

In the larger urban areas the position is even more unfortunate, as the following instance will indicate:—

*Maternal Mortality in Urban Areas for the Five-year Period, 1930–34.*

Urban Area.	Live Births.	Total Maternal Deaths.	Maternal Death-rate per 1,000 Live Births.	Maternal Deaths excluding Septic Abortion.	Maternal Death-rate per 1,000 Live Births excluding Septic Abortion.	Deaths from Septic Abortion.	Death-rate from Septic Abortion per 1,000 Live Births.
Auckland ..	14,290	81	5·67	55	3·85	26	1·82
Wellington ..	11,690	61	5·22	32	2·74	29	2·48
Christchurch ..	9,599	51	5·31	29	3·02	22	2·29
Dunedin ..	5,960	24	4·03	17	2·96	7	1·17
Total, four urban areas	41,539	217	5·22	133	3·20	84	2·02
Total, remainder of Dominion	58,623	273	4·66	204	3·48	69	1·18

In the case of the four urban areas deaths from septic abortion account for approximately two-fifths of the total maternal mortality.

With these cases excluded, the maternal mortality associated with child-birth proper was 3·20 per 1,000 live births.

Clearly, any comparison between different maternity services should be made on the basis of these latter figures alone.

WHAT IS THE CAUSE OF THIS HIGH INCIDENCE OF DEATHS FROM SEPTIC ABORTION.

The evidence offered to the Committee by medical witnesses indicates conclusively that sepsis, and death from sepsis particularly, is almost entirely due to illegal instrumental interference.

Spontaneous abortion, provided that proper medical care is given, rarely results in sepsis. Therapeutic abortion, done with all the safeguards of modern surgical practice, is associated with very little acute sepsis.

But criminal abortion is associated with an extremely high sepsis rate.

The reasons are not far to seek: the surreptitious nature of the operation and the lack of skill and surgical cleanliness so frequently shown by the operator make this result almost inevitable.

HAS THE PRACTICE OF ABORTION INCREASED IN RECENT YEARS ?

In so far as the deaths from septic abortion can be taken as a comparative indication of the occurrence of abortion generally—and the Committee believes this is a fair index—there seems little doubt that there has been a marked increase.

A reference to the graph already given will indicate this rise.

There is reason to hope that the fall in 1935 means an improvement in the general situation.

Professor Dawson, giving evidence regarding admissions to the Dunedin Hospital, showed that in the five-year period 1931–35 there was an increase of 23·7 per cent. in the cases of abortion as compared with the previous five-year period.

The evidence of other medical witnesses was practically unanimous on this point.

HOW DOES NEW ZEALAND COMPARE WITH OTHER COUNTRIES IN THIS MATTER ?

According to the report of the British Medical Association Committee on the Medical Aspects of Abortion (1936), the position in Great Britain would appear to be very similar to that existing in New Zealand.

In that report it is stated that the incidence of abortion is generally reckoned at from 16 per cent. to 20 per cent. of all pregnancies.