hospital observation, but some definite indication of the frequency is given by the statistics obtained from various hospitals and practices.

In one urban district, for instance, in which the total live births for a two-year period were 4,000, the number of cases of abortion treated in the public hospital alone was 400.

When to this number were added the cases treated in the various private hospitals, those attended by doctors in the patients' homes, and those not medically attended at all, it was computed that a total of 1,000 abortions was a conservative figure. In other words, roughly twenty pregnancies in every 100 terminated in abortion.

Looked at from a somewhat different angle, figures were presented from one hospital showing that in a group of 568 unselected women of child-bearing age, there were 549 abortions in 2,301 pregnancies, or 23 per hundred.

How do these Cases originate?

It must be explained that a certain number of cases of abortion occur perfectly innocently as the result of some condition of ill health, or, occasionally, as the result of accident. These *spontaneous* cases constitute an entirely medical problem.

All other cases are artificially produced or *induced*.

A very small number of these are honourably performed by medical practitioners when the mother's life is seriously endangered.

This procedure is termed "*Therapeutic induction of abortion.*"

Certain important questions in relation to therapeutic abortion will be discussed at a later stage in this report.

The remainder of the induced cases are unlawfully produced by the person herself or by some other person—*criminal abortion*.

The Committee received much evidence regarding the methods used in the attempt to procure abortion.

In the first instance it was shown that the use of so-called abortifacient drugs was extensively practised and was usually a first resort.

Little need be said about the matter at this stage except to state that the New Zealand evidence entirely supports the opinions expressed elsewhere that drug-taking is rarely effective.

Those tempted to use these drugs should realize the futility of the practice for the purpose intended and the frequency with which disturbances of health are caused by taking them.

Their only value is as a lucrative source of gain to those people who, knowing their inefficacy, yet exploit the distress of certain women by selling them.

It is perfectly clear that the real menace is the instrumentally produced abortion, either self-induced by the person herself or the result of an illegal operation performed by some outside person.

These abortionists include a few unprincipled doctors and chemists, a few women with varying degrees of nursing training, and a number of unskilled people.

It was a matter of considerable importance for the Committee to attempt to determine first the extent to which spontaneous abortions contribute to the total figures: the prevalence of unlawful abortion could then be better realized.

Here again it was found exceedingly difficult to obtain exact figures, but the evidence suggests that probably less than seven pregnancies in every 100 terminate in spontaneous abortion.

Taking the records of one group of 1,095 women where the incentives to interference were probably at a minimum, it was found that out of a total of 2,180 pregnancies only 152, or 6·97 per cent., terminated in abortion, while in a series of 5,337 pregnancies in patients taken from the records of St. Helens Hospitals, 6 per cent. terminated in abortion.

Even assuming that *all* these were spontaneous (which was probably not the case), the incidence is approximately 6 per cent. to 7 per cent.

If, then, the total abortion rate is 20 per 100, it is clear that the incidence of criminal abortion is at least 13 in every 100 pregnancies.

The Committee believes that this figure can be accepted as a conservative estimate of the prevalence of unlawful abortion in New Zealand.