

officered by first an obstetric expert, who is also a pathologist; secondly, a pathological expert, with practical knowledge both of bacteriology and pathological histology; and thirdly, if possible, an expert in physiological and pathological chemistry.

The investigation must not only be pathological, but to increase its usefulness and to round off the knowledge obtained, clinical observation must be added. Thus, if spirochaetes are discovered in a macerated fetus, the case would not be complete unless the history of both parents were inquired into, and the appropriate treatment adopted in view both of the parents' health and that of subsequent children.

In conclusion, I would urge obstetricians to look upon research into ante-natal pathology as only one of the methods which must be advocated in order to deal with statistics, and with the supply of material for research, and for help in the diagnosis, prophylaxis, and treatment of ante-natal diseases, for without such associated methods any large reduction of the ante-natal death-rate is impossible. I allude especially to:

1. *Compulsory registration of stillbirths*, with a medical certificate of the probable cause of death. This certificate should be secret so far as the causes of death are concerned, if desired by the doctor.

2. *Compulsory notification of stillbirths* to the medical officer of health, with a secret certificate of the cause of death. This would make it easy for the parents to be treated if necessary.

3. *Compulsory notification* to the medical officer of health of every abortion of a formed fetus and of every stillbirth within thirty-six hours of birth, or within twelve hours if the mother is not attended by a medical practitioner. The medical officer of health should issue instructions that all products of conception should be sent to his laboratory for examination there or at a city centre.

4. Arrangements by which every poor woman can have medical supervision during pregnancy. Pregnant women who are themselves insured under the National Insurance Act are entitled to a "Pregnancy sickness benefit," if certified to be incapable of work, and also to a "Maternity benefit" after parturition. Such women, therefore, should be encouraged to voluntarily notify their pregnancy to their panel doctor or midwife. If to the latter, the midwife should notify the medical officer of health, and these voluntary notifications would enable the potential mother to be medically supervised by the panel doctor or by the medical officer of health's representative. Medical supervision of pregnant women would be made easy if the administration of maternity benefit and pregnancy sickness benefit were transferred from the approved societies to the local health authorities.

5. As advocated by Dr. Ballantyne in 1891, prematernity wards in large towns, and reserved beds in cottage hospitals in rural districts, should be provided where pregnant women can receive medical treatment.

THE RIGHT OF THE CHILD TO BE WELL BORN.

Dr. Burnett Ham, D.P.H., in an address delivered at the Nursing and Midwifery Conference at the Royal Horticultural Hall, S.W., on "The Eugenic Consideration of Venereal Diseases" on Wednesday afternoon said in part:—

"The question of the true relation and duties of the State to venereal disease is a debatable one. But there are certain permanent facts connected with these diseases a knowledge of which is necessary to any consideration of the subject with a view to official or preventive measures. The first of these facts is the universality of venereal diseases. The second fact is that ignorance on the subject of these diseases has been responsible for much of the prevalence and the mortality. The lay mind does not fully understand that in its horrible and widespread loathsomeness syphilis often exercises its fatal power silently and secretly, and, therefore, deadly, because of its very insidiousness; that 'it may respect neither virtue, nor purity, nor innocence—which are alike defenceless against its indiscriminating and corrupting influence': that the protean and ever-changing forms of syphilis are numerous and often elude detection even by the medical eye.

"The lay mind is also apparently ignorant of the fact that gonorrhoea is *not* a slight disease of little or no consequence, but that gonorrhoea is the most potent cause of sterility in women and the most common cause of blindness in children. It should be understood, too, that the greatest importance is attached by medical science to the early diagnosis and the early treatment of both syphilis and gonorrhoea: that in this early treatment the greatest safeguard of the sufferer lies; that venereal disease is eminently curable provided that early and energetic treatment be adopted, and that both syphilis and gonorrhoea are dangerous diseases when the treatment is inadequate or half-heartedly pursued.

"Ignorance, then, is largely the root of the evil. Once upon a time, it is said, Ignorance married Fear. But there weren't any children, as Ignorance was impotent and Fear sterile. Both Ignorance and Fear are factors of importance in the psychologic consideration of these diseases."

"The subjective value of Fear in the avoidance of dangers arising out of venereal disease may be considered both as a prophylactic and a curative agency. 'The fear of consequences' is a personal measure of safety. 'The fear of syphilis and gonorrhoea is the beginning of Wisdom.' One of the most important resolutions passed by the Second International Congress on Syphilis at Berlin read: 'The public must be taught that instead of being ashamed of these diseases, and not fearing them, it must not be ashamed of, but fear them.'

"But with Ignorance and Fear there has always been associated another fit companion, viz., Prudery.

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