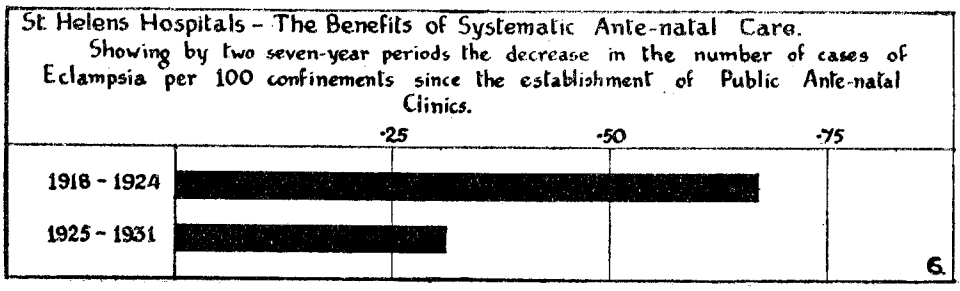
Nevertheless the following table and graph shows that in the group of St. Helens Hospitals beneficial results have been obtained; the incidence of eclampsia per one hundred confinements has been reduced by 56 per cent. in the first seven years and by 50 per cent. over the period of twelve years:—

Period.	Total Confinements.	Eclampsia.	
		Number.	Rate per 100 Confinements.
1918–1924	10,264	70	0·68
1925–1931	16,020	49	0·31
1932–1936	10,266	40	0·39



It is not to be doubted that if records over the same period could be obtained from other obstetric hospitals in which equal care and attention is given to this branch of obstetrics similar good results could be shown.

These results clearly demonstrate that though the causes of eclampsia remain hidden, its incidence can be materially diminished by careful and skilful ante-natal attention and treatment, and it can be expected that as further knowledge is gained of the causes of this condition, further improvements will follow.

The important lesson which has been learnt by experience is that ante-natal supervision, to be really efficient, requires very frequent examinations by well-qualified observers especially in the later stages of pregnancy. Certain dangerous complications arise so insidiously that occasional and incomplete examinations at long intervals are entirely insufficient. Admittedly these troubles occur in only a small proportion of cases, but the detection of the few requires the frequent examination of the many. Cumbersome as this system may possibly seem, and exacting as it certainly is, there is no adequate alternative.

Recommendations.

The Committee is satisfied from the medical evidence that those aspects of ante-natal supervision which are essentially medical should as far as possible be the duty of the doctor engaged to attend the case, and that in private practice the best service is given where the doctor himself undertakes the sole responsibility for this work. In endorsing this principle the Committee would point out the great responsibility which rests on all those undertaking midwifery practice to see that the very full service which experience has shown to be essential is given in all cases.

It seems clear that, although much good work has been done by them in the past, the functions of those ante-natal clinics not attached to hospitals will, in the future, be best limited to the less medical aspects of ante-natal supervision such as mothercraft instruction.

In all public maternity hospitals the ante-natal clinic has proved to be an essential department, and it is recognized that the work of many of the New Zealand clinics is admirable. It is recommended that the standard of practice in such clinics should be followed generally. Here again, while certain duties can quite satisfactorily be delegated to the nursing staff, the more medical features of the ante-natal supervision should be the direct responsibility of the medical officers.

The Committee is impressed with the value of the ante-natal service rendered by district nurses, and recommends that such service be further developed and extended in districts where the size and scattered nature of the population require it.

While in no way belittling the importance of pain-relieving drugs in labour, a subject which is dealt with in another section of the report, the Committee would urge on all who have the care of pregnant and parturient women the even greater importance of wider study into the physiology of pregnancy and labour with a view to achieving painless labour by more natural methods.

Recognizing the value and importance of post-natal examination and treatment the Committee recommends more extensive and complete development of this service by the medical profession.