

Comparison of our maternal-death rates for eclampsia with those of England and Wales, Holland, Canada, and Australia, shows that much requires to be done if the rate is to be brought down to anywhere near the levels of the older countries. Recent records from certain hospitals and clinics show what can be done to control this condition granted the necessary surrounding circumstances. I need only quote two instances—the East London Maternity Hospital at Poplar, E.C., under Dr. Oxley, and the Louise Margaret Hospital, Aldershot, under Dr. Major Moss. Records of the work there show that in the first-mentioned hospital ten thousand consecutive cases passed through the hospital and out-patient department, including the ante-natal clinic, and that none died from toxæmia or eclampsia, and only one case of eclampsia occurred, and that in a patient who had failed to attend the ante-natal clinic. In the latter hospital two thousand consecutive cases occurred without a death from this cause. To obtain results anywhere approaching this degree of perfection for the whole of New Zealand with its scattered population will probably take many years. I attribute the lack of tangible results to several facts, the main cause being the lack of knowledge among the women who are themselves concerned of the advantages to be gained in well-being and safety to themselves by systematic and skilled ante-natal care. The remedy for this cause of failure appears to be to enlist to a still further degree the active co-operation of the various societies which exist to promote the welfare of women. These societies have already given considerable assistance, and I am sure be willing to extend that assistance. Another cause of failure in my opinion is a lack of fullest possible co-operation between the midwives and nurses conducting the ante-natal clinics that already exist and the medical practitioners of the district. Such co-operation is an absolute essential to success. Nurses and midwives well trained in ante-natal care can do a great deal of the necessary work. It is, however, essential that their work shall be supplemented by the general and special knowledge of the medical practitioner who will attend and must be responsible for his patient's welfare, and, if possible, by the obstetrical specialist, who should be available to him where special skill and experience is necessary. The special training of midwives and nurses in ante-natal work is proceeding as rapidly as possible in our midwives and maternity nurses' training schools, many of which have well organized and efficient ante-natal clinics attached to them. On the other hand, a considerable number have still much to achieve before these necessary training facilities are provided. A necessary precursor to the establishment of a clinic in connection with any maternity hospital is the education of those who should attend it to an appreciation of its benefits to themselves. Where clinics have been established in connection with maternity hospitals they have proved popular and undoubtedly of great local benefit. Unfortunately, the numbers have not been sufficient to effect the total results of eclampsia for New Zealand. I would repeat and emphasize the fact that the keynote to success in reducing our maternal-death rate from eclampsia is education of wives and husbands to the necessity and benefits of systematic ante-natal care.

I thank the many members of the medical and nursing profession with whom my official duties bring me in contact for their courteous and helpful co-operation, and express the hope that it may continue and result in solving the many problems that require consideration for the promotion of a higher degree of maternal welfare.