

Editorials

BIRTH AND BIRTHDAYS

Five years ago in February 1958 the word *Journal* appeared for the first time on the cover of *Research Newsletter* No. 18. A glance now at this cover will confirm that the present issue is No. 38, the Twenty-first to bear the new title. The *Journal* has come of age.

So too has the Notification Form which has appeared at the end of each number also since February, 1958. During this time 610 doctors have used this form on one or more occasions; two have sent in 19 out of the full 20. The current form is No. 21, and has now taken on a new look. Its purpose in future will be to collect information for research purposes not only for the Epidemic Observation Unit but also for its partner, the Records and Statistical Unit. The form should be sent off promptly, as before, to the Epidemic Observation Unit by all doctors in the College, who feel they can contribute information to or take part in any of the current surveys mentioned. As before, detailed questionnaires or further information will be sent to participating doctors by the Unit or research worker dealing with each study.

A new and important enquiry is mentioned on Notification Form No. 21 and all doctors in the College are invited to consider whether they can take a share in this comprehensive study of the Outcome of Pregnancy (see below). By marking the notification form appropriately, they can signify their intention to join in or to ask for more information, which will be sent out from the Records and Statistical Unit.

THE OUTCOME OF PREGNANCY

Many devices have been evolved to protect the fertilized ovum of different species, and to ensure that a sufficient survival rate is maintained; for example, the prolonged gestation periods of the larger mammals or the profuse egg production of the cod or salmon where great losses are accepted as inevitable. Such elaborate mechanisms have arisen in the face of natural hazards to the race;

each species seeks to reduce, not to create, new risks to the survival of its own members.

Recent events in physics and chemistry have shown that mankind now has the power to interfere *adversely* with the development of his own species. A contemplation of atomic energy or of thalidomide leads us to believe that other factors, as yet unrecognized but perhaps amenable to alteration by human intervention, may also be found which can disturb the development of an embryo and lead to miscarriage or the birth of an abnormal baby.

The identification of such factors—whether they be intrinsic or extrinsic, chemical, physical or infective, their time and mode of action—has been the main purpose of several enquires carried out by the College since 1958: the surveys of congenital abnormalities, of febrile or viral infection in pregnancy, and of drug toxicity are all interlinked. The steps to be taken to mitigate the effects of such hazards present a challenge to medicine as a whole and in particular to each doctor in general practice, who is uniquely placed to gather evidence about some of the events which follow the conception of a human being.

The Records and Statistical Unit and the Epidemic Observation Unit, encouraged by the response of members and associates of the College to these previous surveys, now wish to conduct a large scale prospective study of the outcome of pregnancy under a wide range of normal and abnormal environments. This study, carried out on behalf of the research committee of Council, could provide basic information which is quite unobtainable in any other way.

The aim of the study is to seek for new relationships between the health or ill-health of the mother, the drugs used by her just prior to conception and in the first twenty weeks of pregnancy, or certain other defined phenomena, and the outcome of her pregnancy: including early or late miscarriage, stillbirth, congenital foetal abnormality and, of course, usually a normal healthy infant.

It is realized that pregnancy may be reported to the family doctor at almost any stage, from its suspicion—after a missed period—to its certainty, when foetal movements are felt by the mother. Since the embryo is most vulnerable in the early weeks of pregnancy, attention will be paid to amenorrhoea in women of childbearing age even before the diagnosis of pregnancy is confirmed. Our study must begin when pregnancy is suspected: this will be the sole criterion for

filling out a report card.

Details of a suitable card will be worked in pilot studies before the main survey begins. A card will be completed for each patient who attends her doctor and whom the doctor considers may be pregnant. Probably about eighty per cent of these women will go to term. The card may be kept with or take the place of the patient's antenatal record and the relevant details filled in at each attendance until the twenty-second week of pregnancy; it may then be returned to the Record Unit. If pregnancy is not confirmed or if abortion occurs before the twenty-second week, the card may be returned at once. After the expected date of each confinement, doctors taking part may receive a questionnaire on which they would be asked to furnish details of the outcome of the pregnancy and the state of the infant at birth.

The importance of this study is such that we are seeking the help of the whole membership of the College in its conduct. It is to go on for at least one year in the first instance and, thereafter, until sufficient records are collected. Interim analyses will determine how long this may be. All those who would like to help in this study, however few or many pregnancies they attend, are asked to complete Notification Form No. 21 to be found at the back of this issue of the *Journal*.

CONGENITAL ABNORMALITIES

In 1958, well before the thalidamide tragedy, the College planned a study on congenital abnormalities. At that time very few large scale investigations of this subject had been made and public attention had not been focussed on it. Now, some four and a half years later, the first findings are about to be published and the time is opportune for reflection.

Because of the importance of this subject we have asked Dr B. C. S. Slater, the recorder of the study, for an interim report. He writes that the first request for notification of details of patients born with malformations was made in the *Journal* of November 1958; it was over a year before the total reached 750 cases. The purpose of the study was two-fold; to search for any variations in seasonal incidence in deformities and to provide a register of malformations as the basis for future research programmes. A pilot study of these 750