in greater detail.

The Problem of Septic Abortion.

In spite of the fact that the number of deaths from septic abortion fell from 42 in 1934 to 23 in 1935, the problem still remains a serious one and the best means of dealing with it is not clear. In an endeavour to throw some further light upon it a special investigation has been made into the facts surrounding it and these are presented below.

From 1926 onwards deaths from septic abortion and from sepsis following childbirth, which have an entirely different origin and present two entirely different problems, have been recorded separately by the New Zealand Government Statistician. The maternal mortality graph and Table IVA show the variations in the total number of deaths and the rate per thousand live births of Europeans from 1927 to 1935, also the total number of deaths of single and married women for the years 1927–35, also the total number of deaths of single and married women for the years 1931–35.

Table VI.—Showing Number of Children left Motherless by the Deaths of 109 Married Women, 1931–35.

13	women died without issue	0
16	women died leaving 1 child	16
21	women died leaving 2 children	42
21	women died leaving 3 children	63
17	women died leaving 4 children	68
5	women died leaving 5 children	25
5	women died leaving 6 children	30
4	women died leaving 7 children	28
2	women died leaving 8 children	16
3	women died leaving 9 children	27
1	woman died leaving 10 children	10
1	woman died leaving 13 children	13
109		338

Table VI shows that 109 out of 112 of the married women who died in that period left 338 children motherless, 291 being under the age of sixteen years. The cases are grouped according to the number of children left.

Table VII.—Giving the Occupation at the Time of Marriage of the Husbands of 89 of the Married Women in Table VI.

Labourers	14
Farmers or farm hands	11
Building trades (bricklayer, carpenter, painter, plumber, tinsmith, electrician)	7
Transport trades (lorry-driver, engineers, engine-driver, motor mechanic, driver, motor-upholsterer, railway fireman, carrier, trucker)	16
Marine (marine engineer, mariner, fireman)	3
Shop and food supplies (shop hand, cook, salesman, butcher, chemists' assistant, baker)	11
Other trades (well borer, tunneller, miner, oil-tank foreman, shirt cutter, watchmaker, fitter, paper-cutter, printing)	10
Soldiers	2
Accountants	2
Company-manager	1
Agent and auctioneer	2
Commercial traveller	1
Clerks and telegraphists	5
Hospital attendant	1
Licensed victuallers and hotel workers	2
	89