MATERNITY IN ITS SOCIOLOGICAL ASPECTS *

BY

SIR HENRY BRACKENBURY, M.D., LL.D.

It is my design to speak to you on the subject of maternity, and to consider it from the sociological standpoint, not at all from the clinical, except incidentally. In doing this I find it convenient to divide our consideration under three headings: maternity and population; selective maternity; and the social conduct of maternity.

Maternity and the Population

The population of Great Britain, as ascertained by the last census, was 44,790,485. Every one of these persons had a mother. It is true that each of them had also a father, but this is a matter of much less importance as regards both quantity and quality. Each of us, at any given moment, is an end-result of heredity and environment. As regards the former, indeed, father and mother have an equal share; but heredity, as a cause, is complete at the moment of fertilization, whereas from that moment environment begins to act. Throughout the first nine months of the most rapid and potent development of the human individual the mother is the complete environment; during the subsequent five or six years at least it is, in general, she who exercises the predominant influence. As a rule it is only after this formative period, when the essential features of the personality, both bodily and psychical, have become relatively fixed, that the environmental influence of the father, and of others, begins to tell. In certain calculations with regard to numbers also we may in practice disregard the father almost entirely.

We cannot tell accurately what the population of Great Britain will be when the next census is taken in 1941. It is safe to assume that the numbers will be higher than those of 1931, but it is equally safe to suppose that they will have passed their peak and be on the down grade. If the number of births and deaths, of immigrants and emigrants, for any given period were exactly known it would, assuming the previous census figures to be accurate, be easy to calculate the population at the end of that period. These numbers, however, are not exactly known, but they can be approximately estimated year by year for a few years. Such approximations are useful for several purposes, but the longer the period the greater is the margin of error, and to use this method of calculation over decades or generations is futile. An altogether different method is required if we are to gauge the numerical tendency of a population over such considerable periods of time.

The birth rate and the death rate, as usually stated, are the number of births and deaths respectively per 1,000 of the population in a given year. The fertility rate is the number of births per 1,000 wives of child-bearing age. These are crude figures, and for most purposes they require to be corrected or standardized. For the purpose of describing the fertility trend of a large population both illegitimate births and male births may safely be ignored. The significant criterion is the numerical relation between mothers and daughters generation by generation. This can be calculated without further correction from the fertility rates prevailing over a relatively short period of time, say, not more than five years; thus what is called the "gross reproduction rate" is found. This is defined as the number of girl children likely to be born to a woman passing through the whole child-bearing period—a useful and significant figure. Clearly, if it is below unity the population is bound to diminish, even if the risk of death be reduced. In Great Britain this rate is now a little below unity.

It is at once evident, however, that further allowances have to be made. Not every girl born survives to the age of 15 years, which may be taken as the minimum age of maternity in this country. Not every girl of 15 years survives to the age of 50 years, which may similarly be taken as the maximum age. Not every woman between those ages marries or becomes a mother. The death rates below 15 years of age and for every year from 15 to 49 are known; the marriage rate and the age at marriage are also known. From these data the average number of female children that will be born to every newly born girl can be ascertained, and this is known as the "net reproduction rate." In effect it represents the number of mothers in one generation as compared with the number of mothers in the preceding generation. A net reproduction rate of unity means that every mother will be replaced by another mother and no more. Throughout almost every part of Western civilization the rate now is probably well below unity; exceptions may be Russia, outside the two or three largest towns, and Italy as a temporary phenomenon. In Great Britain it is said to be between 0.7 and 0.75. This is the lowest, or among the lowest, of all national rates, and it is tending still to fall.

Special Considerations

Certain explanations or provisos should accompany this simple statement. As has been pointed out, in these figures we are not dealing with the whole population but with the female reproductive group only. Moreover, we are seeking to discover a tendency and the velocity of a tendency rather than a number. To this end we are assuming the constant continuance of the recent fertility and mortality rates. The effect depends also upon a stable age distribution of the population having first been reached. The scale of the relative proportions within a population of those below 15 years of age, those between 15 and 50 years, and those over 50 years is a very important matter; we are now witnessing great changes in this respect. Our population has been growing definitely older; the proportion of children under 15 years of age is becoming rapidly less. It has been calculated that it requires about two generations from the beginning of a definite fall in the birth rate for such a stable age composition to be reached. Such a fall began in Great Britain certainly not later than 1871. We may therefore make our calculations with some assurance, in the knowledge that the net reproduction rate represents a high degree of approximation to the rate of growth to which our recent population is tending.

If this rate remains as at present and the other relevant factors do not change, the population will be reduced by more than one-quarter in each succeeding generation. In thirty years it would be about 33,000,000; by the year 2000 it would be less than 25,000,000; in the year 2100 it would reach some 10,000,000, about the population of Greater London to-day. If the present tendency for the net reproduction rate to fall continues, the numbers would, of course, be reduced even more catastrophically than indicated, and we have no reason to believe that the decline, or the acceleration in the rate of decline, will stop at any fixed point unless we can also demonstrate the likelihood of the responsible factors changing at that point.

It is no part of my business to point out to you the dire consequences, national and international, economic and social, of such a state of things; nor do you need such a demonstration; but surely no further proof is required of the necessity of a profound change, both individual and national, in our attitude towards maternity. Taking a wide view of the world's history, it is likely that a very slowly increasing population should be regarded as the normal condition. The nineteenth century in industrial England and elsewhere was exceptional. At present the facts show that in Great Britain, even in order to maintain a stationary level of population, each married woman should have at least three children. Since, perhaps, one marriage in six is sterile, this means that in many families there should

*An address to the York Medical Society, at the inaugural meeting of the new session, October 7th, 1936.

be four or five children. A widespread propaganda tending to diminish births is the opposite of what is required.

Fallacies in the Birth Control Campaign

Nevertheless there is a considerable body of members of the medical profession, as well as larger numbers of well-meaning persons outside it, who consider it their duty actively to encourage and conduct a campaign of such a kind. A few of them are genuine scientific inquirers who regard themselves as taking part in valuable experiments, and are prepared to form, or to change, their opinions according to the results apparently obtained. Some of them are eminent persons, much respected within the profession and of great influence with the public, who have prematurely formed definite opinions upon premisses which are not wholly true, or without giving due weight to all relevant factors. In expounding the subject, even to audiences such as this, they simplify complicated matters so much that their presentation becomes a false one, or fall into elementary errors so that they mislead a public which, though often prejudiced in one direction or another, genuinely desires to be informed. Others are mere zealots who, having espoused a cause, never revise the foundation of their belief, let their emotions have free vent, and confound reason, even though their discussion, based on emotion, may assume a pseudo-scientific guise.

At the bottom of all this lies, I suspect, the fact that for several generations we have been taught to believe that too many people are being born; we have assumed that this will continue to be the case, and have become accustomed to a pattern of social behaviour formed on this belief. The motive usually assigned for conducting widespread propaganda in favour of restrictive or selective maternity is either tenderness for the economic status of the individual or regard for the eugenic results on posterity. Occasionally, and wisely, purely medical reasons are put in the forefront; it may be granted at once that in the aggregate there are a considerable number of cases in which the physical or psychological condition of the patient not only justifies but urgently demands advice and action directed towards temporary precaution or even permanent infertility. There are doubtless, also, a relatively small number of cases in which altogether exceptional untoward social circumstances, or the practical certainty that grave mental or physical defects will be handed on to all or most of the offspring, may in the opinion of many justify such advice or action. But it is entirely wrong, or at least very unsafe, to assume that the possession of a moderately large family must be socially or economically disadvantageous, or that unemployment varies in amount relatively to the size of the population, or that the science of genetics has yet advanced so far as to enable us to determine in more than a few cases what disadvantageous characteristics will be manifested by a particular offspring or what will be the exact requirements of such offspring in future states of society.

Nearly all our now considerable knowledge of human genetics has been the outcome of the last twenty years, but this progress has revealed in even greater measure the vast fields in this science of which we are entirely, or mainly, ignorant. It is curious, also, that people should be assumed to limit their families because they are prosperous and yet be urged—and taught—to do so because they are poor. It may yet be that the large family will be found so socially valuable as to constitute in future a superior class. Nor is it yet certain that the progressive decline in the reproduction rate is so inevitable that we must forthwith concentrate all our attention upon the elimination of the unfit, even if we know who they are going to be, from the smaller population. It may still be possible to prevent the decline.

Facts of Population Dimensions

Always admitting, and even emphasizing, the restricted, but very important, fields of action previously indicated, most of those who advocate widespread "birth control" or the extensive practice of sterilization, even if controlled

and voluntarily accepted, or the further legalization of abortion need to be reminded—though some of them should not stand in that need—of a number of facts or considerations which they forget, ignore, or fail to realize. Those to whom this propaganda is addressed should beware of them also. I will name the most important of them.

In the first place, the immediate and grave menace to this country in particular, and to Western civilization in general, is under-population, not over-population. Measures which tend to discourage the birth of normal children—even though it be at the risk of the production of some undesirables—may be socially and nationally dangerous.

Secondly, social environment is of paramount importance, and must be given much more weight. Its effects are so powerful that they easily mask those of heredity. It can produce both physical and mental characteristics which may be mistaken for inherited defects. The real requisite for general racial improvement, or for the scientific study of inherited human differences, is the improvement of environment and the removal of inequalities of environment. Only when this is effected can we expect to get extensive conclusive evidence of differential genetic equipment.

Thirdly, there is no convincing evidence that the children of the poorer classes are inherently of inferior stock. Moreover, the differences in the birth rate of the several social classes are definitely diminishing. At the beginning of this century the birth rate of "labourers" was more than three and a half times that of the wealthy; recently it has been only about one-third larger. In Stockholm complete parity has already been reached.

Fourthly, there is no excessive fertility among those of low intelligence. A careful investigation has recently been undertaken by expert workers of all the children in an extensive community. This has only just been completed as regards the relationship between the degree of intelligence and family size. Judging from this fairly large and probably representative sample it is found that, although in proportion to the increasing measured intelligence of the child the number of brothers and sisters steadily diminishes from about three and a half in the case of the lowest to one and a quarter in the case of the highest, there is no indication of any abnormally high fertility among the feeble-minded and very backward sections of the population. The conclusion is rather that persons of average and above average intelligence do not have enough children, and it may be that the deficit is in proportion to the amount by which intelligence exceeds the average. The death rate among low-grade children is higher than that among others, so that these results, combined with those of some investigations previously undertaken on somewhat different lines, do not vitiate the finding of a special committee of the British Medical Association in 1932 "that the average number of children who reach adolescence in families where one of the parents is feeble-minded does not significantly exceed that for the community as a whole."

Fifthly, mental deficiency is of multiple origin. In a considerable number of cases it is due to environmental causes, though in many of these it may be the pre-natal environment that is at fault. The common type of mongolian imbecility, for instance, appears to depend largely upon the age of the mother at the time of the pregnancy, so that it could be eradicated to a considerable extent if child-bearing were confined to the period between 20 and 30 years of age or so. Of those cases which are definitely hereditary only a very few show, in regard to their mental deficiency, the characteristics of genetic dominance. The great majority indicate dependence, not only on recessive genes, but on the coincidence of several such genes; in that case it would require the sterilization of every mentally deficient person in every generation—an impossible proposition of course—for at least 2,000 years to produce any considerable effect on the incidence of mental deficiency. This is a fair example of the very limited eugenic effect of that method of selective maternity in all similar conditions in its application to large social groups.

Sixthly, whatever justification there may be—and there is much—for the voluntary sterilization of individuals in whom there is a high degree of probability of the handing on of a grave inheritable condition to a considerable proportion of their offspring (and every one of the adjectives I have used is intended to have full weight), there can be none for the sterilization of anyone on the ground alone that he or she is likely to be an imperfect parent. Which of us would escape? Yet this is one of the grounds recognized in the report of the Departmental Committee on Sterilization—perhaps the only really grave flaw in that report.

If all these and other relevant considerations are taken into account it will be seen that, at present at all events, it may be highly undesirable as well as very difficult to attempt to control the course of fertility in any selective direction through individual action. To my mind the whole campaign has been, and is being, conducted on wrong lines and in the wrong direction. Except in a few uncommon instances the effort to prevent the breeding of the unfit, or to enhance the value and supposed well-being of children by diminishing their number is mainly futile, or at least of secondary importance. It has, in addition, undoubtedly had other social consequences which are highly deleterious among the adolescent and young adult female population, and has been one of the major causes of the marked lowering of the reproduction rate and of the prevalent fear of maternity. The effort should be directed rather towards two other objects: the intensive study of the social (and possibly biological) factors affecting declining fertility (whatever they may be), and an attempt to suggest remedies for them; and the creation of a social conscience towards maternity, especially among those sections of the community who are the more gifted in body and in mind. Obstacles to parenthood should be removed, and new incentives to maternity should be found. I hope it is not too late to begin.

Protection and Encouragement of Maternity

Maternity is thus a subject of prime importance, not only to the individual mother, but to society also. It may be the fulfilment of the highest function of a woman; it is certainly the means of supplying society's most essential need. If society ought to encourage maternity it is equally society's duty to help to make maternity as safe as possible for the mother. It may be that it is also the duty of society to relieve maternity of some of its economic burdens, but on that aspect of the matter it is not my present business to dwell. In the more immediately important sphere of health we have to inquire how society can best perform its duty.

To answer this question aright we must first try to get a true view of the situation in this country. That situation has of late been seriously falsified in the public mind—not of malice aforethought, often with the best of motives, but ignorantly or inadvertently. It seems necessary to emphasize three general propositions.

The first is that maternity is an ordinary natural process which, although it involves delicate and complex organic and biochemical changes, is in the great majority of cases carried through safely and with complete success in every respect. Departures from the normal occur in a small proportion of cases only. The second is that in Great Britain as a whole maternal mortality compares favourably with that of almost all other countries; and this is very markedly the case if we exclude three or four important areas in which that mortality is relatively high. The most important of such areas are the West Riding of Yorkshire, Lancashire, and Wales. Within these areas there are, as might be expected, some local government districts with an average low mortality, and there are a few towns outside those areas which, in curious local isolation, have a persistently high mortality rate; but throughout the rest of the country, including London, the dangers of childbirth are as small as anywhere in the world.

The third point to remember is that the statement, which has been so commonly made since a Departmental Com-

mittee said something of the sort, that half the maternal deaths in this country are preventable is without any real significance as usually understood or interpreted. It may turn out to be—I hope it is—broadly true, for that would offer great hope; but, stated dogmatically as an ascertained statistical fact, it will not survive critical examination. Based as it is upon the investigation of a number of individual maternal deaths, it has to be remembered that, however careful and thorough the inquiries may be, such investigation is in many cases necessarily very difficult and imperfect, and the inferences are correspondingly uncertain; and that, as I shall indicate, some factors of undoubted importance which may have influenced the event have been left out of account altogether, attention having been directed solely to errors in the actual conduct of childbirth. Further, even if it be a fact that some significant error of judgement in the conduct of the case can be found by investigation after the event in approximately half the confinements which result in the death of the mother, the conclusion that 50 per cent. of the fatalities could be avoided is entirely illogical, since the other premise of the implied syllogism is demonstrably untrue. There are two such fallacies, either of which completely destroys the legitimacy of such a conclusion.

So long as human nature remains what it is it will never be possible to avoid every error of judgement on the part of every person concerned in childbirth, whether midwife, general medical practitioner, obstetrical specialist, the patient's friends, or the patient herself. Also, it is quite impossible to be sure in most cases that, if the discovered error of judgement had not been committed, the fatal result would necessarily have been escaped. For example, if the error were the non-removal to hospital at an early stage of a case that was seriously abnormal, who can say that the condition which proved fatal at home would not have had the same end after treatment in an institution? It cannot be reasonably asserted that appropriate treatment for any serious abnormality of pregnancy or parturition is invariably successful. Moreover, the stigmatized omissions or commissions found in the history of a case which are taken to classify it as "avoidable" are sometimes found in the history of other cases where there has not been a fatal issue.

One other point in this connexion is of sufficient importance to be worth mention. This specific statement as to preventability is often made in, and assumed to be applicable to, areas in which the rate of maternal mortality is already relatively low. Clearly it has no significance with regard to such an area. There the proportion in which it may be possible to reduce the rate may be quite small; but it follows also that in areas where there is a high rate of mortality the reduction that must be aimed at is very much greater than the average indicated.

Such, then, being the true picture of the situation with regard to the safety or otherwise of maternity in this country there is no reason for panic or alarm, but there is every reason for anxiety and action. The death of a mother during the child-bearing period, with a child or children to look after, can never be anything but a dire disaster both individually and sociologically; and the community, whether or no it actively encourages maternity on the one hand, is bound in duty to take every step which it can to make it safe on the other. To promote research into the causes of danger, to promulgate the results of such research, and to make adequate provision in every possible direction to reduce the danger to a minimum, are the obvious steps to be taken. As yet the community has done none of these things.

Lines of Research

Some years ago, when it became common knowledge, through the figures published in the annual reports of the Chief Medical Officer to the Ministry of Health, that there were these black spots in the country showing a persistently high maternal mortality rate, I urged that it was the obvious and immediate duty of the Ministry to inquire into the conditions which produced such a state of affairs in those areas. It was not, however, until last year that

an inquiry of this nature was set on foot. It is anticipated that the report of this inquiry will be published towards the end of the present year. I am speaking, therefore, under the condition that what I say may before long be subject to some modification or qualification in the light of the report.

Nevertheless, I confess that I have misgivings as to the scope and adequacy of that inquiry. I have some doubt as to whether the medical officers of the Ministry who are charged with it are fully equipped and fully empowered to pursue it as far as it should go. It is, indeed, very likely that important facts will be ascertained, that some imperfections in the practical application of clinical medicine will be discovered, and that some deficiencies of administration by public health authorities will be pointed out; but I cannot believe that in these special areas the skill and care of midwives, general medical practitioners, and obstetrical specialists are so different from that shown elsewhere, or the laxities of local administration are so peculiar as to afford an adequate explanation of the exceptional figures of maternal mortality. I cannot help suspecting that, however important such administrative and clinical factors may be, the main explanation may yet be found in those biological, physical, dietetic, sociological, even psychological factors which so far appear to have received insufficient attention. I can well believe that one or more of these might be found in such areas as Wales, Lancashire, and the West Riding, considered broadly, to differ significantly from those prevalent elsewhere.

At all events these factors are real, and are important enough to receive collective investigation. There is almost certainly a biological type of woman with whom there exists either an actual or a relative sterility or inability to carry through effectively the normal processes of maternity. It is known that the pituitary and other internal secretions are involved quite definitely in these processes, and that women in whom the quota of responsible hormones is imperfect or unbalanced will be relatively inefficient in the matter of having and raising babies. Physique, again, is probably a matter of prime importance. The sufficient and proper development of bone and muscle has an obvious bearing upon the safety of maternity. The low maternal mortality rate of Holland, Denmark, and Sweden has been attributed in large part to the superior physique of the women of these countries; it may be that the defects of physique which are—or at any rate were not long ago—much more prevalent in Wales and those parts of England that I have named, are not without a definite influence upon that rate in those areas.

During the past year or two the importance of nutrition in general and dietary in particular in this as in other spheres of health has been realized, and definite information has become available. The effects of inadequate diet upon the mother and on her offspring are manifold. It seems likely that a proper proportion of vitamin A in the diet of pregnant women will reduce the liability to puerperal infections, and it is certain that an adequate intake of other vitamins and certain minerals (calcium and phosphorus) may influence fertility, prevent the toxæmias of pregnancy, and promote the viability of the child, both in the womb and during the period of lactation. The diet actually required is simple, but relatively expensive for those of very limited means; but neither its importance for maternity nor its effect on maternal mortality is now open to question. In their degree, also, the psychological attitude of the mother and her friends towards motherhood, the extent to which fright may have been aroused, either by the propaganda for birth control or by exaggerated statements made in the course of a campaign for easy or for safe maternity, or the knowledge even that in her own neighbourhood the maternal mortality rate is, as a fact, unduly high, are in many cases not without their influence upon the outcome; while in some cases an obstinate refusal to take advantage of means of help publicly provided or otherwise available is an additional handicap.

Duty of the State

Now none of these things is, properly speaking, the prime responsibility of the medical profession, though that profession may be very helpful in elucidating and in applying or avoiding them. They are matters to be inquired into and dealt with by the community in general. It is of little use concentrating public attention upon supposed, or probable, or even actual deficiencies in the clinical conduct of maternity, and at the same time disregarding all the other factors upon which success in solving a difficult social problem may depend. Good obstetrics is, of course, the very first essential. That is the immediate, direct, and actual concern of the medical profession. The profession may be trusted to pursue its aim assiduously and persistently in every possible way, both educationally and in practice; indeed I know of no other body of persons that is competent to do this.

But it is the concern of society not only to take in hand those matters of which I have just been speaking, but, in addition and at once, to make available for every mother such a condition of things as to facilitate and encourage good obstetrics. Society has not yet done this. The State has tackled the problem of the provision of a national maternity service in a half-hearted, piecemeal, and mistaken fashion. It set up qualifications for a craft of midwives subject to somewhat expensive and not entirely effective supervision, and under the obligation to obtain the services of a general medical practitioner separately on each occasion on which any abnormality was observed; it forbade others than those so qualified to practise midwifery for gain. This system has proved so imperfect in several directions that a really drastic measure of reform has had to be passed by Parliament this year. The recent Midwives Act will radically alter the status of the generality of midwives, will reduce the number of those qualified to practise, will, it is hoped, materially improve their remuneration, will eliminate a number of those who do not pursue their calling as a serious means of livelihood but merely attend an occasional maternity case to secure a little pocket-money. In these ways it should do something to improve the practice and increase the experience of the remaining midwives, and should render their supervision more easy and adequate, but it is safe to say that by itself it will do but little to better the position of the individual mother.

The State further empowered and encouraged local authorities to establish clinics or centres for the examination of pregnant women and the giving of ante-natal advice. These have usually been under the direction of junior whole-time medical officers who have had little or no obstetrical experience and who either, in course of time, become experts within a very narrow range or soon leave this department of public health work for positions of wider usefulness. In some instances this arrangement is supplemented by opportunity for securing the advice of specialists in appropriate circumstances. Of recent years the State has facilitated the provision of hospital accommodation for maternity cases, but without placing any limitation upon the usage of this increased provision; many local authorities have provided such accommodation and have encouraged, or even offered financial inducements to, mothers to make use of it as an ordinary custom for normal confinements. There have, in addition to these major services, been one or two minor measures of a similar character.

Now I am not concerned to deny—indeed, I rejoice in the certainty—that these services, severally and collectively, have had a considerable, though limited, usefulness; but it has become clear that none of them has produced the effect for which it was designed, and that their total combined influence has not resulted in a reduction of the maternal mortality rate in this country. On the contrary, most disappointingly, the multiplication of ante-natal clinics and their greatly increased use by mothers during the last few years, and the much larger number of confinements that during the same period have

been conducted in hospitals in certain towns, have been accompanied by a rise in that rate. This is a significant fact—not, let me hasten to add, necessarily significant of any relationship of cause and effect, but as demonstrating that it is not upon these lines that we are likely to succeed in obtaining a much greater safety for motherhood.

It will be noted that each of these measures was taken by the State independently, almost in isolation, that there has been no unity, no necessary co-ordination, amongst them; and it may be pointed out that most, if not all, of them have been put into administrative practice by a considerable number of important local authorities on mistaken lines—lines which were not inconsistent with certain popular or *a priori* beliefs or expectations, but which experience has now proved to be wrong or unwise. That experience conclusively shows that the social provision of a national maternity service is urgently necessary, and that it must be based upon the ideas of comprehensiveness and of continuity. It must be nation-wide in its application, and not subject in its essential features to the administrative vagaries of local political parties or the idiosyncrasies of particular medical officers of health or senior medical officers of maternity and infant welfare departments.

It is time to emphasize that we are speaking of the conduct of maternity and not merely of attendance at childbirth. This connotes supervision from the time that changes consequent upon conception first manifest themselves until the return to normal some short time after delivery. In this supervision the principle of continuity is an essential in a twofold way. It should be obvious that this whole period and event cannot be isolated from the rest of the health history and experience of the mother before, during, or after the actual pregnancy and parturition. Maternity is not to be regarded as an event in a woman's life marked off from all that has gone before or that is to come after. Not only should the medical responsibility for maternity be continuous with that for these other periods, but it should equally be continuous during the whole period of maternity itself. To have one person responsible for the ante-natal period, another for the confinement, and yet another for the post-natal period, as is so often the case under present arrangements, is always disadvantageous, and may be fatal.

In any national scheme continuity in these two respects should be embodied as an essential feature, and this can be achieved only by basing the scheme upon the family doctor or general medical practitioner. Continuous supervision of maternity as a whole must clearly be conducted almost always under domiciliary conditions. All available evidence (and there is much) demonstrates conclusively that normal confinements, and those which show only minor departures from the normal, can be and are conducted at least as safely at home as in a hospital; curious as it may seem, it has been established as the result of more than one official inquiry directed to this point that there is no definite association between the maternal death rate and adverse home conditions. I add, as a matter of course, that serious abnormalities may require specialist aid and a hospital environment, but it is difficult to resist the conclusion (and why should we wish to do so?) that it is by the closer association of the general medical practitioner with maternity, rather than by his displacement, that progress will be made.

Medical Requirements during Maternity

In an important recent pronouncement by the British Medical Association the medical requirements of a woman during maternity are thus set out: "(1) Medical supervision *throughout* by the doctor of her choice, with specialist and hospital aids where needed. (2) Efficient nursing and advice by a skilled midwife or maternity nurse of her choice. (3) Provision of help in her house during the period of her actual incapacity. (4) Supply of dressings, special apparatus, or means of transport when required." "There are," it is added, "large numbers of women who can provide one or more or all of these requirements for themselves, but the Association is strongly

of opinion that the State should see to it that, by some means or other, whether by an extension of the scheme of national health insurance or by the action of local health authorities, they should all be available for every mother."

I suggest that the time has now arrived when society should insist, and Parliament should enact in its next session, that a complete unified national service on such lines as these should be set up. Good obstetrics is now the common practice—not the exception—with the medical profession; but the conduct of maternity is perhaps the most anxious and responsible of the departments of the doctor's work. It will still improve by research, by knowledge, and by training, but the provision through a social service of the helps and amenities just enumerated will not only add directly to the safety of the mother, but would ameliorate the conditions under which the doctor now only too often has to do that work. It would add also to the readiness and confidence with which he would undertake it, and so afford even a further security.

Summary

To sum up, I have submitted to you three major propositions. I will not formulate them in the order of their discussion, but will put them thus:

1. There are factors connected with fertility, maternity, and maternal mortality other than those clinical factors upon which attention has almost exclusively been concentrated and which are the prime business of the medical profession. These other factors it should be the business of the community to investigate, to assess, and to deal with.

2. The measures which the community has hitherto taken towards making maternity as safe as possible have not, in fact, accomplished that end. It has become urgently necessary to establish a complete national maternity service affording, on lines indicated by experience, all those conditions and aids which are essential to safe motherhood.

3. While agreeing that in a considerable number of cases individual advice as to the control of conception, temporary or permanent, may properly be given, the widespread propaganda directed towards birth control, sterilization, and the legalization of abortion is mistaken, and may lead to social and national disaster. It should be replaced by an educative campaign showing the individual and communal importance and value of motherhood, and especially by encouraging an increased reproduction rate among those of good stock and higher intelligence in all ranks of society.

I commend these propositions to you. I ask you to consider them; if, after consideration, you approve, I beg you not to be content with an abstract or theoretical acquiescence, but to use all your influence with public opinion so that they may be translated into early and practical application.

A. Syssine (*Bull. Off. Internat. d'Hyg. Publique*, June 1936, p. 1101) states that during February and March, 1936, an extensive epidemic of influenza occurred in Soviet Russia, almost the whole country being affected. The largest number of cases were observed at the end of February and beginning of March, while after the middle of March there was a decline in their frequency. The highest figures were reached during the period of February 22nd to 27th, though the exact numbers have not yet been determined. In any case they were very high. At Moscow and Leningrad, for example, there were ten to fifteen thousand cases daily. Adults were more often attacked than children, and therefore it was not necessary to close the schools. The disease on the whole was mild, and severe cases were rare. The complications observed were otitis, bronchitis, and pyelitis. The measures taken to control the epidemic consisted in increasing the number of beds in the hospitals and of the doctors in the dispensaries and clinics, the establishment of daily consultations, and advice to patients to keep in bed until their recovery was complete.