

## **The duty of the state to its infants / by Reuel A. Benson.**

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# THE DUTY OF THE STATE TO ITS INFANTS

BY REUEL A. BENSON, M.D.

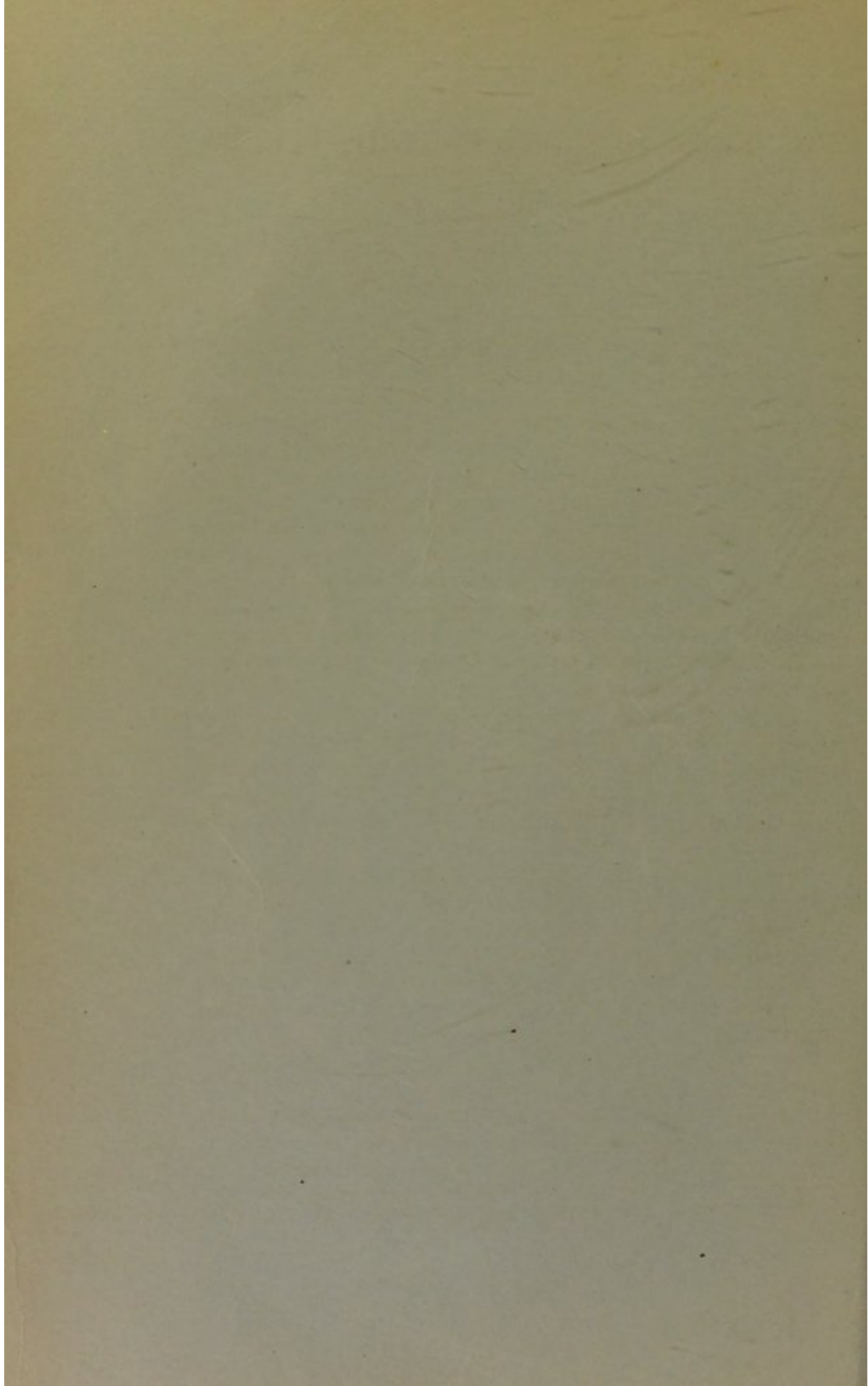
New York City


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# The Duty of the State to Its Infants\*

BY REUEL A. BENSON, M.D.

New York City.

HOWEVER much political economists may disagree upon other points, they agree that the usefulness of a nation depends largely upon the health of its men and women, and they unite in assigning to the state the duty of safeguarding and conserving the health of its people. For this purpose we have established boards of health, and have given them almost unlimited authority for the carrying out of rules which will protect the health of the individual and the community.

Dismissing all the valuable work which is being done by the state in the way of prevention of disease in adults—the battle against tuberculosis, public sanitation, and the protection against contagion, etc.,—I will ask you to consider and discuss with me one phase of public work which has, until recently, been neglected, namely, the prevention of infant mortality especially in our cities.

During the six months just passed, from June 1st to December 1st, 1908, the deaths of infants under one year of age, in the borough of Manhattan alone, amounted to 4,884. The total number of births for this same period amounted to 33,186, that is to say, about 15 per cent. of all the babies born in Manhattan during these months, died in the first twelve months of life. This means that one out of every seven infants born in Manhattan gives up its life.

Analyzing the possible conditions which cause this mortality in Manhattan, we find that investigators are united in the opinion that the number of breast fed infants dying is so small as to be of no very serious importance. The babies that die are the artificially fed babies. It is estimated that there are to-day in Manhattan about 12,000 babies whose mothers, for good reasons, are unable to nurse them; and from the information which I have been able to secure from all sources, and from my personal observations, I believe that if we admit that one-third of these (or 33%) die in the first year of life, we shall be underestimating the number. That this is a low estimate, will be evident when we compare it with the 70, 80 and 90% death rate in Berlin and Munich.

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\*Read before the Homœo. Med. Soc. of the State of N. Y.

Allow me to repeat and impress upon your minds these terrible figures. One out of every seven babies born in Manhattan is doomed, while at least one out of every three babies fed in the first year on food other than breast milk, must give up its life. Surely we are out-Heroding Herod.

So far, however, we have considered only the babies that die. Statistics tell us nothing of those that struggle through the first year of life improperly fed, and fall an easy prey to infection in early childhood. Nor can we count the number that grow up in spite of these conditions, and become physical and mental degenerates, defectives of one form or another, and finally become a burden upon the state, costing, I believe, in actual dollars and cents, much more than it would cost to remedy the conditions which produce them.

What, then, are the conditions which are causing this terrible mortality among artificially fed babies? Nine out of ten sanitarians will answer immediately "unclean milk," and no one denies that this is an important factor, or at least that it was an important factor, a few years ago. But our health boards have been devoting untiring energy to the work of improving the milk supply, and, while as the result of this the mortality rates have been cut in two, there is still room for improvement. New York City to-day, I believe, has a fairly clean milk supply, yet in the past six months, 2,650 babies died in Manhattan of diarrheal diseases. We must look further for a cause, and it is not hard to find. You may furnish mothers the purest milk supply possible, and yet if this milk is not properly prepared to meet the needs of the infant, you may as well give it poison. In other words, we must return to the fundamental principle of social betterment, and educate mothers, and, I regret to say, doctors also, in the care and feeding of infants. To prove that ignorance and carelessness in the preparation of the infant's food is very largely responsible for the present high infant mortality, and to suggest a possible remedy, I wish to call your attention to the results which have been accomplished at the Babies' Dairy since last June.

The dairy itself consists of two rooms in a tenement house on the East Side of New York, and was established for the purpose of supplying modified milk to infants under one year of age, and for educating mothers as to the care and feeding of infants. Because of the limited number of cases treated (about 30 daily), the work has been confined entirely to sick babies, mainly those suffering from nutritive disorders. Malnutrition, diarrheal diseases, marasmus, rickets, scurvy and tuberculosis were the commonest

conditions existing. The babies were brought to the dairy by the mothers, the histories were carefully taken, physical examinations made, and diets prescribed. The food was prepared by the nurse, in a sufficient number of nursing bottles to last 24 hours. These were packed in a small zinc-lined ice box, which was returned on the following day, with the empty bottles and nipples, for a fresh supply. During the period of acute illness, the baby was observed daily, and the food adjusted from day to day until the baby was well and thriving. After that it was brought to the dairy once a week for weighing and examination, and this treatment was continued, with the necessary changes, until the baby was old enough to take full milk. In certain cases where mothers lived a considerable distance from the dairy, they were instructed by the nurse as to the preparation of the food, and this was done by them at home. The weekly weighing and examination, however, was insisted upon for all babies. No medicine was prescribed, and no special methods of feeding were used. An effort was made to study the individual needs of each baby, and to prescribe the simplest formula which would meet its requirements. Dependence was placed chiefly upon the various combinations of milk, barley water, and milk sugar. Certified milk was not used, but a good quality of bottled milk, the quality which is ordinarily sold at retail in New York for eight cents a bottle.

During the first six months, 100 babies were cared for for a longer or shorter time. All of these cases have been followed up, and the total number of deaths occurring in the group, including those that died while being treated and after dismissal, in other words, all that have died during this period of six months, amount to 10%, that is to say, we have reduced the mortality of artificially fed babies from 33% to 10%, without taking into consideration at all that we were dealing only with sick babies.

Analyzing the causes of death, we find that 4 were extreme cases of marasmus, one being fed only one day, one two days, one five days, while one survived for twelve days. One other case of marasmus died after two weeks. Three cases died of pneumonia, two having this disease when admitted. Only two cases died of diarrheal diseases.

In order to appreciate properly these results, we must remember that the period of time covers the worst months of one of the hottest summers which we have had, that they were all tenement house babies, and that most of them were brought to us as a last resort, or referred to us by physicians or dispensaries as practically hopeless.

If such results can be accomplished by one nurse and doctor working independently, is it not fair to claim that our Board of Health with its unlimited resources and authority, could practically stamp out the scourge of diarrheal diseases, if it were to seriously take up work along this line? No one can doubt it. The only objection that can be presented is the one of cost. Our sanitarians say that they cannot afford it, losing sight of the fact that every dollar spent in saving a baby's life or in producing a healthy individual, means an ultimate return of many dollars to the state. But after all, would the cost be so great? In the work at the Babies' Dairy, milk was purchased at the wholesale market price of 5½ cents a quart. A fixed charge of 10 cents a day was collected from the mothers for the milk which they received. For those who were absolutely destitute, no charge was made, but in no single case has there been a complaint as to this charge, and in many cases the parents have undergone hardship themselves in order to pay it. The receipts from the mothers have paid all the expenses of the institution, except the rent and the nurse's salary. This expense amounts to about \$75.00 a month.

If this work can be done on so small a scale for such a sum, it could certainly be reduced materially with careful attention to details, and the buying of supplies in large quantities. Moreover the board of health in most cities has at its disposal, school physicians and nurses who could be employed at this work during the summer months, when there is the greatest need for it. They have accurate records of births occurring, and inspectors and district nurses who could easily keep in touch with individuals, and carry on a work of instruction and education which no private organization could hope for.

The need exists—we cannot close our eyes to it. It only remains for us to meet the issue squarely, and the logical conclusion which has been reached by every independent investigator is the municipal milk station and a pure milk supply.