3·96, as compared with 7·64 for 1937, and that for infants was 14·85, as compared with 21·65 for 1937. I am not attempting to draw any conclusions from these figures as to the benefit of this method as compared with others, but it is hoped that the information will be of use to obstetricians.

Table V.

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	34	2	1	Syncope.
	2 para	18	1	..	
	3 para	8	..	..	One followed failed forceps.
	5 para	1	..	..	
	Not stated	1	..	..	
	Total	62	3	1	
II	Obstructed labour—				
	1 para	46	2	2	Both deaths due to septicæmia.
	2 para	13	..	..	
	3 para	6	1	..	Post-operative shock; failed forceps.
	4 para	1	1	1	
	5 para	1	..	..	
	6 para	1	1	1	Ruptured uterus after twenty-four hours or more in labour.
	7 para	1	1	1	Ruptured uterus (Maori); labour, three days, conducted Native fashion.
	10 para	2	1	..	
	Total	71	7	5	

Of the above 133 cases, five followed failed forceps of whom one died, three had rupture of uterus of whom two died.

III	Placenta prævia—				
	1 para	13	3	2	One pulmonary embolism; one hæmorrhage.
	2 para	7	1	..	
	3 para	2	..	..	
	4 para	3	1	..	
	5 para	1	..	..	
	6 para	2	1	..	
	8 para	2	..	..	
	Not stated	6	3	..	
	Total	36	9	2	
IV	Accidental hæmorrhage—				
	1 para	3	2	..	
	4 para	1	2	..	
	9 para	1	1	..	
	12 para	1	..	..	
	Not stated	1	1	..	
	Total	7	6	..	
V	Eclampsia—				
	1 para	6	1	..	
	6 para	1	..	..	
	Total	7	1	..	