The spontaneous-abortion rate is suggested as probably about 5 per cent. of all pregnancies.

The evidence set before that Committee suggested that there has been an increase in criminal abortion in the last decade.

In England and Wales 13.4 per cent. of the total maternal deaths were due to abortion.

That Committee concludes that "illegal instrumentation contributes to an overwhelming degree to the mortality from abortion."

One of the most interesting investigations into this aspect of the subject is reported by Parish* in a study of 1,000 cases of abortion treated as in-patients in St. Giles's Hospital, Camberwell, during the years 1930 to 1934.

In 374 of these cases where instrumentation was admitted the febrile rate was 88·2 per cent., and the death-rate 3·7 per cent., while in 246 cases with no history of interference and presumably spontaneous the febrile rate was 5·7 per cent. and the mortality rate nil.

The following table compiled by the Government Statistician shows New Zealand's position in comparison with eleven other countries:—

Puerperal Mortality per 1,000 Live Births in Eleven Countries, 1934.

		Puerperal Sepsis following Child-birth.	Total Puerperal Mortality	
Country.	Septic Abortion.		Including Septic Abortion.	Excluding Septic Abortion.
Norway	0.47	0.57	$2 \cdot 75$	2.28
Netherlands	0.30	0.73	$3 \cdot 20$	2.90
New Zealand	1.73	0.70	$4 \cdot 85$	$3 \cdot 12$
Switzerland	0.73	0.82	4.58	3.85
England and Wales	0.49	1.53	$4 \cdot 60$	$4 \cdot 11$
Australia	1.45	0.90	$5 \cdot 76$	4.31
Irish Free State	0.07	$1 \cdot 73$	$4 \cdot 68$	4.61
Canada	0.58	$1 \cdot 23$	$5 \cdot 26$	4.68
United States of America	$1 \cdot 02$	1.30	$5 \cdot 93$	4.91
Union of South Africa	0.67	$2 \cdot 03$	5.99	$5 \cdot 32$
Scotland	0.38	2.30	$6 \cdot 20$	5.82
Northern Ireland	0.32	1.85	$6 \cdot 27$	5.95

PART II.—THE UNDERLYING CAUSES OF ABORTION IN NEW ZEALAND.

As seen by the Committee, the reasons which lead to a resort to abortion may be set out under the following broad headings:—

- (1) Economic and domestic hardship.
- (2) Fear of labour and its sequelæ.
- (3) Pregnancy in the unmarried.
- (4) Changes in social outlook.
- (5) Ignorance of effective methods of contraception and of the dangers of abortion.
- (6) Influence of advertising.

(1) ECONOMIC AND DOMESTIC HARDSHIP.

(a) Poverty.—Cases arise where the parents are on the bread-line and have no means of supporting a child, but the Committee is of opinion that such extreme poverty is rare in New Zealand.

More common are the cases in which income is sufficient for a small family but a larger one would constitute hardship, or, alternatively, in which income is sufficient to support several small children but not to provide education, &c., in later life. The view, formerly widely accepted, that membership of a large

^{* &}quot;The Journal of Obstetrics and Gynæcology of the British Empire," December, 1935, p. 1107.
T. M. Parish.