Table VII gives the occupation of the husbands at the time of marriage of 89 of the cases recorded in Table VI. The remaining 20 not having been married in New Zealand, the information is not available. A study of the above graph and tables shows that the number of deaths rose steadily from 1929 and reached a peak in 1934 with a total of 42, representing 35 per cent. of the total deaths from maternal causes. The fall last year to 23 may indicate a reduction in the practice of induced abortion, to which these deaths must be attributed, or possibly greater skill in performing the operation, as unless sepsis follows induced abortion there is no indication that death from abortion was due to induction and obviously direct information is seldom obtainable. Though the occupation of the husband at the time of the wife's death is not recorded, a study of Table VII giving the occupation at the time of marriage leads one to the conclusion that the majority of them were liable to have their incomes seriously affected by the economic depression covering that period. It cannot be disputed that practically the whole of the cases dying from septic abortion are the results of attempts to artificially terminate pregnancy, either by the woman herself or by an abortionist. In other words, they are the result of a highly dangerous attempt at birth control. No evidence is available regarding the proportion of cases in which the operation is performed by the woman herself or by an abortionist. It is, however, known from information received from medical men that at least a proportion of the cases is due to the woman's own act. As has been suggested in many previous reports, the most obvious method of limiting the practice is to give publicity to the very great risk attached to this illegal operation. The extent of the risk may be measured to a certain extent by a comparison of the number of deaths from sepsis following childbirth where the introduction of sepsis is carefully guarded against with the number of deaths following abortion. Reference to Table IVA (page 55) shows that deaths from sepsis following approximately 127,700 confinements for the period 1931–35 totalled 70, while during the same period 176 women, including single women, died from sepsis following abortion.

The above tale of mothers' deaths and motherless children is disastrous and tragic enough, but by no means at all the whole story. Abortion being illegal in New Zealand, there are no means of estimating either the number of abortions due to deliberate interference or the permanent injury to health in the case of those who escape death. That the risk of permanent injury is not negligible may be deduced from results returned by Ludovici of 230,000 women passing through the Moscow Abortion Clinics. In these clinics the abortion is legal and is performed by medical practitioners and the death-rate was only 1 in 20,000, but he states that the sequelæ were disquieting, and the subsequent pregnancies were adversely affected by the previous abortions.

Attempts to make the above risk known have frequently been made and it appears to be the best method of checking the practice. As has been mentioned above, the economic stress has probably been the main cause for the increase of this practice. It has been suggested from various sources that other motives may be fear of the risk of childbirth and the desire to avoid interference with their social pleasures due to pregnancy and motherhood. If fear of the risks of childbirth is a motive publicity is required in order that women should be aware that the risk incurred by induced abortion in comparison with that incurred by allowing pregnancy to proceed to its natural termination is infinitely greater. It is possible that the desire to avoid interference with social pleasures may play a considerable part. Consideration of Table VI (page 59) which shows that 13 women died without issue gives some support to that theory. However, consideration of the whole problem leads one to the inevitable conclusion that the economic factor is the main one which leads to the practice of birth control by this method. In expressing this opinion it is not intended to create the impression that the costs incidental to childbirth present themselves as a serious factor. This can hardly be so. Provisions in New Zealand for attendance on women during pregnancy and childbirth at a cost in accordance with their means are very complete. Those who can pay little or nothing are efficiently and pleasantly provided for by the majority of the Hospital Boards, and by the State Maternity Hospitals, and have available the same quality of attendance as those who require no financial assistance. The housing shortage as a result of the recent economic depression has probably played a considerable part.

That the problem is not peculiar to New Zealand is evident by the following: Investigators estimate that in Germany abortions have increased from 240,000 in 1911 to over a million in 1927, and that the deaths numbered 7,000 per annum due to the results of abortions; that in France abortions are estimated at 500,000 to 600,000, and are equal to the number of confinements; in England, Dame Louise McIlroy drew attention to the fact that in 1929 there had been a large increase in the number of abortions since the War, especially among married women; in the United States out of 672 deaths due to abortion 610 occurred among married women.

The problem of septic abortion among unmarried women is a different problem. The motive to terminate pregnancy is obvious. It is essentially a social problem as opposed to an economic one. It can safely be left in the hands of religious bodies and societies concerned in the question of giving help to unmarried mothers. There are many of these societies all of which appear to be doing most excellent work in this direction.

It is pleasing to be able to note that the National Council of Women is giving special attention to the whole problem of septic abortion, and it is hardy necessary to assure that