mal to the normal, and thus should limit the appearance of an acute obstetrical emergency necessitating some hasty, drastic treatment.

Very briefly may be mentioned the most important conditions which should be sought for are:—Disproportion, pelvic deformity, malpresentations and malpositions, toxæmias of pregnancy, constitutional complications of pregnancy (especially chronic nephritis), cardiac and pulmonary disease, and venereal disease.

Limiting the further remarks to the constitutional disorders, I would like to

a breech. This may also occur dur-

Incidentally, Fowler and Fairley showed the almost impossibility of converting a positive test itno a negative test during pregnancy. Nevertheless, efficient treatment would undoubtedly improve the prognosis both for mother and child.

The value of ante-natal care is well exemplified by the results obtained at the Melbourne Women's Hospital last year.

Number of Cases, Maternal Deaths, Fœtal Deaths (Dead Births & Neo-Natal Deaths).

Ante-natal Cases ..	1,281	2	84	6.6%
Emergency Cases ..	1,399	26	127	10%

Intra-Natal Care:

Watchful expectancy and masterly inactivity on the part of the obstetrician will bring most cases to a successful termination. Nine cases out of ten will be perfectly normal if they are only left alone. The normal case will be much better off without a doctor than with one that interferes unnecessarily. The abuse of the obstetrical forceps leaves behind a ghastly train of dead, dying and damaged infants.

This is neither the time nor the place to enter into a dissertation upon the uses and abuses of the obstetrical forceps, yet the commonest causes of difficult forceps deliveries may be mentioned:—

(a) Premature application of forceps.
(b) Faulty application of the forceps.
(c) Unrecognised disproportion.

The Prevention:

(a) Waiting until it is apparent that no further descent of the fœtal head will occur.
(b) Correct application of forceps.
(c) Ante-natal supervision.

Too often is it assumed that because a primigravida has entered the second stage of labour that she is "ready." There is only one almost safe forceps operation, i.e., the head-on-perineum operation.

Especially should two types of fœtuses be delivered without forceps if possible —the premature fœtus, and the fœtus with the abnormally soft head.

Whilst admitting that birth injuries associated with cerebal hæmorrhage do occur in normal deliveries, nevertheless it must be admitted that the majority occur with forceps and breech deliveries. The elimination of these injuries would limit to a great degree many of the neonatal disasters and the disorders and diseases of infancy.

Post-Natal Care:

Unfortunately there is a tendency amongst some obstetricians to regard their work as finished once the infant has been safely delivered, and their subsequent attentions are devoted to the mothers whilst the infants are left to the tender mercies of the nurses.

The causes of death during the postnatal period are mainly obstetrical—this period marks the commencement of various nutritional disorders which may cause many months of disease and disorder in infancy and childhood.

The importance of breast feeding simply cannot be over-estimated. In many infants—after an exhausting and difficult labour—the sucking reflex may be weak owing to some slight cerebral hæmorrhage in œdema. Unfortunately, in many cases it is assumed that the breast secretion is at fault and the infant is promptly put on to some artificial food, whereas, with the exercise of some patience, this difficulty would be overcome.

Here also must be deprecated the indiscriminate giving of castor oil, brandy, artificial foods during the first week of the infant's life.

A few of the commoner neo-natal disorders may be mentioned. The immense death rate in premature infants calls for some comment. Undoubtedly the slender chance of survival in many of these infants is lost in the first five minutes subsequent to their birth. They are allowed