

calculated that there occur about 19,000 stillbirths every year in England and Wales; but this is only an estimate, and the reality may be very much worse. At any rate, it is necessary to know, and for this purpose a means of registration or notification must be devised.

In the second place inquiries should be made into local conditions, and especially into the sale of abortifacient drugs, where the stillbirth-rate is found to be high; and some sort of check should be put upon the present facilities for the obtaining of medicines and nostrums for the procuring of miscarriages.

In the third place the medical profession, as a whole, should take a much more active part in the supervision of pregnancies. The medical practitioner should endeavour to get into touch with the expectant mothers in his or her practice to a much greater extent and at a much earlier date in gestation than is done now. He should be ready to give advice regarding the early but often very troublesome disabilities and discomforts of pregnancy, and he should try to relieve all suffering so arising to the best of his ability. If he do this, patients will not be long in finding him out and in coming to him for help.

In the fourth place there should be supervision of the pregnancies of the poor as well as of the middle and upper classes. All maternity hospitals should be furnished with pre-maternity or pregnancy wards for the reception of patients, married or unmarried, who are suffering from one or other of the diseases of the pregnant state. Nearly fourteen years' experience of such a ward in the Edinburgh Royal Maternity Hospital has convinced me of its great value.

In the fifth place, whilst fully acknowledging the great good which has come from the maternity benefit under the National Insurance Act (and the good will become more apparent and the inconveniences less marked as time goes on), I would point out that help, financial or otherwise, is often as sorely needed before as after the birth of the child. Indeed, rest before labour is, in my opinion, sometimes more essential than it is after it; and it has been proved that from the standpoint of ante-natal development and growth the release of the mother from the necessity of working for her daily bread just before her confinement greatly aids the unborn infant as well as the mother herself. It is a matter worthy of consideration whether, under the Insurance Act and utilizing the machinery of that measure, it would not be possible to lead expectant mothers to give notice of their pregnancies at early dates. This would give us a sort of voluntary registration of pregnancies, and consequently an indication of the number of them that come to nothing. Perhaps women would be led to do this if a more substantial maternity benefit were given to those mothers who made the announcement; with the establishment of large pregnancy departments in existing maternity hospitals it would be possible also to give to these women rest and treatment before their confinements.

A MORNING IN THE OUT-PATIENT DEPARTMENT OF A MATERNITY HOSPITAL.

Scene: The out-patients' department. White walls, washable floor, three couches, plenty of screens, sinks, bowls of disinfectant, a blackboard.

Time: A grey Monday morning, 9 a.m.

Sister, very alert and business-like, clean as a new pin. Two pupil midwives ditto. The patients come in one by one.

Enter first.

Sister: "Good morning (looking at the card), Mrs. Brown. Do you want to come into hospital when baby arrives?"

Mrs. Brown: "Please, nurse, my husband's a sailor, and I'm all alone, and as this is my first, my landlady said I'd best be in here. She's been here five times, and says it's all right." Here Mrs. Brown attempts to give her landlady's obstetric history. Sister cuts her short, and, armed with a long note-scheme, proceeds to take Mrs. Brown's, firing questions first at her and then at the pupil midwife.

Mrs. Brown looks a bright, happy little mother-in-the-making. Her clothes are clean and neat, but she obviously dreads the ordeal. She finds, however, Sister is interested in "the" event, and grows communicative. "I do hope, Sister (she has caught that from nurse) it will be a boy, but he wants a girl." Sister (laughingly): "Well, little mother, it is more likely to be a boy than a girl. Nurse, why's that?" Nurse finds this an abstruse problem, until Sister explains that more boys are born than girls!

Mrs. Brown finds everything very strange. She is measured and examined carefully by Sister, who teaches the pupil the weirdest long names, and talks *inter alia* about V2. At this Mrs. Brown pricks up her ears. "Oh, nurse, don't say it's twins." Sister: "No, no, mother. That's only for nurse, to describe how baby is curled up inside. You'll only have one blue-eyed youngster, as lively as a cricket."

Mrs. Brown (relieved, and thinking Sister very wonderful): "Oh, that's a comfort, but you see, Sister, two of my family have had twins, and my mother had three, and got the King's Bounty."

Sister: "No such luck for you this time, Mrs. Brown, but I can't promise about next time."

Mrs. Brown: "Once I get over this I'll watch it there'll be no next time."

Sister: "Ah, I've heard that tale before."

Here follow directions, advice, and a scolding for wearing garters.

Enter Second. Burly woman, about fourteen stone, inclined to puff and blow, evidently an old hand. Sister knows her face, and Mrs. Smith knows Sister, and begins to tell her about Tommy, who arrived in the hospital two years back. "You remember 'im, don't you, Sister. John

[previous page](#)

[next page](#)