During the year 1934, 1,531 patients were admitted to the Maternity Department, and of these 1,327 were delivered. These figures show an increase of nearly 200 cases over last year's record figures. There were 836 attendances on the district and 692 patients were delivered. The hospital was thus responsible for 2,367 cases and 2,019 deliveries during the year.

There were 7,842 attendances at the Out-Patient Department, again showing an increase over last year.

The percentage of primiparæ and of abnormal cases delivered in the hospital was again high. The youngest patient delivered was 13 years and three months—she had a normal delivery the baby weighing 6lbs. Two other patients who had normal deliveries were under 15 years. Most of the abnormal cases were emergency admissions and had not received pre-natal care.

**Forceps Delivery.**—The rate was higher than last year, due principally to the marked increase in the number of cases of uterine inertia. Many of these cases were admitted after prolonged labour outside.

**Persistent Occipito Posterior.**—This table also shows an increase. There were 28 cases of this condition with eight forceps deliveries without fetal death. There were two fetal deaths among the spontaneous deliveries, one being complicated by accidental hemorrhage.

**Breech Presentation.**—40 cases were delivered during the year, showing a marked diminution on last year's figure. This decrease may be accounted for by the increased number of cases in which external cephalic version was performed during the last weeks of pregnancy. There was only one fetal death in an uncomplicated breech delivery.

**Prolapse of Cord.**—There were 13 cases, being two more than last year. Eight of these infants were delivered alive. The remaining five were already dead on admission.

**Disproportion.**—There were 55 cases. Fifteen had spontaneous deliveries, one being a breech presentation. Fifteen were induced, two of these requiring forceps delivery. Eleven others had forceps deliveries. Thirteen required Cesarean Section, and one, craniotomy.

**Ante-Partum Haemorrhage.**—Thirty-nine cases are recorded being an increase of 2 over last year.
Twenty-five were accidental with 8 foetal deaths. Three of these foetal deaths were in toxic cases and one in a case of hydramnios. There was one maternal death undelivered.

Fourteen were due to placenta previa with 6 foetal and one maternal death. Many of these cases were admitted in very bad condition, and vaginal tamponade was frequently found necessary. Only one case became morbid. The maternal death was a very complicated case. She was delivered by Cæsarean Section and ran a normal course for nearly two weeks. (See Mortality Table).

**Induction of Labour.**—Forty-four cases were successfully induced for a variety of reasons. Only one fresh fetus was stillborn, the mother in this case being toxic. There was only one case morbid, she had advanced cardiac disease and phthisis and died from heart failure six days after delivery. The treatment of patients under this heading was very successful.

**Cæsarean Section.**—Eighteen cases at term and one minor Cæsarean. This figure shows a decrease on last year. Nine were repeat cases. One patient who was allowed a trial in labour following a previous section (see Table) developed a subperitoneal rupture of her uterus without symptoms. The rupture was anticipated and recognised in time to perform Cæsarean Section and save the infant. This patient had an uneventful recovery. There were two maternal deaths and one other patient was morbid. One of these deaths has already been mentioned under placenta previa. The other death occurred in case 1259 who had disproportion and a fibroid uterus. She showed signs of infection immediately after delivery and later developed a retrocecal appendicular abscess. She died 50 days after the operation.

**Uterine Inertia.**—There was a marked increase in the incidence of this condition, and only the outstanding cases are included in the table. Many of these cases were in labour for a prolonged period before admission.

One patient was admitted from the country having been in labour for 30 hours. The foetal heart sounds could not be heard. An ovarian tumour was felt in Douglas’ pouch and the head was free above the brim. The tumour was pushed upwards above the pelvic brim, and the head then entered the pelvis and a stillborn infant was spontaneously delivered 24 hours later. The puerperium was normal and the tumour (dermoid of left ovary) was removed 18 days later.

**Eclampsia.**—There were seven cases, being two less than last year. With one exception the symptoms were not severe, and there was no maternal, and only one foetal, death. All responded well to treatment.

**Hyperemesis Gravidarum.**—One of the outstanding features of the year’s work was the great increase in the number of cases of this condition. There were 18 such cases and many of a very severe type. There was one death. 1238 was admitted when about eight weeks’ pregnant. She had been receiving treatment for four weeks elsewhere and had disimproved rapidly. She frequently refused treatment and made no effort to co-operate.