

Another obstetrical procedure which has been repeatedly shown to be fraught with the utmost danger is delivery by Cæsarean Section of a patient in whom an attempt at delivery by forceps is made prior to the operation.

Other preventable causes of sepsis during childbirth revealed by the investigation were septic foci in the attendants or patient. In one case investigated there is strong suspicion that the nurse was suffering from onychia, though it was stated that it did not occur until after the patient's death.

In another case one of the pupil nurses in the hospital had a septic condition of her toe which she was dressing herself, and did not report, and in another the medical attendant conducted a forceps delivery and manual removal of the placenta without gloves. Two cases occurred in the same hospital within a few days of one another, and the first patient confined was herself suffering from a septic condition of the fingers.

There can be little doubt that such conditions as the above, together with inefficient asepsis due to faulty sterilization, faulty handling of sterilized articles, and the use of inefficient antiseptics, are the causes of the majority of septic cases. Unfortunately, in any particular case it is often impossible to prove this. Nevertheless, careful inquiry, though often failing to prove it, confirms the suspicions, and the inquiry itself has a very considerable influence in teaching those possibly guilty of negligence of the need of meticulous care. Where proof is obtainable suitable action is taken.

SEPTIC ABORTION.

The septic-abortion rate has again risen, and reveals the fact that the artificial termination of pregnancy is still extensively practised. It is to be hoped that the activities of religious bodies and women's organizations whose interest was aroused by the report on septic abortion by the Committee set up by the Minister of Health will, together with social legislation, effect a reduction in this practice.

CÆSAREAN SECTION.

Reports of 157 cases of Cæsarean Section are summarized in Table VI.

The reports show that 0.59 per 1,000 patients were delivered by this method, as compared with 0.64, 0.59, 0.53, and 0.44 in the years 1936, 1935, 1934, and 1933, respectively.

The case-mortality rate of mothers was 7.64 per cent., and for infants 21.65 per cent.

It is impossible to draw any conclusions as to the benefit of this method, as compared with other methods of delivery, from these figures. It is hoped, however, that the information will be of use to obstetricians, and I would again point out the fact that the use of forceps prior to Cæsarean Section creates a very great danger of sepsis, and in such cases, other methods, if possible, should be adopted.

Table VI.

Group.	Reason given for Operation and Parity.	Number of Cases.	Number of Deaths.		Cause of Deaths of Mothers, and Notes on Special Cases.
			Infants.	Mothers.	
I	Contracted pelvis—				
	1 para	19	..	2	One syncope, one paralytic ileus.
	2 para	17	..	..	..
	3 para	8	1	..	..
	4 para	1	..	1	Acute dilatation of stomach.
	5 para	2	2	..	..
	Not stated	5	..	..	..
	Total	52	3	3	
II	Obstructed labour—				
	1 para	34	3	3	All deaths due to septicæmia—one failed forceps: one failed surgical induction; one protracted labour, three to four weeks overdue.
	2 para	4	..	..	..
	3 para	3	1	1	Ruptured uterus; failed forceps (Maori).
	4 para	2	1	..	..
	5 para	4	..	..	..
	Not stated	1	..	..	..
	Total	48	5	4	..